

Ensuring

RIGHTS and CHOICES

For All

Amidst a Global Pandemic

Botswana
2020 Annual Report

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Leaving No One
Behind is Central to
the Achievement of
the 2030 Agenda



FOREWORD

It brings me great joy to share this report highlighting the results of our work in the tumultuous year of 2020. In Botswana, the COVID-19 pandemic challenged the already fragile health systems and disrupted health services, including access to sexual and reproductive health care. The pandemic showed us just how vital UNFPA's mandate is, because all too often when a crisis strikes, it is women and girls who are affected the most.



Amidst this global health crisis, UNFPA supported the Government of Botswana and our partners – civil society organizations, academic institutions and other UN agencies – to deliver on our ambitious agenda: working tirelessly to reach the most vulnerable women and girls, to help empower them and transform their lives and their future.

As the United Nations sexual and reproductive health agency, our mission is to deliver a world in which every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled—a world in which every woman and girl lives a healthy life in which she can enjoy her reproductive rights and remain free from violence and fear. We curate conditions and provide solutions for women and girls to live in dignity and safety, so that they can thrive.

To achieve these aims, it was our priority to ensure the continuity of life-saving sexual and reproductive health services during the pandemic. Together with our partners, we supported the government and advocated for action, creating the necessary conditions for positive change to be realized. We collaborated to enhance institutional capacity to deliver integrated and equitable sexual and reproductive health services, respond to gender-based violence (GBV), and target

investments for adolescents and youth. We advocated for contraceptives to be readily accessible, for women and girls to be kept safe from harm, and for survivors of violence to get the care and support they needed.

The results we achieved were made possible only through the strong support of our partners. As COVID-19 and its devastating consequences are likely to be with us for a while longer, in the coming year, we commit to creating greater opportunities for innovation, transformation, partnerships and new ways of working to accelerate progress on attaining the three zeros: zero preventable maternal death, zero unmet need for contraception, and zero GBV and harmful practices.

I am optimistic that 2021 will bring sustained progress towards the Agenda 2030 Sustainable Development Goals (SDGs) as well as delivering on UNFPA's mission. On behalf of UNFPA Botswana, I extend my heartfelt thanks to the Botswana Government and all of our many partners for the important roles they have played in realizing our impressive collective achievements.

Mareledi Segotso
Head of Office



What WE DO



Botswana's **MATERNAL MORTALITY** ratio is **166 DEATHS** per **100,000 LIVE BIRTHS**.

UNFPA, the United Nations sexual and reproductive health agency, strives to improve the health and wellbeing of all people in Botswana, especially women and girls. We have helped pioneer the provision of critical sexual and reproductive health and rights (SRHR) services and information since 1971, supporting the Government's efforts in this regard. Botswana has made tremendous progress towards ensuring universal access to SRHR.

Many achievements have been realized through long-standing partnerships with key government ministries and development partners. UNFPA strives for a Botswana where no woman dies while giving life, where people young and old and those in marginalized communities enjoy reproductive health and rights, ensuring that no one is left behind.

Botswana Country Programme 2017-2021

GOAL:

Achieve universal access to sexual and reproductive health, realize reproductive rights and reduce maternal mortality to accelerate progress on the ICPD agenda.

OUTCOME AREA: Sexual and reproductive health services

OUTPUT 1:

Improved policy standards for delivery of integrated, gender-sensitive and non-discriminatory sexual and reproductive health services at national scale

OUTPUT 2:

Improved policy guidelines and service standards for provision of high-quality family planning services, including demand for and supply of modern contraceptives

OUTPUT 3:

Strengthened policy guidelines and protocols for development and implementation of evidence-based and comprehensive maternal health services

OUTCOME AREA: Adolescents and youth

OUTPUT 1:

Improved policy and programming for adolescents and young people's rights to access SRH information and services

OUTPUT 2:

Improved guidelines and standards for the design and implementation of community and school-based comprehensive sexuality education programmes that promote human rights and gender equality



FACTS and PROSPECTS



A YOUTHFUL POPULATION

- Total population (2011): 2,024,904
- Population below 25 years: 53%
- The population will double in 37 years
- Population over 65 years: 4%
- Demographic dividend window in stage of diminishing returns up to 2050



FAMILY PLANNING

- Contraceptive prevalence (2007): 53%
- Unmet need for family planning: 14%
- Total fertility rate (2017): 3.1 births per woman
- Maternal mortality ratio (2019): 166 deaths per 100,000 live births
- Teenage pregnancy prevalence (2007): 9.7%



BURDEN OF HIV

- Prevalence (2013): 19% general population
- Prevalence by sex: 21 (females), 16 (males)
- Prevalence among young people (age 15-24): 11% (females), 4% (males)
- Prevalence among sex workers: 60%
- Comprehensive knowledge on HIV among young people: 48%
- New infections among girls per week: 40
- Incidence rate: 1.35%



UPPER MIDDLE-INCOME STATUS

- Population living below poverty datum line (2018): 16.3%
- Gini co-efficient: 0.522
- Real GDP per capita (2019): BWP 42778
- Unemployment rate: 24.5%
- Youth Unemployment (15-35 years): 32.4%



GENDER EQUALITY

- Lifetime experience of GBV (2017): 37% (females), 21% (males)
- Age of consent to sex: 18 years (male/female)
- Intimate Partner Violence (IPV) (2017) experience: 29% women
- GBV during pregnancy: 15 %
- Age of consent to marriage: 18 both girls and boys (with parental consent) and 21 for both girls and boys



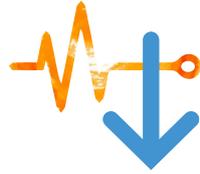
DATA AVAILABILITY

- Limited quality, timely and adequately disaggregated data
- Last population and housing census: 2011
- Last demographic health survey: 2007 (Botswana family health survey).
- Last demographic survey: 2017
- Last AIDS impact survey: 2013
- 34% of domesticated SDG indicators have baseline data
- 10 of the 17 UNFPA prioritized SGD indicators have baseline data



Photo: ©UNFPA Botswana

Towards **ZERO**
PREVENTABLE
Maternal Death



The SDG target is to **REDUCE** the **GLOBAL MATERNAL MORTALITY RATIO** to less than **70 DEATHS** per **100,000 LIVE BIRTHS** by 2030.

UNFPA supports the Government of Botswana towards achieving zero preventable maternal death. Critical to the achievement of ending preventable maternal death in Botswana, is the delivery of quality integrated services at health facilities.

 The maternal mortality ratio (MMR) has increased from 133.7 per 100,000 live births in 2018 to 166.3 per 100,000 live births in 2019¹. In 2017, Botswana set a national maternal mortality ratio target of 71 deaths per 100,000 live births by 2025 and 54 deaths by 2030 in order to achieve Sustainable Development Goal (SDG) 3. If the current maternal death trend continues, Botswana is likely not to meet the SDG target.

Benefits of SRH/HIV and SGBV integration

-  Improves access to and uptake of key HIV/SRH and SGBV services.
-  Reduces HIV-related stigma and discrimination.
-  Promotes better utilization of scarce human resources for health.
-  Supports dual protection against unintended pregnancies and STIs including HIV.
-  Decreases duplication of efforts and competition for scarce resources.
-  Improves quality of care.
-  Promotes better understanding and protection of individuals' rights.
-  Enhances programme effectiveness and efficiency.



Photo: ©UNFPA Botswana

¹ Statistics Botswana MMR Stats Brief 2019.



Key Achievements



- SRH/HIV and GBV services were integrated in the national essential services package during COVID-19 including during national lockdown.



- UNFPA supported the establishment of baseline on SRH/HIV & SGBV integration scale-up in 13 target districts.



- UNFPA provided financial and technical support in the development of the Integrated COVID-19 and Sexual and Reproductive Health Services Guideline for Botswana.



- UNFPA supported the MoHW to carry out supportive and mentoring visits to five (5) integration scale-up districts. This support resulted in increased number of districts consistently reporting on SRHR/HIV and GBV integration indicators from six (6) to eleven (11) by the third quarter.



- UNFPA supported the application of the WHO Strategic Approach to strengthening SRH policy and programmes through the Strategic Assessment (stage I of the Approach).



- UNFPA provided mentorship for 112 health care workers in 5 districts to improve delivery of quality integrated SRH/HIV/SGBV.



Photo: ©UNFPA Botswana



Karabo Bosen's Story

GIVING BIRTH during a world pandemic

Photo: ©UNFPA Botswana

The experience of pregnancy and childbirth comes with a mixture of anticipation, excitement and anxiety. For first time moms, this experience also comes with fear. Fear of the unknown; of what it will be like to give birth and ultimately, be a parent.

For Karabo Bosen, a first time mom, COVID-19 added another layer of stress to her birthing experience. When her labour pains started, she felt a sharp sense of anxiety and helplessness overwhelm her. Her anxiety was partly due to giving birth for the first time, but mostly because she was going to do it all alone. Karabo and her partner had made plans for him to be present during delivery to give her the support that she needed, but, as things turned out, her partner was not allowed to accompany her as per the COVID-19 protocols.

Supportive midwives!

Women giving birth during COVID-19 are now more reliant on midwives than ever as most COVID-19 protocols prohibit visitations or birth accompaniment. Fortunately for Karabo, she had two very supportive midwives.

"My midwives really did everything they could to make sure I had a positive and safe childbirth experience. They were very nice and supportive given the situation and their composure and professionalism comforted me."

Karabo says the only thing that reminded her that she was not giving birth under normal circumstances was the Personal Protective Equipment (PPEs) that the midwives wore throughout.

"I couldn't help but be grateful to the midwives working tirelessly to ensure women like me give birth safely during these daunting times."

Karabo is back home, with both her and her baby recovering very well. She continues to follow the doctor's orders on postpartum care, as well as adherence to the COVID-19 protocols. Her son is five months old, but family and friends have not met the boy yet as they would have done before COVID-19.

So, what advice would she give to mothers due to give birth during a pandemic?

"The only advice I can give to pregnant ladies right now is to remain calm and trust that everything will turn out well. I also urge them to follow all the COVID-19 protocols to protect themselves and their babies." she said.

UNFPA Botswana has been supporting the Ministry of Health and Wellness (MOHW) to ensure the continuity of sexual and reproductive health services and to mitigate against any disruptions to access essential sexual and reproductive health and rights, and maternal health services for adolescents, youth and pregnant women. The ministry has therefore prioritized maternal health (ANC, PNC, delivery, Family planning), child welfare and ART as minimum essential packages of services that should not be interrupted during lockdowns. UNFPA also supported the ministry to develop facility-level guidelines on the management of pregnant women in the face of COVID-19.

During pandemics, when health and social systems are struggling to cope, SRH services are often sidelined often leading to increased maternal mortality and morbidity.

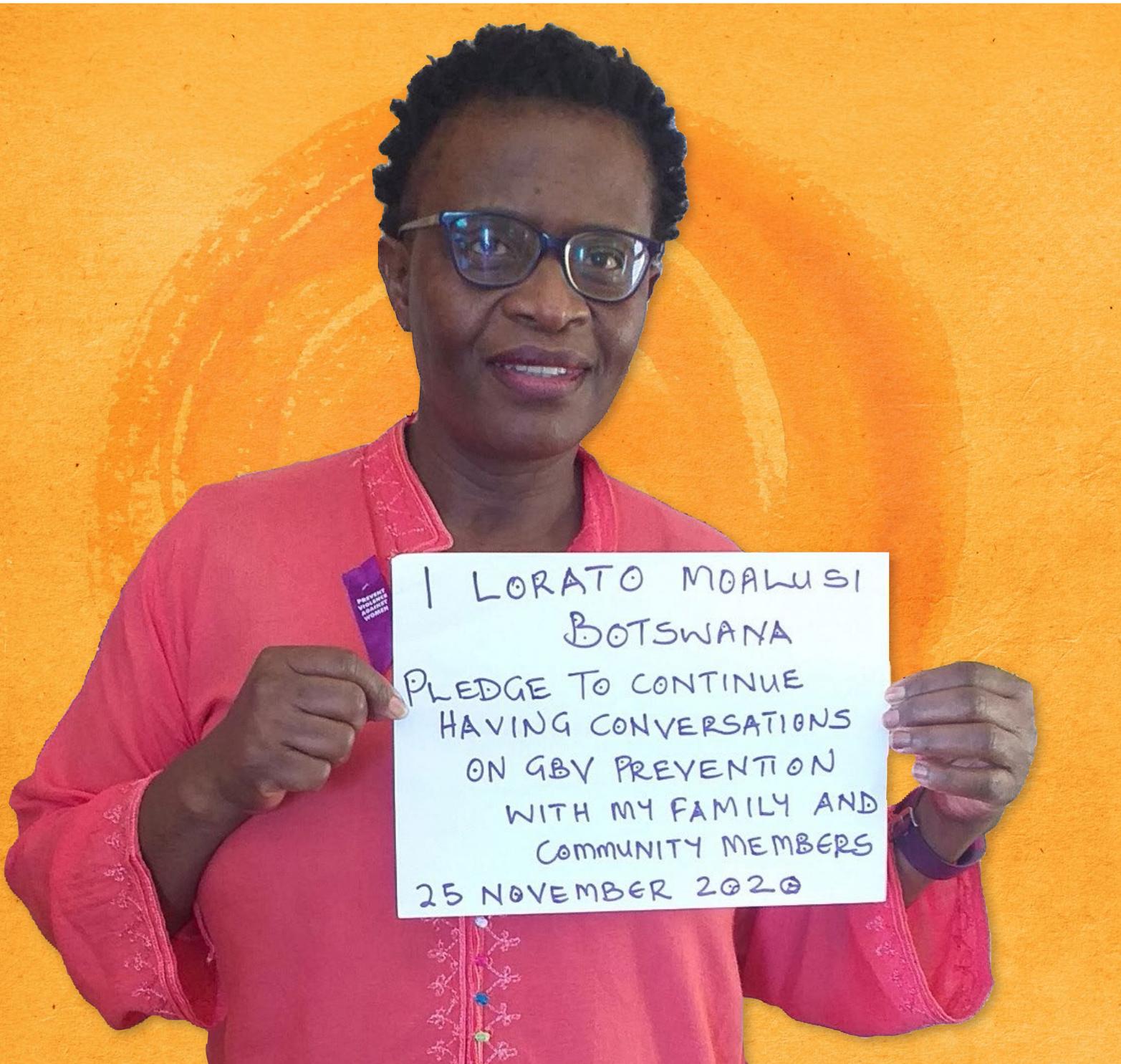
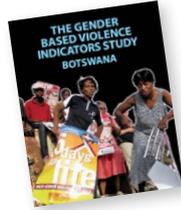


Photo: ©UNFPA Botswana

Towards **ZERO**
GENDER-BASED
VIOLENCE and other Harmful
Practices



According to a [2018 National Relationship study](#)³, **ONE IN THREE WOMEN** reported experiencing some form of violence in their lifetime. Intimate partner violence (IPV) is the most prevalent form of violence reported at **29% OF WOMEN**, whereas **15% OF WOMEN** who have ever been pregnant experienced GBV during pregnancy.



Violence has major harmful effects on women's health and well-being, including their sexual and reproductive and mental health. Violence against women is a serious, but preventable public health problem that is common worldwide.



Ending GBV and ensuring women's safety and well-being is a priority for the Botswana Government and UNFPA. Legislative and policy frameworks such as the Domestic Violence Act, The Abolition of the Marital Power Act, Penal Code (Amendment) Act, Children's Act, Constitution of Botswana and the National Strategy Towards Ending Gender-Based Violence are in place to address violence against women, girls and children. Despite these legal provisions and commitments, violence against women and girls continues to increase and COVID-19 exacerbated the situation, as the country recorded a high number of GBV cases during a lockdown period of two weeks.

GBV Statistics Period: 1 April-30 June 2020

531 DOMESTIC VIOLENCE CASES
(181 being rape cases)³

31 DEFILEMENT CASES registered between
22 March-4 April 2020

58 GIRLS came back pregnant after
Botswana's first lock down

49 REPORTED CASES of rape involving
minors at the end of lockdown⁴



Photo: ©UNFPA Botswana

² <https://botswana.unfpa.org/en/publications/botswana-gender-based-violence-indicators-study>.

³ MNIGA on 5th Sep 2020- Sunday Standard.

⁴ Children's Council on 27 Aug.



"I AM VERY HAPPY TO HAVE BEEN PART OF THE TRAINING. WHAT I LEARNED TODAY WILL HAVE A GREAT IMPACT ON HOW I REPORT FROM NOW ONWARDS. I REALISED THAT I HAVE NOT PARTICULARLY BEEN USING A SURVIVOR-CENTRED APPROACH WHEN REPORTING ON GBV AND I NOW REALISE THAT MY PAST REPORTING MIGHT HAVE HARMED THOSE I WAS TRYING TO HELP."

- **Bokani King,**
from **Yarona FM radio station**



Key Achievements



Photo: ©UNFPA Botswana

UNFPA in collaboration with the Resident Coordinator's Office (RCO) and Women Against Rape (WAR), held a community dialogue with traditional leaders on cultural & social norms that support violence, discrimination and harmful practices.



Photo: ©UNFPA Botswana

In order to strengthen the knowledge and skills of the Media fraternity as a partner in addressing GBV, 35 media professionals were trained in ethical and human rights-centered reporting on GBV and further oriented on UNFPA's role in prevention and response to GBV. All the trained journalists made individual pledges to amplify the media fraternity's fight against GBV in the country.



Jointly with the UN Gender and Human Rights Theme Group, UNFPA advocated for GBV risk mitigation integration into the epidemic response and the national preparedness response plans.



UNFPA supported Men for Health and Gender Justice, to host an Interactive Dialogue for 45 people on Intimate Partner Violence among LGBTI and young people in Botswana. The dialogue highlighted the violence towards LGBTIQ and young people and critically reflected on what should be done to end these human rights violations.



"THIS WAS AN EYE-OPENING EXPERIENCE FOR ME, I FEEL MORE EMPOWERED AS A JOURNALIST NOW THAT I HAVE BEEN INTRODUCED TO THIS IMPORTANT AND VERY SENSITIVE SUBJECT. WITH THIS TRAINING I HAVE RECOGNIZED THE ERRORS I MADE, AND I PLEDGE TO INTENSIFY REPORTING ON GBV ISSUES, TAKING INTO CONSIDERATION PRINCIPLES OF ETHICAL REPORTING."

- **Wame Mhlanga,**
from **Strides magazine**



Lebonang Molaletsi's Story

The road to **RECOVERY:** One step at a time



Photo: ©UNFPA Botswana

“Don't be fooled by an apology and promises to change because no one masters the art of apologizing better than an abusive man.” warned 37-year-old Lebonang Molaletsi, a survivor of intimate partner violence.

Having recently been released from a women's shelter, Lebonang feels she is ready to talk about the violence and abuse she endured in her relationship. When she met her boyfriend in November 2019, she never imagined that she could be the victim of abuse, as he was a sweet and loving partner to both her and her two children: a 22-year-old boy and 15-year-old girl.

She knew her partner was an occasional drinker when they met, but never imagined him being abusive. Things started turning sour a couple of months into their relationship. Whenever he returned from drinking, he would subject her to physical abuse, often in front of her children and her grandmother.

“He would be a respectful and loving partner when sober, but would turn into a different person after drinking. He would accuse me of cheating and eventually beat me until I lost consciousness.” said Lebonang.

But Lebonang would forgive him immediately whenever he apologized. She refused to report him to the police at first, resorting to family mediation.

When she became pregnant, she believed things would change. Things did change and took a turn for the worse. Recounting her horrific experience, Lebonang revealed that one day her partner came back home drunk and accused her of disrespecting him by cheating on him while pregnant with his child. He threatened to kill her and her whole family.

“He beat me with a rod on the head and kicked me on my belly so badly, that I woke up in the hospital. I did not do all that he was accusing me of.”

According to Lebonang, this was the turning point for her. It is after the incident that she decided to report the matter to the village traditional leader (kgosi) who subsequently referred her to the police. The police took her to Women Against Rape (WAR) in June 2020, where she was accommodated in a survivor's shelter to recover. Unfortunately, while at the shelter, her partner raped her 15-year-old daughter, who joined her a month later at the shelter to seek refuge.

.....
“HE BEAT ME WITH A ROD ON THE HEAD AND KICKED ME ON MY BELLY SO BADLY, THAT I WOKE UP IN THE HOSPITAL. I DID NOT DO ALL THAT HE WAS ACCUSING ME OF.”

– Lebonang Molaletsi



Lebonang Molaletsi's Story (cont'd)

"I blame myself for bringing him into their lives and I will never forgive myself regarding what happened to my daughter. It will forever stay with me." she says with a sombre face.

Psychosocial Support

Lebonang and her daughter went through psychosocial therapy at the shelter. She says these sessions have brought her some healing, changing her perspective and restoring her dignity. She hopes that by sharing her story, other women will report abusive relationships and walk out while they still have time because it could save more lives.

"Not reporting your case is a big mistake, I now know better."

Slow Justice System

Although she has managed to free herself from the claws of GBV, she lamented that she lives in fear as she does not know the status of her case. She is worried that the justice system is too slow, because all she wants is for justice to prevail so that this man can be tried and convicted for the heinous crimes he has committed against her and her daughter.

"I am not free. I am always in fear as this man can come and kill me anytime. I don't know his whereabouts, but people tell me they see him around."

GBV in Botswana has become a scourge for mostly women and children. According to the 2018 Botswana National Relationship Study, over two-thirds of women in Botswana (67 per cent) have experienced some form of gender violence in their lifetime including partner and non-partner violence, with almost half (44 per cent of men admitting to have perpetrated violence against women. Fifteen per cent of women who have ever been pregnant experienced GBV during pregnancy and one in nine women who experienced rape reported the incident to the police, suggesting that that levels of GBV are far higher with many cases often going unreported.

UNFPA Botswana supports WAR, which empowers survivors of GBV through psychological therapy. UNFPA is one of the UN's lead agencies working to further gender equality and women's empowerment. UNFPA's work in ending GBV focuses on supporting and collaborating with the Government of Botswana and other non-state partners such as CSOs to strengthen policy and advocacy action to legal and policy reforms, strengthen GBV research and data systems to support development of evidence-based programmes, enhance capacity of services for effective and quality GBV services, educate the public on GBV and promote involvement of men and boys in prevention of GBV and accessing SRH services.

"I AM NOT FREE. I AM ALWAYS IN FEAR AS THIS MAN CAN COME AND KILL ME ANYTIME. I DON'T KNOW HIS WHEREABOUTS, BUT PEOPLE TELL ME THEY SEE HIM AROUND."

- Lebonang Molaletsi



Photo: ©UNFPA Botswana

Towards **ZERO**
NEW HIV Infections



About a quarter of **NEW INFECTIONS** occur among adolescents and young women **15-24 YEARS OF AGE.**



Photo: ©UNFPA Botswana

New HIV infections among adolescent girls and young women (AGYW) and key populations remains a concern. Girls are three times more likely to be infected than boys in Botswana.



An estimated 41 new infections occur among this group every week. Less than half (48 per cent) of young people have comprehensive knowledge on HIV. Condom use among the general population decreased from 90.2 per cent in 2008 to

81.9 per cent in 2013 while among young people aged 15-24, condom use declined from 78.4 per cent in 2008 to 65.2 per cent.

HIV prevention remains a key priority area for UNFPA in Botswana, particularly among young people.



Key Achievements



Completed Adolescent Girls and Young Women’s profiling on the burden of HIV new infections

The purpose of the AYGW Profiling was to undertake a geographical mapping of HIV prevalence, with an aim to identify high burden areas and develop strategies to reduce new infections and provide treatment, care and support.

The analysis of HIV incidence rates for AGYW as shown below, reveal that there has been a reduction of HIV incidence in the female population aged 15-24. In 2010 all the districts, except Ghanzi, Kgalagadi North and Kgalagadi South were classified as high HIV incidence districts. However, in 2019 this has changed for most of the districts. Only three districts—Central Tutume, Central Bobonong, and Central Mahalapye have remained in the grouping of very high HIV incidence areas.

The Districts that have performed very well in the reduction of HIV incidence rates are Ghanzi, Kgalagadi North, Kgalagadi South, Southeast and Lobatse.

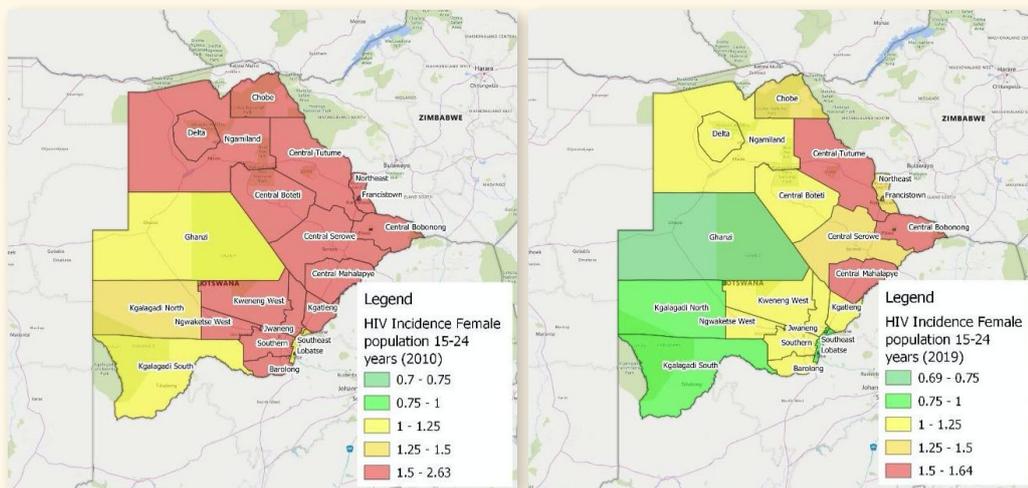


Comprehensive condom programming

UNFPA, in partnership with the coordinating agency on HIV, National AIDS and Health Promotion Agency (NAHPA) convened the first ever national multi-stakeholder meeting on Comprehensive Condom Programming to revitalize condom programming strategies.

UNFPA supported the development of a national **Comprehensive Condom Programming Strategy** and a **Costed Implementation Plan**.

Botswana HIV Incidence - Female Population aged 15-24 (2010 and 2019)



Source: Data sourced from UNAIDS National 2020 HIV Estimates, computation done by authors of the report



Photo: ©UNFPA Botswana

Fulfilling **YOUNG**
PEOPLE'S Sexual and
Reproductive
Health and Rights



Adolescents and youth, **ESPECIALLY ADOLESCENT GIRLS**, are at the centre of our programmes in Botswana.



We support efforts that empower adolescents and youth to have knowledge and power—to make informed choices about their bodies and lives and build their agency to transition safely through adolescence into a healthy and productive adulthood.



Our focus is to expand access to comprehensive and age-appropriate sexuality education and integrated youth-friendly sexual and reproductive health services.

UNFPA supported Women Against Rape (WAR) to implement the *Aka Re Koo* program which aims to reach out of school youth, in Maun, Seronga, Shakawe, Gumare with CSE and support their access to Sexual and Reproductive Health services.



Photo: © UNFPA Botswana



Key Achievements



The CSE Youth Mentors with the trainer commemorating the 16 Days Campaign to end GBV. Photo: ©UNFPA Botswana

CSE training for Youth Mentors

A total of **10 CSE YOUTH MENTORS** were trained to deliver CSE to their peers at community level. The training ensured that volunteers had the same understanding of CSE, were comfortable and confident to facilitate sexuality topics to young people and that they all provided consistent information at all sites. Each mentor was provided with a CSE manual for use during the CSE sessions at their sites.

As a result, the CSE Youth Mentors reached a total of **685 YOUTH** with CSE and SRH messages in Ngami and Okavango districts.

Dialogues on prevention of early and unintended pregnancies

85 YOUNG PEOPLE participated in SRHR dialogues aiming to empower them with knowledge on prevention of early and unintended pregnancies. Young people shared challenges they face in accessing SRH services in health facilities. They recommended that their SRH and rights be strengthened through engagements with relevant stakeholders such as health service providers, school management and sensitizing parents on SRH issues, especially for those in rural areas.



Photo: ©UNFPA Botswana

Boys SRHR dialogue

A total of **181 BOYS** aged 10-24 participated in the SRHR dialogues for boys and young men on shifting to adopt positive gender norms and positive sexual behaviours that include positive masculinity. The most notable challenge identified during the discussions included inadequate knowledge and information on SRHR that would enable youth to make informed choices. They underscored the absence of youth-friendly clinics, which exposed them to “unfriendly” service providers at health facilities. Topics such as consent to sex were discussed, and some boys mentioned that consent is automatic.



These dialogues seek to demystify the myths and misconceptions around SRHR, which are quite prevalent, and ensure that adolescents are equipped with vital information, empowering them to make informed decisions.

Photo: ©UNFPA Botswana

“WHEN I INVITE A GIRL TO MY HOUSE AND SHE COMES, THAT’S A CLEAR INDICATION THAT SHE HAS CONSENTED TO SEX. THERE IS NO POINT IN ASKING FOR CONSENT ONCE SHE ARRIVES.”



"GROWING UP I LEARNT
THAT IF YOU DRINK 2 LITRES
OF WATER AFTER HAVING
UNPROTECTED SEX, YOU
WON'T GET PREGNANT."



- A young person sharing
her experiences during
the SRHR Dialogue



Key Achievements



Photo: ©UNFPA Botswana

HIV testing services and condom campaigns

During the month of December WAR collaborated with BOCAIP and DHMT to offer HIV testing services and distribute condoms in Gumare and Nokaneng and Maun.

During the month long campaign, condoms were distributed to places frequented by large crowds such as supermarkets, bars, malls and the bus station.



115 YOUNG PEOPLE tested for HIV



54,415 MALE CONDOMS distributed



90 FEMALE CONDOMS distributed



480 LUBRICANTS distributed

Youth radio untwists facts

The weekly youth radio talk show, *Don't Get it Twisted* aired 45 programmes, reaching over **200,000** YOUNG PEOPLE with SRH information. The radio show ensures that young people dialogue on the realities and barriers they are confronted with that impede their ability to exercise their SRH rights and make better, informed choices. Among the topics covered were: GBV during COVID-19; Young people and COVID-19; Accessing SRH services during a pandemic; COVID-19 and people with disabilities and many more.



Photo: ©UNFPA Botswana



Photo: ©UNFPA Botswana

Harnessing Data for **DEVELOPMENT**



Population and housing census

A population and housing census (PHC) is among the most complex and massive peacetime exercises a nation can undertake. It requires careful planning, resourcing and implementation – from mapping an entire country, mobilizing and training large numbers of enumerators, and conducting major public awareness campaigns, to canvassing all households, carefully monitoring census activities, and analyzing, disseminating and using the resulting data. In 2020 UNFPA Botswana provided Statistics Botswana with technical and financial support to ensure that the 2021 schedule PHC is high quality, upholds international principles and standards, and generates data that is widely disseminated and used for development.

Key Achievements

- **5,000 CENSUS TABLETS:** UNFPA brokered an agreement for Kenya National Statistics Bureau (KNBS) to loan Statistics Botswana (SB) 5000 census tablets for use during Botswana's first ever digitized census.
- **100 CENSUS OFFICERS TRAINED:** UNFPA provided direct support towards a virtual training of 100 census technical officers on census management.
- **100 TABLETS PROCURED** for Statistics Botswana to be used for computer assisted personal interviewing enumeration during the digitized pilot and main censuses.

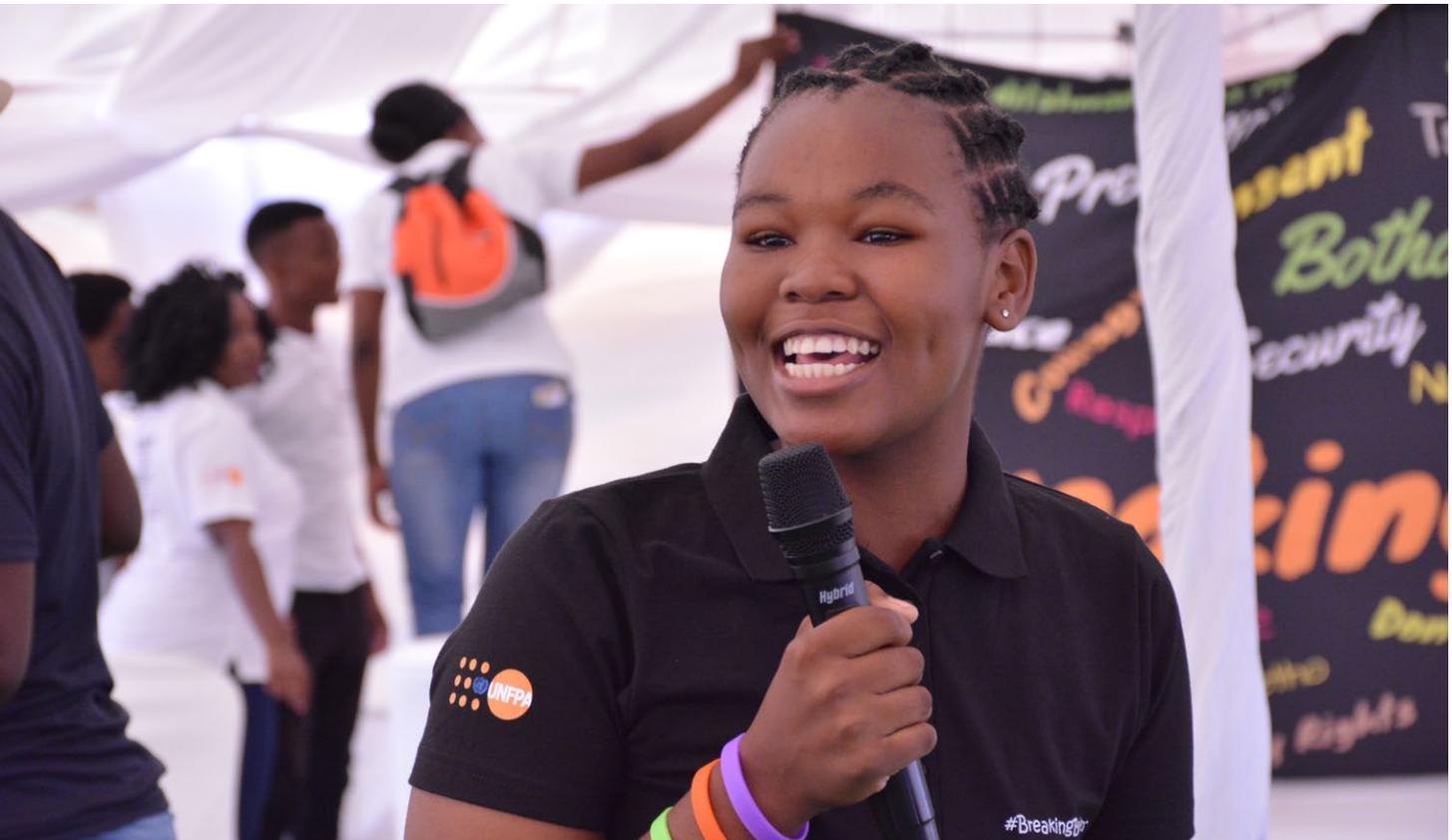


Photo: ©UNFPA Botswana



Demographic dividend

Sustainable development cannot be achieved without assuring that all women and men, and girls and boys, enjoy dignity and human rights to expand their capabilities, secure their reproductive health and rights, find decent work, and contribute to economic growth. Developing policies and investments to secure that future requires that governments know the size, sex, location and age structure of their present and future populations.



Photo: ©UNFPA Botswana

Key Achievements

- **IMPROVED DATA AVAILABILITY** mapped the extent of integration of the nine essential SRHR services into national Universal Health Care policies and road-maps.
- **DEVELOPED EVIDENCE BRIEFS** on an ageing society and how to capitalize on young people. The briefs will augment advocacy efforts for the operationalization of the demographic dividend agenda.
- **MOBILIZED US\$100,000** from the SDG Fund for the development of a family planning investment case in collaboration with UNWOMEN, UNDP, and UNICEF.
- **STRENGTHENED CAPACITY** trained 20 policymakers on a human rights based approach to policy formulation, implementation, monitoring and evaluation.



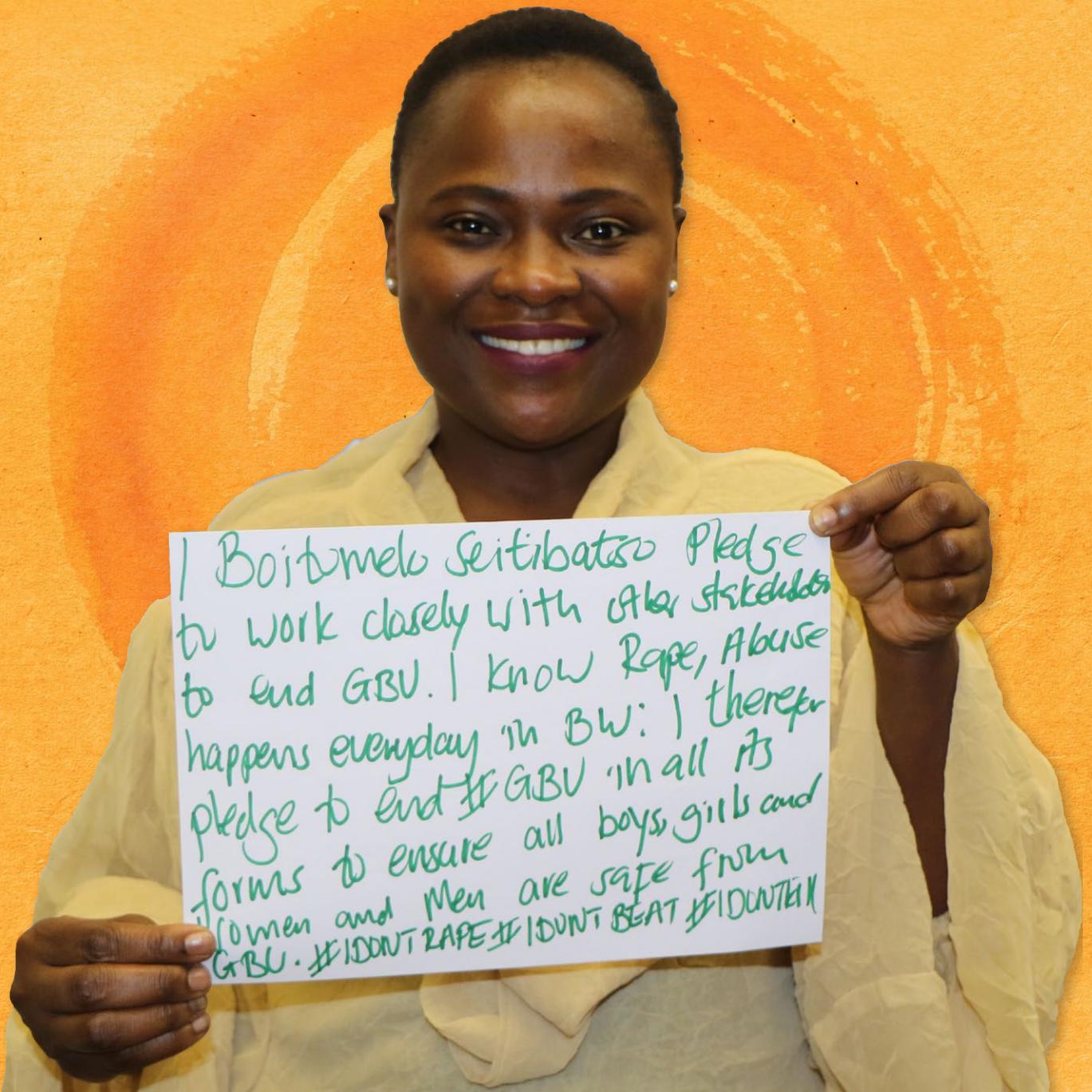


Photo: ©UNFPA Botswana

Post-Nairobi

ADVOCACY



Some of the members of the media fraternity with their pledges to report on GBV. Photos: ©UNFPA Botswana

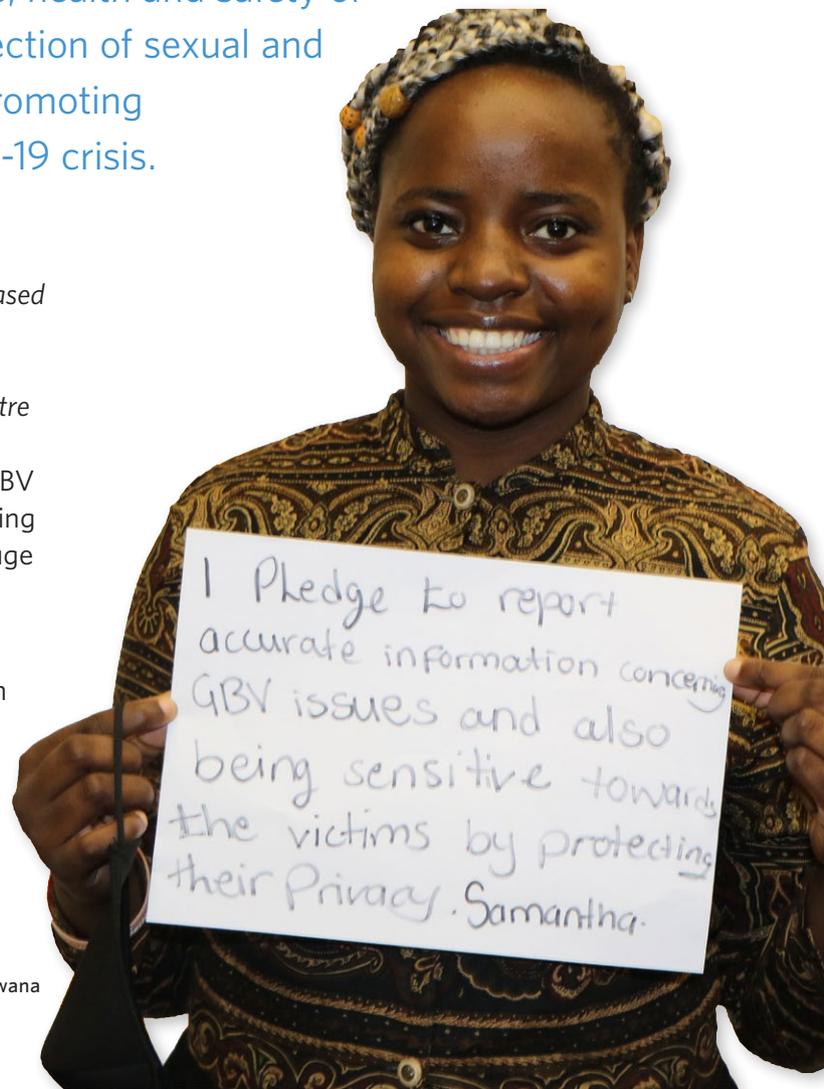
One year after the Nairobi Summit on ICPD25, as the world grapples with the COVID-19 pandemic, we see just how critical the issues highlighted at the Summit are. During these challenging times for sexual and reproductive health and rights worldwide, partners and governments are already taking steps to make good on their Nairobi commitments. There has been increasing calls to prioritize the rights, health and safety of women and girls, calling for the protection of sexual and reproductive health and rights and promoting gender-responsiveness in the COVID-19 crisis.



The Government of Botswana's recent introduction of *Special Courts for Gender-Based Violence* to ensure that all GBV cases are treated as urgent applications; the establishment of the first ever *Child Friendly Centre* at Broadhurst Police station to create a conducive environment for interviewing GBV victims particularly children, and the drafting of the *Sex Offenders Registry Bill*, mark a huge step towards heading these calls.

The Nairobi Summit set a clear direction for the path ahead, and our forward march continues. In the final push to 2030 to achieve the Sustainable Development Goals, it's time to finally deliver concrete results for women and girls and ensure that no one is left behind.

Photo: ©UNFPA Botswana





Key Achievements



UNFPA hosted a **GBV VIRTUAL DIALOGUE** to launch the SWOP Report, attracting over **40 PARTICIPANTS** including, the Nairobi Summit Champions; government officials; CSOs; the media; young people and other development partners. The theme of the SWOP 2020 Report was *Against My Will: defying the practices that harm women and girls and undermine equality*. In Botswana, UNFPA localized the theme to focus on GBV which was exacerbated by the COVID-19 pandemic. The platform intensified advocacy and resulted in follow-up engagements that explored ways of working together to help end GBV in Botswana.



In an effort to continue the advocacy of the Nairobi Summit and engage with partners and stakeholders to continue accelerating the ICPD progress, **1,000 COMMITMENTS BOOKLETS** were printed and distributed to various stakeholders. The booklet was also published on the website and shared widely on social media platforms. 80 Selebi Phikwe leadership briefed on ICPD and Nairobi Commitments by the Ministry of Finance and Economic Development, under the Population and Development Coordination Division.



UNFPA in partnership with the Ministry of Finance and Economic Development, hosted a **PRESS CONFERENCE FOR 35 MEDIA PERSONNEL** to debrief them on the outcome of the Nairobi summit and the Botswana Commitments and seek media support in accelerating the ICPD Programme of Action.



30 MEDIA PROFESSIONALS WERE TRAINED in ethical and human rights-centered reporting on GBV and further oriented on UNFPA's role in prevention and response to GBV. Media relations were cultivated and strengthened through this engagement and media personnel made pledges on their contribution towards fighting GBV. This enhanced UNFPA's visibility and impact.



ICPD25

International Conference on
Population and Development



Chairperson of the Parliamentary Committee on Youth Honorable Yandani Boko at the UNFPA briefing. Photo: ©UNFPA Botswana

PARTNERSHIPS



UNFPA is fully cognizant of the importance of partnerships in delivering transformative results. In 2020, UNFPA continued to foster and develop strategic partnerships with a broad range of like-minded partners including the government through various ministries, parliamentarians, traditional leaders, the media, as well as other development partners and UN agencies towards advancing sexual and reproductive health outcomes for women and young people.

Key Achievements



UNFPA engaged with Members of the Parliamentary portfolio committee on Youth, Arts and Culture in collaboration with the SADC Parliamentary Forum (SADC PF country desk) for the parliamentarians to advocate for the advancement of SRHR for adolescents and young people. The committee was briefed on challenges experienced with the implementation of the ESA Commitment (CSE and YFHS) in particular, persistently high early and unintended pregnancies among adolescent girls, coupled with lack of access to modern contraceptives. The members have pledged to be advocates on SRHR for adolescents and young people through tabling SRHR motions in parliament to support the SRHR needs of adolescents and young people.



To support acceleration of progress towards ending preventable maternal mortality in Botswana, UNFPA partnered with Botswana International University of Science and Technology (BIUST) as a reach and brain power partner to harness drone technology as an innovative solution to deliver maternal health supplies and commodities including essential drugs, blood and blood products and lab specimen particularly in hard-to-reach areas.





COVID 19 Braille key message booklet. Photo: ©UNFPA Botswana

COVID-19 RESPONSE



The COVID-19 pandemic strained public health systems, triggering unprecedented measures by governments around the world such as movement restrictions. Evidence from prior outbreaks shows that during crisis, health systems often redirect resources away from sexual and reproductive health services, negatively impacting mainly women and girls' access to family planning, antenatal care and other critical services.



Since March 2020, UNFPA is supporting the National COVID-19 Preparedness and Response Plan with a focus on the continuity of sexual and reproductive health services, including the protection of the health workforce, addressing GBV, and ensuring the supply of modern contraceptives and other reproductive health commodities. Around the world, the pandemic is seriously disrupting access to life-saving sexual and reproductive health services, deepening existing gender inequalities, increasing GBV and exacerbating discrimination and barriers for marginalized groups. Sexual and reproductive health and rights are a significant public health problem that requires urgent and sustained attention and investment.

Strategic Priorities of UNFPA Botswana in Response to COVID-19

- Ensure continuity of sexual and reproductive health services and interventions including protection of the health workforce;
- Ensure that lifesaving GBV prevention and response services are available and accessible to all; and
- Ensure the supply of modern contraceptives and reproductive health products.

Key Accelerators

• Youth engagement:

UNFPA is developing the capacity and engaging youth and youth networks to act safely and meaningfully as agents of change in COVID-19 preparedness and response. UNFPA is also adopting innovative dissemination strategies through social media, mobile phones, TV and radio to reach adolescent and young people with information and advice on COVID-19 and ASRH.

• Leave no one behind:

UNFPA does this by supporting service delivery to the most vulnerable people and advocating a multisectoral response aimed at the most vulnerable populations.

• Data:

UNFPA advocates, promotes and empowers national institutions to generate and use data disaggregated by sex and census data, among other dimensions of inequality, to inform preparedness and response efforts.

• Risk communication and community engagement:

UNFPA promotes social mobilization and community involvement interventions, as well as dissemination of targeted messages.



Key Achievements



Ensuring the continuity of essential health services:

UNFPA's advocacy ensured that the Ministry of Health Wellness declared SRH/HIV and GBV services as essential services that should continue uninterrupted in the face of COVID-19 even during national lockdowns. UNFPA provided financial and technical support in the development of the Integrated COVID-19 and Sexual and Reproductive Health Services Guideline for Botswana. The guideline targets health care workers at all levels and aims to minimize SRH services disruption during the COVID-19 pandemic.



Leaving no one behind:

UNFPA collaborated with the Botswana Association of the Blind and Partially Sighted (BABPS) to conduct risk communication on COVID-19 for blind and partially sighted young people. The BABPS transcribed COVID-19 infection, prevention and control and SRH messages into braille and distributed them to 3,000 blind and partially blind people.



Ensuring the supply of modern contraceptives and reproductive health products:

UNFPA advocated for the repositioning of female condoms to assist in an uninterrupted flow of reproductive health commodities during the COVID-19 pandemic. The country suffered acute stock-outs of male condoms for four months, with consignments affected by border closures. While male condoms were out of stock, the central warehouse was overstocked with female condoms that were not being distributed. UNFPA advocated for the repositioning of the female condoms to increase demand and, following this advocacy with key policymakers, orders for female condoms increased resulting in stock levels of 11 months decreasing to just 1 month within 7 months period.



Use of media and technology:

Reached over 200,000 young people through the Don't Get It Twisted radio show, with factual SRH and COVID-19 messages, closing the information gap and potential misinformation. Topics covered included: a) What I need to know about COVID-19; b) Myths/misconceptions on COVID-19 and Facts; c) GBV during Lockdown: Am I safe?; and d) Accessing contraceptives during the lockdown. In addition, the radio programme put a spotlight on COVID-19 and Persons with Disability. Organizations of People with Disability (OPDs) participated in the radio show to ensure that tailor-made messages reached people with disabilities. This ensured that the vulnerable young people in the community were not left behind.



Youth engagement:

UNFPA convened 30 people from civil society, members of the key populations' community (MSM and Sex workers), and young people to discuss the impact of COVID-19 to access SRH and HIV information and services. Recommendations from the meeting contributed to the Global Fund proposal for the country to receive mitigation funds. In response to closing the gap in interrupted access to information and services, civil society organizations adapted delivery of services, mainly to virtual platforms for risk assessment, block booking clients and door to door distribution of condoms.



Resource mobilization efforts:

Mobilized funds to ensure continued delivery of critical HIV interventions within the COVID-19 response. UNFPA contributed to the drafting of the Global Fund proposal to mitigate the impact of COVID-19. A total of \$90,000 was secured for programming for key populations and \$14,000 for repositioning female condom programming. UNFPA reprogrammed \$108,000 for COVID-19 support.



Risk communication and community engagement

Risk communication and community engagement is a critical component of the response to COVID-19. It helps people make the right decisions to protect themselves, when to seek care, and to avoid contributing to panic about the disease and its effects.

Key Achievements

1. UNFPA **DEVELOPED 10,000 BILINGUAL BROCHURES** addressing Pregnancy and COVID-19 and distributed them across 27 health districts. The brochures were further published for four weeks in a widely accessible (free) national newspaper and translated into radio jingles.
2. A **COVID-19 KEY MESSAGE BOOKLET** was developed and distributed widely through social media platforms. The key messages were a consolidation of messages from various UN agencies adapted to suit the local context, the Ministry of Health and Wellness and government of Botswana.
3. **FOUR POSTERS** on GBV and COVID; Pregnancy and COVID; COVID and Disabilities; and Young people and COVID were developed and distributed widely among the target populations.
4. A **NEWSLETTER** on COVID-19 and SRH issues was developed and distributed widely through UNFPA website and social media platforms.
5. UNFPA supported the Ministry of Health and Wellness to develop a **RISK COMMUNICATION AND COMMUNITY ENGAGEMENT STRATEGY** which was rolled out at national level. To further support the roll out of the RCCE strategy, UNFPA availed its existing platforms such as the *Don't Get it Twisted* weekly radio show for information dissemination.
6. To increase awareness on the SRHR services availability, UNFPA developed and disseminated: **TEN RADIO MESSAGES** in the form of drama broadcasted over 190 scheduled radio slots across three national radio stations. The messages were targeted to adolescent girls, young people, women and people in remote and hard to reach communities and GBV shelters.
7. A **NATIONAL MANUAL/GUIDELINE** was developed for healthcare providers for the provision of reproductive health services under COVID-19 in partnership with the Ministry of Health and UN agencies.
8. In collaboration with Botswana GBV Prevention and Support Centre (BGBVC) and Men & Boys for Gender Equality (M&BGE) to increase public awareness on the protection, care and support of GBV victims and survivors at community and individual level, UNFPA developed and broadcasted **THREE TARGETED RADIO MESSAGES** emphasizing the availability of integrated GBV and SRHR services during lockdowns.



Adolescent girl reading
COVID-19 braille messages.
Photo: ©UNFPA Botswana



Published pamphlets



6



7



8



9

5 <https://botswana.unfpa.org/en/publications/covid-19-key-messages-booklet>.

6 <https://www.facebook.com/BotswanaUNFPA/photos/3172390216159193>.

7 <https://botswana.unfpa.org/en/publications>.

8 <https://botswana.unfpa.org/en/publications/botswanas-icpd25-commitment-booklet>.



Photo: ©UNFPA Botswana

LEAVING NO ONE BEHIND

is Central to the Achievement
of the 2030 Agenda



In 2020, UNFPA tapped into partnerships to deliver on the mandate of 'Ensuring Rights and Choices for All' and 'Leaving No One Behind.'



This enabled the Country Office to actively respond to the needs of the communities with regards to Sexual Reproductive Health and Rights (SRHR) in the context of COVID-19.

The COVID-19 pandemic has affected everyone, including key populations. Key populations became particularly vulnerable to HIV service interruptions and additional harm

during the COVID-19 pandemic. In response to the situation, UNFPA partnered with Men for Health and Gender Justice (MHGJ), an NGO serving Men who have sex with other men (MSM) on a project aimed at improving access to Sexual and Reproductive Health and HIV services for gay men and MSM in Botswana during COVID-19.

Key Achievements



500 PAMPHLETS on SRHR, HIV and PrEP were developed and distributed.



24,450 CONDOMS and **17,510 LUBRICANTS** were distributed to MSM and LGBTI.



110 MSM tested for HIV, **59 ENROLLED** for PrEP, **9 ENROLLED** on ART.



10,000 PEOPLE were reached through eight sponsored Facebook flyers aimed at influencing access to SRH services and improve health seeking behavior by gay men and MSM. Interested clients were able to confidentially seek access to services including referrals, preventative commodities and messaging.



118 REFERRALS including 14 GBV/IPV referrals for support were made through online platforms.



125 MSM AND GAY PERSONS were provided with therapy and counselling support and six were assisted with temporary shelter.



TWO DOCUMENTARIES of lived experiences of Gay and MSM persons in accessing HIV messaging, Health Promotional and Preventative commodities titled **"Telling the Untold Realities"** were produced and shared widely on social media platforms.



A total of **191 MSM, BISEXUAL, MALE SEX WORKERS AND GAY MEN** were reached with HIV/AIDS, STI and GBV/IPV Preventative and service access messaging through the support group interactive sessions in Gaborone, Maun and Palapye.



Persons with Disabilities' Story

3,000 blind and partially sighted persons receive **BRaille COVID-19** key messages

Even under normal circumstances, persons with disabilities face discrimination and exclusion from services and decision-making. As the COVID-19 pandemic spreads around the world, and information on how to take care of ourselves is shared in various platforms, persons with disabilities face additional barriers to accessing information and services as they are often overlooked in emergency response.

"Being blind or partially sighted is already challenging. The COVID-19 pandemic has made things worse for us. Most COVID-19 messages were shared through the TV, radio, posters and social media and people forgot that there are other groups who access messages in special ways, people who do not have access to social media," explains Tshepo Raditladi, an advocate for the partially sighted and blind working for Botswana Association of the Blind and Partially Sighted.

Mr. Raditladi highlights that due to this lack of factual and timely information in platforms suited for the blind, most of them received inaccurate messages and information from those they relied on, mostly family members and caretakers, which proved to be very dangerous as they ended up not following COVID-19 preventative measures as stipulated.

Photo: ©UNFPA Botswana





Persons with Disabilities' Story (cont'd)

"I must also emphasize that as the blind community, it is quite a challenge for us to adhere to some of the measures put in place such as social distancing and not touching surfaces because we use a sense of touch to navigate our environment and 60 per cent of our functioning has to be done with someone who is sighted." he adds.

Tshepo further underscored that for those in schools, hand washing protocols require that they monitor the queue and wait their turn, hence they need to be sufficiently close to feel the next person or object, making social distancing nearly impossible.

Information about COVID-19, infection control efforts and public health measures must be accessible to all, including people with disabilities, therefore UNFPA Botswana supported the Botswana Association of the Blind and Partially Sighted (BABPS) to develop and distribute braille booklets among people with visual impairments. According to Mr. Raditladi, the braille booklets include messages on prevention and control measures from credible sources such the government, World Health Organization and the Ministry of Health and Wellness.

The books are in Grade 1 and Grade 2 braille as well as Setswana braille and have been distributed to nine organizations that work

with people with visual impairment such as Lephoi Centre for the Blind, Central Association of the Blind and Disabled, Library Services for Persons with Disability, Pudulogong Brigade for the Blind, Mochudi Resource for the Blind, Lentswe Community Junior School and Molefi Senior School which have special units for the blind, and others.

The initiative has been hailed by the beneficiaries, who say the message booklets are critical to the fight against COVID-19.

One of the beneficiaries, Mr. Batati aged 39, acknowledges that it is the first time, seven months into the pandemic, to get COVID-19 messaging in a braille format. All along he has been depending on family members for information as he does not own a television set or radio.

UNFPA supported this initiative to help equip the visually impaired with the necessary information to help them take care of themselves amid the COVID-19 pandemic. According to the Botswana Demographic Survey Report 2017, there are 90,945 individuals with a disability in Botswana with sight/visual impairment accounting for the highest proportion of disabilities at 49.4 per cent or about 45,000 people.

Globally, one in seven people are living with a disability – roughly 1 billion people. Yet their needs are too often overlooked.

"I FEEL VERY EMPOWERED THAT I CAN NOW READ MESSAGES FOR MYSELF. THESE BOOKLETS HAVE BECOME VERY RESOURCEFUL, AND I CAN NOW PROUDLY SHARE INFORMATION WITH OTHERS."

- Mr. Batati, beneficiary



THE CONDOM IS A
TRIPLE HERO- THE ONLY
CONTRACEPTIVE THAT
PROTECTS AGAINST:

✓ HIV

✓ STIs

✓ UNINTENDED PREGNANCIES.



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