When Funding Stops, We Stand: A Report on the Impact of Global Cuts on Botswana's LGBTQIA+ Communities

Presented by
LEGABIBO

STILL WE STAND REPORT 2025

#StillWeStand

LIST OF ACRONYMS

ART/ARV	Antiretroviral therapy
BAIS	Botswana AIDS Impact Survey
BOCONGO	Botswana Council of NGOs
BONEPWA	Botswana Network of People Living With HIV/AIDS
CSO	Civil Society Organisation
DIC	Drop-In Centre
FGDs	Focus Group Discussions
GAHT	Gender-Affirming Hormone Therapy
GBV	Gender Based Violence
GNC	Gender non-conforming
LEGABIBO	Lesbians, Gays, Bisexuals of Botswana
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and sexual orientations and gender identities
MSM	Men Who have Sex with Men
NGO	Non-Governmental Organisation
PEP	Post-Exposure Prophylaxis
PLHIV	People Living With HIV
PrEP	Pre-Exposure Prophylaxis
SWS	Still We Stand

EXECUTIVE SUMMARY

The #StillWeStand report captures a defining moment in Botswana's LGBTQIA+ movement—a time marked by resilience amidst crisis. Following the abrupt suspension of critical foreign aid, civil society organizations such as LEGABIBO experienced a severe funding freeze, threatening hard-won gains in human rights, public health, and community safety. This disruption halted vital
services, led to job losses, and left many without access to life-saving HIV and mental health services, and safe spaces.
In response, LEGABIBO, with generous support from Kaleidoscope Trust, launched the Still We Stand campaign—a bold documentation and advocacy initiative aimed at capturing the lived realities of LGBTQIA+ persons across Botswana during this crisis. Through in-person dialogues in Maun, Kasane, Letlhakane, Francistown and Gaborone, a national stakeholder engagement, and a virtual impact survey, the project gathered critical insights on the socio-economic, legal, and health challenges that intensified following the funding crisis.

Key findings include:

- Heightened Safety Risks and Legal Vulnerability: LGBTQIA+ communities reported increased exposure to violence, discrimination, and marginalisation, exacerbated by the closure of protective spaces and access to exercise their right to health.

- Economic Hardship and Displacement: The withdrawal of donor funding led to widespread job losses among LGBTQIA+-serving organisations, resulting in income loss, forced migration, and increased mental health concerns.

- Service Disruptions in Healthcare and Support Systems: Over one-third of survey respondents experienced disrupted access to HIV services and mental health care due to the closure of LEGABIBO drop-in centres, threatening progress toward Botswana's 95-95-95 HIV targets, which according to the Fifth Botswana AIDS Impact Survey (BAIS V). (n.d.) stood at 98-95-94 at the inception of the funding freeze.

- Erosion of Movement-Building and Public Sensitisation: The halt in education and advocacy efforts has stalled progress in addressing societal stigma, weakening trust in institutions and undermining previous gains with traditional and religious leaders.

- Gaps in Policy and Stakeholder Accountability: The crisis revealed structural weaknesses, including the absence of emergency plans, limited domestic support for the human rights protection and promotion of LGBTQIA+ persons, and a lack of response from both government and donors—raising critical questions about sustainability and ethical responsibility.

Despite these setbacks, Still We Stand is a testament to the unshakable spirit of Botswana's LGBTQIA+ communities. It calls for renewed collaboration, sustainable funding, and stronger policy frameworks to ensure that human rights and dignity are never again left vulnerable to external shifts. Through collective resistance, care, and shared purpose, this report affirms that even in the face of silence and scarcity—still, we stand.

INTRODUCTION

In Botswana, where some social and economic rights -including rights to health, education, housing and social security - are not constitutionally protected (Fombad, 2013; Good, 1999; Mpabanga, 2000), the sudden freeze of foreign aid did more than disrupt services; it severed critical lifelines, and adversely affected marginalized communities, this being especially true for LGBTQI+ people. HIV clinics closed their doors. Mental health programs vanished. Drop-in-centres, once safe havens of belonging, were shattered. Yet in this crisis, Botswana's LGBTQIA+ communities did something extraordinary: they turned isolation into collective power.

The #StillWeStand campaign wove together data and defiance—survey numbers gave weight to stories of resilience shared in safe spaces. Over a month, this initiative documented the human
cost of funding cuts through national dialogues, community research, and media advocacy. This report amplifies what statistics alone could not capture: the ingenuity of queer Batswana crafting survival networks, the rage of activists demanding accountability, and the quiet courage of those who refused to disappear.

This report is more than a closeout document; it is a testament to what happens when marginalized communities are pushed to the edge—and push back. Through mixed-method research and participatory advocacy, the report explores how global decisions become local emergencies, while charting a path forward rooted in community resilience, policy action, and uncompromising solidarity.

"GOVERNMENT CLINICS JUST STOP AT GIVING REFILLS. CSOS ENSURED ADHERENCE—NOW, THAT IS GONE." - COMMUNITY MEMBER, MAUN

THEORETICAL FRAMEWORK

This report positions the crisis as a moment for reimagining sovereignty in feminist and decolonial terms—moving toward local ownership and resource mobilisation. The Human Rights Based Approach employed in this report, frames gender and legal reform as obligations, not charity. It emphasises participation, accountability, transparency, and non-discrimination (UNOHCHR, 2006). This framework informs both the methodological approach and the advocacy goals, ensuring the campaign pushes for reforms aligned with constitutional rights and international human rights instruments ratified by Botswana. The Still We Stand campaign further advocates for the state's response to the funding crisis to be consistent with the government's 2024 electoral commitment to a human rights–based approach to governance (Umbrella for Democratic Change, 2024).
At its core, the Still We Stand campaign is an advocacy instrument that seeks to inform rights-based legal transformation. By employing a human rights-based approach (HRBA), the report centers dignity, non-discrimination, participation, and accountability. This approach does not merely analyze violations, but situates LGBTQI+ persons as right-holders and the state, and broader systems, as duty-bearers.

The Human Rights-Based Approach (HRBA) strengthens calls for inclusive public health responses, improved access to justice, and the decriminalization of identities and expressions that fall outside normative frameworks, building on—yet pushing beyond—the legal strides made thus far in Botswana. These include the landmark 2019 High Court ruling in Letsweletse Motshidiemang v. Attorney General, which declared the criminalization of same-sex sexual relations unconstitutional, and the subsequent 2021 decision by the Court of Appeal, which upheld that ruling and affirmed the right to equality and non-discrimination for LGBTQI+ persons. In addition, the 2017 victory in the ND v. The Attorney General case marked a turning point in advancing legal gender recognition for transgender persons, affirming the right to have one's gender identity legally acknowledged. These historic wins laid crucial legal groundwork—however HRBA calls us to go further, ensuring that these rights are realized not only in law but in practice, especially in health systems, law enforcement, and socio-economic inclusion for all LGBTI+ persons in Botswana.

"BEYOND THE RAINBOW" - ANCHORING THE CAMPAIGN WITHIN LEGABIBO'S STRATEGIC VISION

This framework is not applied in a vacuum; it is grounded in LEGABIBO's strategic plan, 'Beyond the Rainbow,' which articulates a clear commitment to catalysing legal, social and systemic transformation in Botswana. The vision of an all-inclusive political, social and economic environment where human rights are core to the development of our society provides both the societal compass and the policy imperative of this report.

LEGABIBO's mission—to strengthen community and movements, and to engage with strategic partners, government and the public—resonates deeply within the Still We Stand campaign.

The report operationalizes this mission by documenting the lived realities of LGBTQI+ Batswana, amplifying their voices across regions (Kasane, Maun, Letlhakane, Francistown, Gaborone), and offering evidence-informed recommendations for policy reform and rights-based development.

This framework reflects LEGABIBO's expansive understanding of community and movement.

By centering self-identified LGBTQI+ persons and their allies, and acknowledging the overlapping struggles of MSM (Men have Sex with other Men), WSW (Women that have Sex with other Women), gender-diverse persons, and intersecting movements, the report reaffirms the collective strength and solidarity at the heart of queer liberation. It is through this expansive view that Still We Stand recognizes that systemic change is not the burden of the few—but the responsibility of many.

Lastly, this framework is infused with the spirit of Botho—a Southern African philosophy of mutual respect and shared humanity. As a guiding value of LEGABIBO, Botho reminds us that advocacy is not simply about legal wins, but about dignity, care, and collective belonging. This report, therefore, is more than a record of struggle—it is a declaration of humanity, resilience, and our ongoing refusal to be erased.

METHODOLOGY

4.1. Research Design

This project employed a mixed-methods approach to assess the impact of global funding cuts on LGBTQIA+ communities in Botswana, combining:

- Quantitative Data: Surveys (n= 54) measuring service access gaps (healthcare, legal aid, safe spaces) post-funding freeze.
- Qualitative Insights: Focus group discussions (FGDs) and interviews with LGBTQIA+ individuals (n= 109) across 5 districts (Letlhakane, Francistown, Gaborone, Maun, Kasane), documenting lived experiences through storytelling.

4.2 Stakeholder Engagement

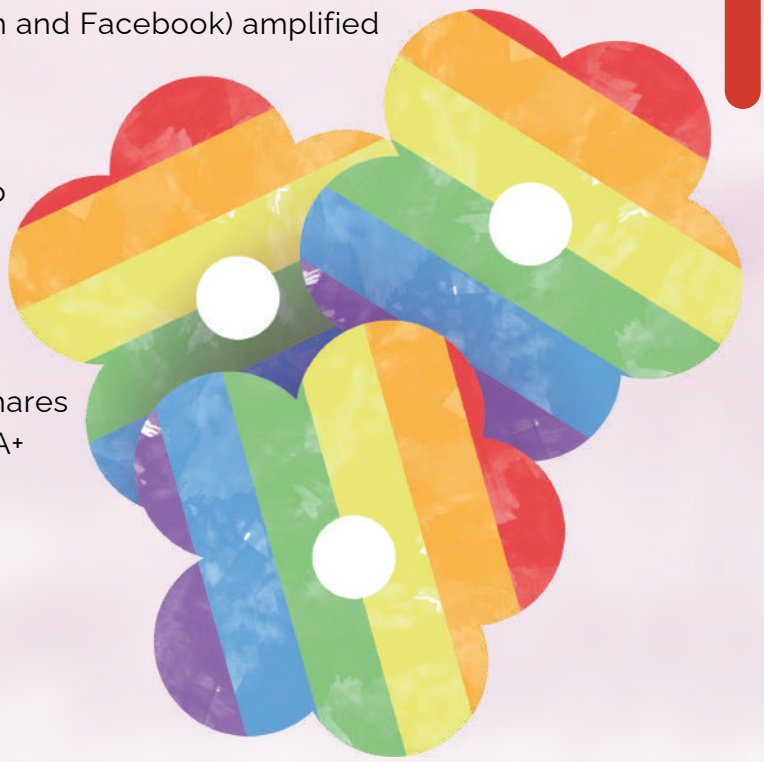
- National Dialogue: Convened 44 stakeholders (government officials, NGOs, healthcare providers) to explore the impact of the funding freezes, and potential policy and advocacy solutions

4.3 Advocacy Campaigns

#StillWeStand Media Campaign:

- Digital Storytelling: Social media (Instagram and Facebook) amplified personal narratives.
- Traditional Media: Discussions on national broadcaster,
Botswana National Television and private radio station, GabzFM.

- Booklet Development:
Created an advocacy resource that is easily digestible to all audiences, and shares the stories of impact and resilience of LGBTQIA+ communities across Botswana.



ARE WE SO IRRESPONSIBLE TO LEAVE OUR PEOPLE FOR AMERICANS TO CARE FOR? THIS GOVERNMENT PROMISED 1% FOR CSOS—HOLD THEM TO IT.

– CSO REPRESENTATIVE AT NATIONAL STAKEHOLDER DIALOGUE

KEY FINDINGS

5.1 National Dialogue

The Still We Stand National Dialogue, convened by LEGABIBO, brought together key stakeholders—including civil society organizations (CSOs), government representatives, healthcare providers, and human rights activists—to address the severe impacts of the US funding freeze on LGBTQIA+ communities in Botswana. The dialogue highlighted critical gaps in service provision, systemic discrimination, and the urgent need for sustainable solutions to protect the human rights of LGBTQIA+ persons, their allies and collective livelihoods.

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5.1.1 Key Issues Raised

The National Dialogue highlighted the severe and far-reaching consequences of the US funding freeze on various individuals and communities seeking and accessing critical clinical services, including Botswana's LGBTQIA+ communities. Critical health services, including HIV prevention and treatment therapy (ART, PrEP and PEP), gender-affirming hormone therapy (GHAT), and mental health support, were disrupted, with over 17,000 (BOCONGO, 2025, p. 6) clients losing access to HIV services and referrals. The closure of 19 health centers and layoffs of 694 CSO staff (BOCONGO, 2025, p. 7) exacerbated vulnerabilities, and reinforced marginalisation, particularly for trans individuals, who already face systemic exclusion in Botswana's healthcare system. Participants emphasised that government clinics, while still providing some services, often fail to address stigma, leaving marginalized groups—such as undocumented migrants and men who have sex with men (MSM)—without safe, affirming care.

Beyond healthcare, the dialogue revealed deep-seated structural challenges and concerns, including government inefficiency and corruption, which all continue to divert national resources away from essential services and public welfare (National Academies of Sciences, Engineering and Medicine, 2018). Civil society organizations (CSOs) expressed concern over being perceived as adversaries rather than allies, a perception that severely limits constructive engagement with the civil service, including national policymakers. This strained relationship undermines efforts to develop and implement inclusive policies, such as legal gender recognition and access to gender-affirming healthcare for trans individuals, thereby perpetuating systemic discrimination. Compounding these challenges is the growing influence of global anti-rights movements—such as the U.S.-based Project 2025—which seek to erode human rights norms. Botswana's government, like others in the region, is increasingly being lobbied to adopt these regressive agendas, threatening hard-won gains in human rights and equality.

5.1.2 Key Takeaways

The crisis triggered by the funding freeze highlights the unsustainability of over-reliance on foreign aid and underscores the urgent need for domestic funding mechanisms, such as an independently managed fund allocating 1% of the annual national budget to non-governmental organisations, civil society groups and retired persons' development programmes, as pledged in the UDC's 2024 election manifesto (UDC, 2024). Healthcare systems must be reformed to center gender-affirming care and non-stigmatizing services, particularly for trans and People Living with HIV (PLHIV) communities. Advocacy efforts must also address intersectional vulnerabilities, linking the human rights of LGBTQIA+ persons to HIV services, justice, climate action, and poverty decriminalization.

Participants agreed that documenting harm for example through rapid assessments and litigation, is critical to holding authorities accountable. Grassroots solutions—like peer-led safe spaces and storytelling—can fill immediate gaps, but long-term change requires policy shifts through hate crime and hate speech laws) together with systemic and budget transparency. As one speaker asserted, "We must demand that our government serves us—our lives cannot depend on foreign aid" The dialogue's call to action was clear: mobilize locally, advocate unrelentingly, and build resilient, self-sustaining movements.

5.1.3 Next Steps:

Immediate Actions:

1. Circulate Still We Stand Impact Report
As a central output of Still We Stand, LEGABIBO will publish and disseminate the Still We Stand Impact Report and Toolkit to civil society organisations, development partners, policy makers and media outlets. The report documents the tangible effects of the foreign aid suspension, including service disruptions, program suspensions/closures and the human cost borne by marginalised communities. This report will form a key foundation for the SWS strategy, informing high-level engagements with Parliament, the Ministry of Health and the Ministry of Finance on the urgent need for sustainable, domestic funding mechanisms to protect essential services.

2. Form Multi-Sectoral Coalition to lobby for the 1% CSO Budget Allocation
LEGABIBO will leverage on the SWS platform to convene a coalition of CSOs to demand accountability for the UDC's 2024 manifesto promise to allocate 1% of the national budget to civil society and development programmes. The campaign will further support the development of a CSO Budget Monitoring Toolkit, which will track government investment in CSOs and guide public engagement efforts.

3. Document Human Rights Violations
LEGABIBO will continue to collect testimonies and evidence of human rights violations resulting from the funding freeze—such as denial of healthcare, medication stockouts and discontinuation of mental health services. These cases will be instrumental in

building evidence for continuing advocacy campaigns, including shadow reporting and public education.

Medium-Term Strategies:

1. Community Resilience:

- Scale up peer-led support networks

Still We Stand expands LEGABIBO's peer support models to provide community-based psychological first aid, emergency care referrals and economic empowerment opportunities. These networks will be equipped to provide community support, training them in trauma-informed practices and ensuring continuity of support services amid funding gaps.

- Train LGBTQIA+ communities in advocacy and storytelling

Still We Stand will deliver a narrative justice workshop series focused on personal storytelling, digital advocacy and misinformation response. Participants will co-create multimedia content, highlighting lived experiences of those impacted by aid withdrawal. These will contribute to LEGABIBO's archives, informing policy briefs and awareness campaigns targeting donors, corporates and policymakers.

2. Policy Engagement:

- Push for inclusive health policies

In partnership with other CSOs, mainly those focused on health and gender rights, LEGABIBO will advocate for the development of national guidelines on hormonal therapy and gender-affirming care, particularly for trans and gender-diverse individuals. This will be done through submission of technical memos to the Ministry of Health as well as the Ministry of Youth and Gender Affairs, and direct engagement with national health policy dialogues.

- Advocate for anti-hate speech legislation and legal reform

LEGABIBO will convene dialogues with parliamentarians and legal reform stakeholders to push for anti-hate speech laws, protection against discrimination based on sexual orientation and gender identity, and the repeal of regressive Penal Code provisions (such as Section 167). Still We Stand campaign outputs such as this impact report and the associated toolkit will be central to this advocacy.

Long-Term Goals:

1. Domestic Funding Models:

LEGABIBO will host a National Dialogue on Civil Society Sustainability, inviting government officials, private sector actors and philanthropy leaders to explore long-term domestic funding models, such as:

- Social Contracting: Public service contracts between government and CSOs for areas of expertise e.g.: HIV prevention, legal aid and psychosocial support.

- CSO Commercialisation models: Supporting CSOs to diversify income through paid services such as consulting and social enterprising.

2. Global Reparations and Aid Accountability:
Still We Stand will contribute to the growing body of advocacy calling for Global North accountability in relation to the political weaponization of foreign aid– a trend increasingly critiqued by global health and development scholars for undermining sovereignty, disrupting essential services and reproducing neocolonial power dynamics (Harman, 2019).

"THE FREEZE EXPOSED OUR FRAGILITY. OUR SYSTEMS MUST BE STRENGTHENED, DIVERSE, AND

ACCOUNTABLE. MONEY IS SPENT YEARLY—BUT WHERE?" -
- DEVELOPMENT PARTNER REPRESENTATIVE, NATIONAL STAKEHOLDER DIALOGUE

5. 2 DISTRICT INSIGHTS

Focus groups and interviews were conducted across the country in; Gaborone, Kasane, Maun,
Letlhakane and Francistown. These aimed to gather firsthand insights from LGBTQIA+ individuals, healthcare providers, and activists on how the funding freeze impacted their lives,
work and access to services. We sought to understand specific challenges—such as barriers to HIV services, gender-affirming care, and mental health support—while also exploring community-driven solutions, like peer networks and alternative funding models. By centering
lived experiences, the discussions provided qualitative data to strengthen advocacy, inform policy requests, and highlight urgent priorities for resilience-building. Ultimately, the focus groups amplified marginalized voices to ensure responses are rooted in real needs, not assumptions.

5.2.1 GABORONE:

The focus group revealed a deepening healthcare crisis among Botswana's LGBTQIA+ communities following the sudden withdrawal of critical funding. Participants described severe disruptions in access to essential medications, with government clinics reducing ART prescriptions from the standard three-month supply to just five days' worth. This abrupt change created panic among vulnerable groups, including elderly patients, sex workers and undocumented migrants, who were forced to endure long queues at overwhelmed government facilities. Many participants reported being turned away entirely from their usual clinics, operated by CSOs, which had abruptly closed. The loss of safe, affirming healthcare providers such as Baylor and Tebelopele left community members facing judgment and discrimination at government facilities, with some choosing to stop treatment and risk their ART and PrEP adherence, rather than endure the stigma of these facilities,

**"NURSES ASK FOR YOUR MALATSI [RESIDENCY PAPERS] LIKE THEY'RE IMMIGRATION OFFICERS. THEN THEY DON'T GIVE US ENOUGH CONDOMS LIKE CSOS DID. FOR MY JOB [AS A SEX WORKER], I NEED CONDOMS.
WHEN THERE ARE NO CONDOMS, THERE IS NOTHING I CAN DO EXCEPT HAVE UNPROTECTED SEX."**

- SEX WORKER IN GABORONE

The funding freeze also exposed systemic failures in Botswana's healthcare system, particularly for marginalized groups. Trans participants shared harrowing accounts of being denied gender-affirming hormones, with some resorting to dangerous 'black-market' alternatives. Undocumented sex workers described being interrogated about their immigration status when seeking safe sex commodities, while others highlighted how public healthcare workers lacked training to serve key populations, like people who inject drugs (PWIDs). Disturbingly, participants noted that government agencies were often the last to know about policy changes affecting key and vulnerable populations, with critical information about service disruptions reaching civil society organizations days before official channels.

Beyond physical health impacts, the funding cuts triggered a mental health emergency. Participants reported increased anxiety, depression, and trauma as the withdrawal of support services coincided with a surge in homophobic rhetoric. Many felt the political climate had validated discrimination, with one participant noting, "I've taken ten steps back."

Yet amid the crisis, powerful examples of community resilience emerged. Individuals transformed their homes into makeshift clinics, shared medications at personal expense, and maintained peer support and education networks despite losing formal jobs. These acts of solidarity underscored both the depth of the crisis and the determination of community members to protect one another when systems failed them.

The discussions painted a stark picture of a healthcare system in crisis, but also revealed the extraordinary resilience of Botswana's LGBTQIA+ communities in the face of abandonment by both international donors and their own government. As participants emphasized, the solution cannot rely on temporary aid, it demands systemic change, government accountability, and sustainable community-led solutions to ensure no one is left behind again.

"THEY [PUBLIC HEALTHCARE PROVIDERS] TELL US TO BRING FILES THAT ARE LOCKED AWAY IN CLINICS THAT HAVE SHUT DOWN. WITHOUT THE FILE, THEY REFUSE TREATMENT. NO FILE? NO PILLS IT'S LIKE WE'VE BECOME INVISIBLE OVERNIGHT, AS IF OUR HEALTH DOESN'T MATTER WITHOUT A DONOR BEHIND IT."

–PLHIV IN GABORONE

RECOMMENDATIONS

1. Immediate:

- Restore peer-led distribution of ARVs and hormones through trusted networks.
- Train public clinic staff on non-discriminatory care for key populations.

2. Policy-Level:

- Demand transparent communication and action from the government on health waivers and contingency plans.
- Advocate for domestic funding to replace lost aid, with accountability measures.

3. Community Mobilization:

- Scale psychosocial support for LGBTQIA+ individuals facing stigma.
- Document violations to build a legal case for healthcare rights.

"THE GOVERNMENT TALKS ABOUT WANTING TO INTEGRATE KEY POPULATIONS INTO THE HEALTHCARE SYSTEM. BUT WHEN YOU DON'T HAVE HORMONAL THERAPY, OR ACCESS TO GENDER AFFIRMING HEALTHCARE, OR EVEN AN 'X' MARKER ON THE MEDICAL FORMS, WHAT DOES INTEGRATION EVEN MEAN? OUR HEALTHCARE SYSTEM DOESN'T ACKNOWLEDGE A TRANS PERSON'S EXISTENCE."

- TRANSGENDER PARTICIPANT IN GABORONE

5.2.2 KASANE:

The closure of LEGABIBO's Drop-In Center (DIC) has left LGBTQIA+ individuals without stigma-free healthcare. Participants described the DIC as a lifeline where they could access ARVs, PrEP, gender-affirming care, and counseling without fear of judgment. "People knew they wouldn't be looked at sideways or asked invasive questions,"said one participant in Kasane. Now, many avoid clinics altogether due to discrimination. A trans participant shared: "At public clinics, they treat my body like a problem. No one knows what name to call me."

The freeze also disrupted supplies of safe sex commodities such as dental dams, finger cots,
and lubricants—tools critical for HIV prevention among key populations. "We teach about these preventative] methods, but now we can't even show them," lamented a government official.

"THE MOBILISATION THAT LEGABIBO DID IS GOING TO LOSE MOMENTUM. WE ARE GOING TO LOSE

CLIENTS. WE ARE GOING TO SEE HIV GO UP."
- HEALTHCARE WORKER IN KASANE

Community members reported escalating homophobia since the freeze. "Trump threw a bomb, and it exploded," one participant said. Hate speech in public spaces, workplaces, and even churches has intensified. A gay man recounted: "A stranger in a bar told me, 'Trump is right to reject you.' We were just sitting there." Others noted increased physical harassment and fewer allies willing to speak up without LEGABIBO's advocacy.

With LEGABIBO's counseling services suspended, participants described spiraling into depression and anxiety. "I drink every day now,"admitted one person. Safe spaces that once offered respite from homophobic families or partners are gone. "Where do we cry now?"asked Slim, a LEGABIBO staffer. Trans individuals, already marginalized, face heightened isolation. "We're back to explaining our existence," one said. Fears of rising suicide rates were repeatedly voiced.

"THERE'S TOO MUCH HOMOPHOBIA GOING ON NOW... PEOPLE ARE FEELING BIG TO TALK NOW AND

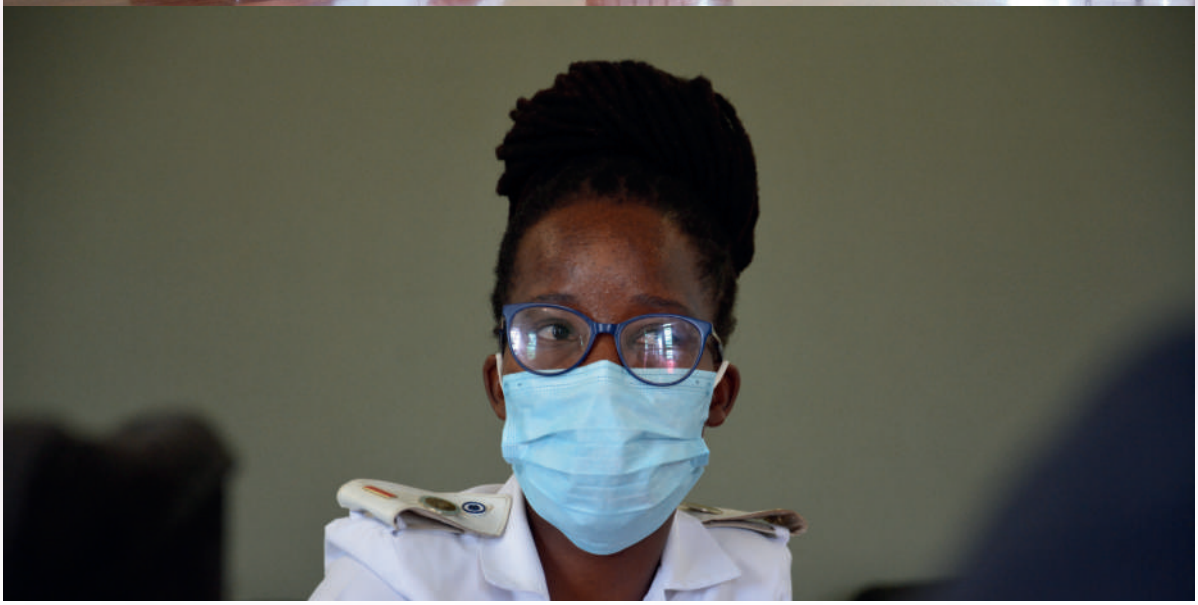
DISCRIMINATE AGAINST US." - LBQ WOMAN IN KASANE

Laid-off workers continue volunteering but lack resources. “I distribute condoms from my house,” said a former peer educator. CSOs emphasized the unsustainable reliance on foreign aid. “Time’s up for begging. We must build our own livelihoods,” urged a CSO representative. Proposed solutions include cooperative businesses to fund advocacy long-term.

RECOMMENDATIONS

- Restore Safe Spaces: Reopen DICs with domestic funding and/or emergency grants.
- Train Healthcare Workers: Mandate LGBTQIA+ centered competency for public clinic staff.
- Economic Alternatives: Invest in CSO-led income-generating projects (e.g., cooperatives).
- Mental Health Support: Mobilize counselors for crisis intervention.

“WE WILL SHINE NO MATTER WHAT.” - MSM PARTICIPANT IN KASANE



5.2.3 LETLHAKANE:

Letlhakane stands at a dangerous crossroads. The collapse of donor-funded services—especially those previously offered by LEGABIBO and Tebelopele—has left gaps too wide for the public system to fill. Healthcare workers in the area now operate under immense pressure, trying to meet the needs of over 2,000 patients monthly with limited staff, no testing kits, and a dwindling supply of HIV prevention commodities.

One healthcare worker summarized the crisis plainly: "We're only two people managing both the hospital and the clinic. Everyone needs individualised services, but we're overwhelmed already."

Previously vibrant community services—including same-day PrEP access, lubricant distribution, and identity-affirming safe spaces—have vanished. A former system that treated PrEP clients with care and efficiency ("the red carpet," as one provider described) has devolved into long queues and delays. This shift, providers say, has driven many users off their regimens altogether.

"BEFORE, PEOPLE ON PREP DIDN'T WAIT IN LINE LIKE THOSE ON ART. BUT NOW WITH THE FREEZES, THAT CAN'T HAPPEN... AND IF SOMEONE ISN'T TAKING PREP EVERY DAY LIKE THEY WERE, THEY RISK GETTING INFECTED AND NOT EVEN KNOWING."

- MSM PARTICIPANT IN LETLHAKANE

The shortages go beyond personnel. Basic sexual health commodities—dental dams, finger cots, lubricants—are either unavailable or not part of government's medical procurement. "Right now, if a lesbian comes and asks for finger cots, and I don' have them, all I can say is 'be safe'—but be safe with what?" one health worker asked. Another added: "We rely on donations. These items aren't even on government procurement lists. They're not even counted."

"I CAN'T TEST PEOPLE, SO I CAN'T PRESCRIBE PREP. THE PILLS ARE THERE, BUT THE TESTING KITS ARE NOT. WE PRIORITIZE PREGNANT PEOPLE NOW—BECAUSE WE THINK OF THE BABIES. BUT HOW MANY PEOPLE ARE WE RISKING BY NOT OFFERING PREP?"

- HEALTHCARE WORKER IN LETLHAKANE

The closure of Tebelopele triggered a referral network dysfunction, leaving no way to trace or follow up with former clients. "We even went to the Ministry of Health to ask for client lists. We were told they couldn't share them. I'm not sure why," said one staff member, adding that the lack of client handovers has caused public facilities to appear uncooperative, even when the reality is a legal restriction on sharing patient files.

Meanwhile, community members feel abandoned. Several interviewees voiced fears about how this funding freeze might impact their social acceptance and political recognition. One said: "We struggled to get our old government to acknowledge us. Now I'm worried…do we need to convince the new President, all over again?"

Experiences of stigma have surged—not just in clinics but in bars, workplaces, and churches. "I've been judged a lot," one person shared. "At work, in bars—people ask me, 'Are you a man
or a woman?' I don't take it to heart, because if my mother has accepted me, I can't listen to anyone else."

"THE PASTOR PRAYED FOR US AND SAID 'I SEE MARRIAGE FOR YOU TWO.' THEN HE FOUND OUT WE WERE A SAME-SEX COUPLE. NEXT TIME, HE TOLD ME TO GIVE MY LIFE TO CHRIST SO A MAN COULD MARRY ME. I WAITED UNTIL TESTIMONY TIME AND TOOK THE MIC. I SAID, 'WHY DO YOU FEEL YOU CAN JUDGE ME?'"

- LBQ WOMAN IN LETLHAKANE

In Letlhakane, gender-based violence (GBV) is deeply normalized, with weekend bar fights, stabbings, and intimate partner abuse described as routine. LGBTQIA+ individuals face particularly high rates of violence, often within their own relationships, where the small size of
the community leads to frequent contact with exes and heightened tensions. Many survivors—across the gender spectrum—refuse to report abuse due to fear, stigma, or financial dependence on their partners. Gay men and lesbians are often mocked in clinics disclosing abuse or requesting services like PEP, and queer GBV is not taken as seriously as heterosexual cases. Alarming reports also emerged from boarding schools, where young boys disclosed sexual abuse by male teachers and boarding masters—yet many had no knowledge of support systems like LEGABIBO or safe spaces to report such violations.

Still, a quiet optimism lingers.

"I'm glad this happened," one person said. "It's painful, but it will challenge us. What are we going to do now? We're going to rise on our own."
There is also recognition that past dependence on donor funding may have stifled innovation.
"We were too quick to be grateful for the money," said a participant. "We didn't plan for the future."

Participants called for greater collaboration between CSOs and the public sector, especially around outreach, education, and youth engagement.

"THE POLICE ARE GOING AROUND SCHOOLS TO TALK TO STUDENTS, AND I VOLUNTEERED TO JOIN THEM. THAT EXPERIENCE OPENED MY EYES. IT MADE ME REALISE HOW MUCH WE, AS CIVIL SOCIETY, HAVE MISSED THE MARK WHEN IT COMES TO REACHING YOUNG PEOPLE. WE'VE BEEN WORKING IN SILOS, WHEN IN FACT WE SHOULD HAVE BEEN BUILDING PARTNERSHIPS — WITH TEACHERS, LAW ENFORCEMENT, HEALTHCARE WORKERS–TO ENSURE YOUNG PEOPLE ARE INFORMED, SUPPORTED AND PROTECTED."

- COMMUNITY OUTREACH VOLUNTEER, KASANE

RECOMMENDATIONS

Immediate:

- Restore access to PrEP and PEP by replenishing testing kits.
- Distribute essential prevention commodities (finger cots, lube, dental dams) through emergency channels.
- Create referral notes or signage at closed facilities to direct former clients to functioning clinics.

Policy-Level:

- Include LGBTQIA+ health supplies in national procurement policies.
- Establish protocols for data sharing between CSOs and public facilities to protect continuity of care during closures.
- Youth Protection: Develop targeted outreach programs to engage and educate learners in boarding schools on sexual abuse, consent, and support systems.
- Inclusive GBV Policy: Push for recognition of same-sex GBV in national GBV frameworks and ensure equal access to justice and support services.

Community Mobilization:

- Increase visibility of public allies in clinics—through rainbow-friendly signage and healthcare worker participation in outreach events.
- Invest in youth outreach programs to foster early awareness and inclusion.
- Launch mental health support campaigns targeting LGBTQIA+ individuals facing increased stigma and isolation.

"WE COME AS ONE. WE FIGHT FOR OUR RIGHTS. WE ARE HEADING SOMEWHERE. WE WILL PULL THROUGH. WE DON'T HAVE A CHOICE."

- FGD PARTICIPANT IN LETLHAKANE

5.2.4. FRANCISTOWN:

In Francistown, the effects of the funding freeze have reached deep into the core of the community—shattering networks of care, dismantling safe spaces, and destabilizing hard-won progress. The sudden closure of Drop-In Centres (DICs), especially those run by LEGABIBO, left a void that public services have not been able to fill. Former staff and community members described a painful unraveling—where trusted healthcare access, emotional support, and peer advocacy disappeared almost overnight.

"LEGABIBO WAS A PLACE WE COULD JUST BE US," - FGD PARTICIPANT IN FRANCISTOWN

Many interviewees spoke of losing not just jobs, but their sense of purpose and dignity too. One person explained, "I've seen my friends lose their jobs overnight… people who were already not supported by their families are now forced to go back to homes that don't accept them."

The fallout is particularly severe for undocumented migrants, who are now shut out of public
healthcare and left to borrow life-saving medications like ARVs and PrEP from one another. "They can't access the public clinics. They are borrowing each other pills," one outreach worker explained. "It's really bad out there."

Healthcare access, once facilitated through deeply personal relationships built by CSOs, has fractured. The resulting fracture is also impacting adherence to treatment, while some are borrowing pills from friends, others have lost hope and given up altogether. "We had built a rapport with clients. We were the bridge between them and public facilities. Now they're starting from scratch, and many just give up."
Beyond healthcare, the closure of civil society organizations has severed social safety nets. "We were on our way [to equality] ," shared one advocate. "We had built strong relationships with churches, even with pastors who once rejected us. Now some of them say, 'Trump was right.' We've lost allies. We've lost trust." The church, a powerful influence in Botswana, has become a battleground. Queer activists reported that faith leaders who once stood beside them have shifted their stance in response to the funding freeze. One participant described a heartbreaking moment: "A pastor I thought was an ally said to me, 'If what you were saying was true, then Trump wouldn't have cut the funding.' I was so hurt. I thought he understood." This betrayal has widened a dangerous gap between faith and inclusion. Participants described being kicked out of churches, misgendered by other congregants, and targeted anti-queer during sermons.

**"CHURCHES USE THE BIBLE TO STIGMATIZE US. AND THE COMMUNITY JUST FOLLOWS WHAT THE
PASTOR SAYS. THERE'S TOO MUCH 'FOLLOW-FOLLOW'—NO ONE READS THE BIBLE FOR THEMSELVES." -**

FGD PARTICIPANT IN FRANCISTOWN

The impact of the funding freeze has also been emotional and psychological. “My heart hurts,” said one person. “I’m from the south, but this community here in Francistown is my family. Now I’m so sick I don’t even leave the house.” Another recalled how they used to help clients personally—using their own transport money and airtime to link people to services. “Now I can’t even do that.”

Government officials acknowledged the impact of the funding freeze as a loss for them as well. A representative from the Gender Affairs Department noted: “As government departments, we’re incapable of providing all these services. People feel safer with CSOs. When they disappear, so does representation, safety, and trust.” Others emphasized that this is a human rights issue: “If you deny my access to health, you deny my rights—no matter who I am.”

The freeze has also reversed progress in gender-based violence (GBV) reporting. “NGOs used
to go house to house, supporting survivors of violence. Now, cases go unreported. People suffer in silence.” In smaller villages, where support is even more limited, the situation is dire.

Yet, amid grief and anger, the community continues to rise. “We relied too much on outside funding,” one participant said. “Too much dependency kills. We need sustainability. We need to stand up. We don’t leave anyone behind.”

“BEHIND EVERY FUND, THERE’S A MANDATE. BUT WE KNOW OUR WORTH. WE DO THE WORK. WE’RE ON THE GROUND. IF THE GOVERNMENT DOESN’T ADOPT US AS NGOS, WE’LL GO BACK TO THE BEGINNING OF THE HIV FIGHT.”

- CSO WORKER IN FRANCISTOWN

The people of Francistown are demanding more than charity—they’re demanding accountability, recognition, and respect.

“WE WERE REALLY BUILDING SOMETHING. OUR OWN ORGANIZATIONS, OUR OWN ADVOCACY, OUR OWN MOVEMENTS. AND NOW? EVERYTHING’S IN THE AIR. WE DON’T EVEN KNOW IF OUR CLIENTS ARE

ALIVE.” - CSO WORKER IN MAUN

RECOMMENDATIONS

Immediate:

- Reconnect with former clients through trusted individuals. As former DIC workers shared, "Clients rely on us personally… now they are lost." Equip past peer educators and outreach workers with basic resources (e.g., transport, airtime) to re-establish contact and help link clients to care.
- Create temporary safe spaces within existing community structures. One participant noted, "LEGABIBO was a place where we could just be us." With DICs closed, repurposing community spaces—even informally—can offer short-term support for emotional and health-related needs.

Policy-Level:

- Facilitate government-CSO coordination for continuity of care. As one healthcare worker put it, "Now we can't trace clients… We don't even know if they're alive." There must be a legal and ethical way to share or safeguard client information during CSO transitions or shutdowns.
- Hold open forums with church leaders to rebuild trust. Participants shared painful experiences of pastors turning on them post-freeze: "Now they say Trump was right… we've lost allies." Engagement and accountability within the faith sector is critical to reversing the harm caused by anti-queer rhetoric.

Community Mobilization:

- Invest in community-led sustainability plans. As several people reflected, "We relied too much on outside funding… too much dependency kills." Support grassroots strategies to reduce reliance on foreign aid, while strengthening internal capacity and resilience.

5.2.5 MAUN:

In Maun, participants painted a sobering picture of a community grappling with fear, uncertainty,
and a sense of abandonment. The withdrawal of donor-supported services has not only disrupted health access but exposed LGBTQIA+ individuals to heightened stigma, economic precarity, and insecurity—both physical and psychological. The loss of safe spaces and advocacy organisations like LEGABIBO has left many feeling unprotected and increasingly targeted within their own communities.

"I AM WORRIED ABOUT OUR HEALTH, BUT MORE WORRIED ABOUT OUR SAFETY" - LBQ WOMAN IN

MAUN

Several described a noticeable rise in hostility and misinformation since the funding freeze, with
public attitudes toward queer and trans individuals becoming more emboldened in their prejudice.

Healthcare access emerged as a key concern. Participants feared that those who had
previously accessed PrEP and ART through civil society organisations may now be lost to the
system, either due to lack of follow-up or fear of mistreatment in public facilities. "How do we
address the stigma in public healthcare facilities, which has been the hindrance that kept people from accessing services there?" one person asked. Although the 2022 sensitisation trainings for healthcare workers had made some headway, participants worried those gains were already being eroded.

The economic fallout from the funding freeze is being felt acutely. Several participants reported job losses—both their own and those of peers—forcing relocations and creating new levels of financial stress. "Some people have had to move back home, having lost their incomes, because of the freeze," said one community member, noting how the collapse of donor-funded organisations ripples outward, affecting not only staff but the many beneficiaries who relied on their support.

Perhaps the most emotionally charged theme was a growing crisis of trust. Many in Maun
expressed disillusionment with international allies—particularly the United States—whom they once viewed as champions of LGBTQIA+ rights. "It is confusing that the country that we viewed as advocating the most for LGBTQIA rights is now turning around and attacking us," said one speaker. The silence from national leaders only deepened this sense of betrayal.

"NO ONE STOOD UP! WHERE ARE OUR LEADERS?" - COMMUNITY PARTICIPANT IN MAUN

Despite the challenges, the community's desire for empowerment remained strong. There was a clear and repeated call for sustainable, community-led solutions. "You LGBTQIA [organisations], do something—empower us!" someone urged. Participants emphasized the importance of investing in local leadership, preparing for future crises, and reducing dependency on external funding. The desire to build something more resilient—rooted in the community itself—was powerful and unmistakable.

RECOMMENDATIONS

Immediate:

- Re-engage former clients who were receiving PrEP, ART, or psychosocial support from CSOs, and support their transition into care within public systems.
- Document stigma in public health facilities and reintroduce community-led sensitisation sessions to uphold previous training gains.

Policy-Level:

- Create contingency plans to safeguard essential services for LGBTQIA+ communities during funding disruptions.
- Publicly affirm government commitment to human rights and inclusion, to counter rising hostility and restore community trust.

Community Mobilization:

- Support local leadership development and peer-led initiatives, so that communities are better equipped to sustain themselves during political or funding shocks.
- Facilitate open forums and healing spaces to address the trauma, disillusionment, and loss felt by community members.

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

-

COMMUNITY PARTICIPANT IN MAUN

NATIONAL SURVEY SNAPSHOT

The Needs and Impact Assessment Survey was conducted to understand how the U.S. fundingfreeze has affected members of Botswana's LGBTQIA+ community, particularly those who relied on services provided by LEGABIBO's Drop-In Centres (DICs). The survey captured
voices from across the country, exploring disruptions in healthcare access, the closure of safe
spaces, mental health challenges, economic hardship, and the community's evolving support
needs. The findings offer crucial insight into the lived experiences of LGBTQIA+ individuals and underscore the urgent need for sustainable, inclusive, and locally driven support systems.

Demographic Information

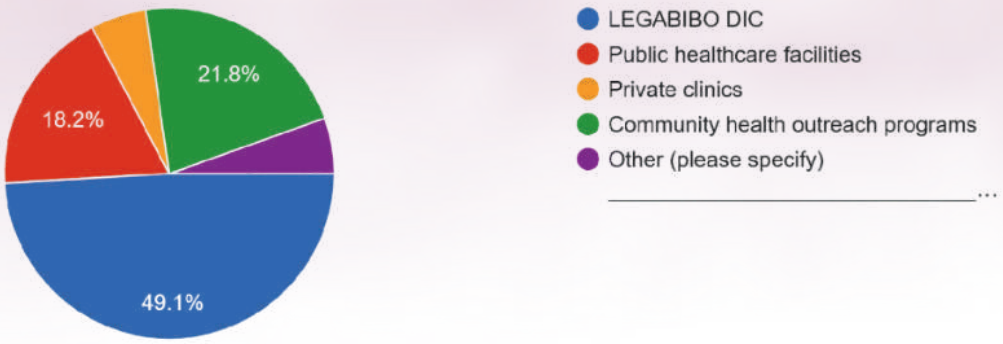
The survey gathered responses from 55 individuals across Botswana's LGBTQIA+ community.
The largest age group was 25–34 years, representing 39.5% of respondents, followed by 18–24 years (15.8%) and 35–44 years (17.1%). A smaller proportion were under 18 (1.3%) and 45+ (2.6%). In terms of gender identity, participants identified as male (22.4%), female (22.4%), non-binary (10.5%), transgender (7.9%), and other (2.6%). When it came to sexual orientation, the most common identities were gay (22.4%) and lesbian (22.4%), followed by bisexual (9.2%), queer (7.9%), asexual (1.3%), and other (2.6%). This diverse demographic profile underscores the inclusivity of the survey and ensures a wide representation of voices and lived experiences within Botswana's LGBTQIA+ community.

Access to Services and Safe Spaces

Before the closure of the Drop-In Centres (DICs), many LGBTQIA+ individuals had consistent access to affirming healthcare services, mental health support, and safe community spaces through LEGABIBO. After the funding freeze and resulting closures, respondents reported significant disruptions—losing access to essential services, facing increased stigma in public facilities, and experiencing heightened isolation, anxiety, and economic hardship.

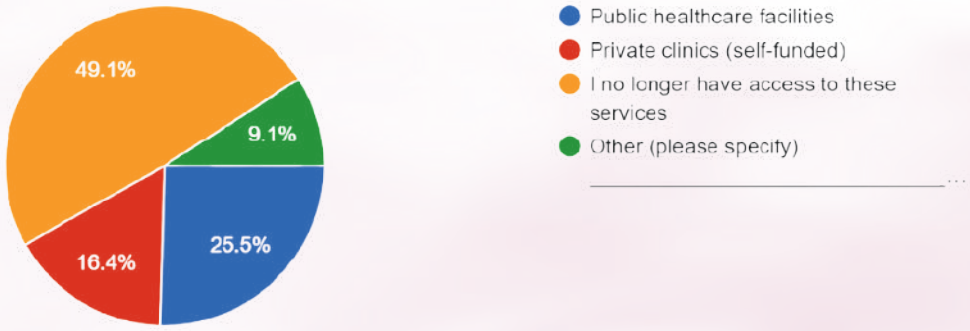
Before the funding freeze, where did you access these services?

55 Responses



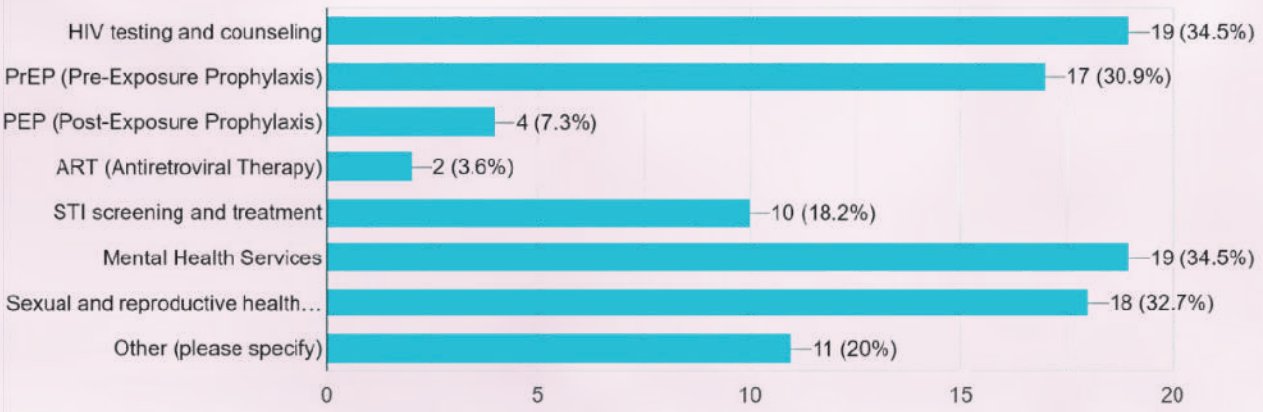
Since the closure of the DICs, where do you now go for these services?

55 Responses



Since the funding freeze, have you experienced difficulty accessing the following services? (Select all that apply)

55 Responses



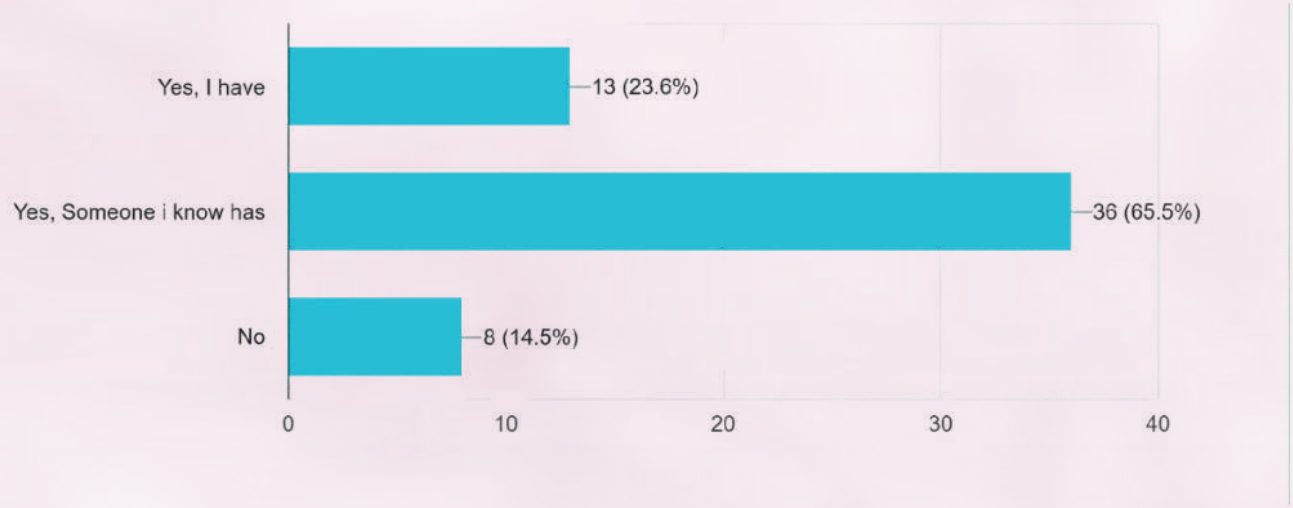
The closure of LEGABIBO Drop-In Centres (DICs) has had a profound impact on the mental health and emotional safety of LGBTQIA+ individuals in Botswana. With the loss of these safe,
affirming spaces, 44.7% of respondents reported experiencing increased anxiety and stress, while 26.3% noted feelings of depression and hopelessness. A further 35.5% expressed fear of
seeking healthcare elsewhere, often citing discrimination or lack of understanding in public health settings. For many, the DICs were not just service points—they were spaces where individuals could be themselves without judgment. Their closure has led to heightened isolation, with 18.4% reporting increased loneliness, and a sense of displacement, as respondents struggle to find LGBTQIA+-friendly alternatives in their communities.

Financial Impact on Community Members

The funding freeze and subsequent closure of LEGABIBO programs have had a significant financial impact on community members who relied on the organization for employment or stipends. Among respondents, 39.5% reported a loss of stable income, while 28.9% indicated they were struggling to afford basic needs such as food, rent, and transport. Additionally, 17.1% stated they were actively seeking alternative employment opportunities following the shutdown of funded projects. For many, these roles were not just sources of income but also provided a vital sense of belonging, dignity, and community. The sudden withdrawal of financial support has left many LGBTQIA+ individuals economically vulnerable, further exacerbating stress, anxiety, and emotional instability.

Have you or someone you know lost a job due to the funding freeze??

55 Responses



Key Recommendations from Survey Respondents

The survey highlighted critical areas where action is urgently needed to mitigate the effects of the funding freeze and strengthen long-term support for LGBTQIA+ individuals in Botswana.
Respondents called for the following:

Immediate Policy and Programmatic Actions:

- Restore or diversify funding streams for LGBTQIA+ centred services to reducedependency on single donors and ensure sustainability.
- Provide emergency mental health support, including free or low-cost counseling and crisis intervention services.
- Reopen or replace safe spaces such as Drop-In Centres (DICs) to offer community, protection, and access to services.

Medium-to-Long-Term Institutional Reforms:

- Develop and implement national anti-discrimination policies, particularly in healthcare, employment, education, and housing.
- Integrate LGBTQIA+ services into public health systems, including training for healthcare providers on inclusive care and sensitivity.
- Encourage government co-funding and ownership of LGBTQIA+ programs, ensuring continuity regardless of external donor dynamics.
- Strengthen collaboration between civil society organizations, government, and international partners to align efforts and resources.

Accountability and Evidence-Based Advocacy:

- Invest in data collection, research, and monitoring, enabling advocacy that is informed, measurable, and policy-relevant.
- Support public education and sensitization campaigns to reduce stigma and promote inclusivity across sectors.

CONCLUSION

The Still We Stand campaign emerged not from privilege, but from necessity—from a sudden silence that echoed through shuttered clinics, lost jobs, and fractured communities. It is a defiant reminder that Botswana's LGBTQIA+ movement is not merely surviving this moment—it is bearing witness, demanding justice, and redefining the terms of its own liberation.

This report has documented the far-reaching consequences of global funding cuts: the collapse of essential health and psychosocial services, the erosion of community trust, and the resurgence of stigma and violence. Yet amid the devastation, it has also captured something extraordinary—an unbreakable will to rise, resist, and reimagine.

Community members have not only recounted pain but proposed powerful solutions: from peer- led healthcare distribution and economic cooperatives, to domestic policy reform and youth outreach. These are not just stopgaps; they are blueprints for sovereignty—models of what it means to build care systems from the ground up, rooted in dignity, inclusion, and self-determination.

Moving forward, this report calls upon the Government of Botswana, regional allies, and the global human rights community to match this resilience with accountability and action. That means co-investing in LGBTQIA+ programs, codifying anti-discrimination protections, and embedding equity into the heart of public health and development agendas. It means listening—truly listening—to those whose voices were nearly erased, and honouring their leadership in shaping what comes next.

Because this crisis is not the end of the story. It is a turning point.

— The LEGABIBO Team

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