The SYP Phase II includes strengthening provision of youth friendly services, training teachers & civil society on provision of comprehensive sexuality education for in and out of school youth.

Figure 1: Mr M. Lesetedi - DDC (L), Ms M. Segotso - UNFPA Asst Rep (C), Mr G. Jori - DMHT (R)

Bobirwa & Ghanzi districts welcome the Safeguard Young People (SYP) programme

UNFPA is supporting the Ministry of Health and Wellness expand the Safeguard Young People (SYP) programme to Bobirwa and Ghanzi district respectively.

In welcoming the programme in Bobirwa, the Deputy District Commissioner, Mr Mooketsi Lesetedi raised concern about the high HIV prevalence among young people and teenage pregnancy. He lamented the challenges that young girls face in the district including being heads of households looking after their younger siblings. These circumstances often lead to young girls being defiled and contracting sexually transmitted infections including HIV. Mr Lesetedi welcomed the SYP Programme as the beginning of a long, fruitful partnership with UNFPA to protect young people in the Bobirwa district.

Collectively the clinics in the Bobirwa district reach about 500 young people a month. A visit to Mmadinare and Matshekge Senior Secondary boarding schools revealed that in a year, each school loses as many as 30 girls (equivalent to a class) to teenage pregnancy. Both schools have a school nurse as part of the Ministry of tertiary Education’s plan to establish clinics in secondary schools. The school nurses primarily focus on treating minor ailments.
Matsha College and Ghanzi Senior Secondary School teachers noted that most of the girls become pregnant during the long school holidays while waiting to transition to senior secondary school.

The College school nurse provides students with selected contraceptives (the pill and injection), HIV testing, teen mother counselling.

The Hukuntsi YFS nurse Ms Natasha Banda emphasized the challenges of reaching young people living in surrounding settlements as a major challenge.

The Ministry of Health & Wellness as well as Ministry of Basic Education are working towards standards in services to be provided in school clinics. UNFPA is assisting the Government of Botswana to strengthen youth friendly services including the development of PTO.
Key Statistics

**Bobirwa**
- Number of Young People: 23,127
- HIV Prevalence: 9.6%
- Number of Health Facilities: 20

**Ghanzi**
- Number of Young People: 13,501
- HIV Prevalence: 8.5%
- Number of Health Facilities: 25

In a year, each school loses as many as 30 girls (equivalent to a class) to teenage pregnancy.

Matsha College provides students with essential services - HIV testing & contraceptives (pill & injection).

Low uptake of the female condom is a contributing factor to teenage pregnancy.

Young girls are sometimes heads of households looking after their younger siblings. Often leading to young girls being defiled and contracting sexually transmitted infections.
In 2014, the Government of Botswana decided to scale-up integrated reproductive, maternal, newborn, child, adolescent health (RMNCAH)/HIV/TB and gender based violence services nationwide. The Ministry of Health and Wellness (MoHW) and UNFPA supports part of the scale-up.

Part of the scale-up activities was training district Integration coordinators and key programme managers and framed on the concept of integration.

The training equips focal persons with the capacity to:

- Address the SRHR needs of key populations in the face of a legal environment that is not supportive.
- Making sure that integration does not overburden existing services in a way that compromises service quality, by ensuring that integration actually improves healthcare provision (managing any potential increased workload for staff who take on additional or ‘task-shifting’ responsibilities)
- Reorganize/re-orient service provision processes such as patient flow.
- Combat stigma and discrimination from and towards healthcare providers, which has the potential to undermine the effectiveness of integrated services regardless of how efficient they are in other respects of their skills.
- Adapt services to attract and involve men, who tend to see sexual and reproductive health, and especially family planning, as ‘women’s business’ e.g. SRHR information and services integrated with male circumcision for combination HIV prevention services.
- Integrate Gender Based Violence (GBV) into integrated service delivery with a highlight on global and national standards for response to GBV by the health sector.
- Reach those who are most vulnerable but least likely to access services, such as young people and people living with disabilities and the hard to reach in resource constrained environments.

In order to have a continuous support and best practices sharing platform, a district Integration Coordinators’ WhatsApp group was also created to enable coordinators to share experiences, implementation challenges, mutual learning and collaborative solution generation. The WhatsApp group facilitates the distribution of guides, manuals and information. The officers were trained in Jwaneng, Gaborone and Palapye as integration focal point.

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SRH/HIV Botswana Integration Steps

### Training of District Focal Points
- Concept of Integration
- Link to Botswana Strategic Frameworks
- (Vision 2036, NDP11, Health Policy & Integrated Health Service Plan, PHC)
- Botswana Integration Service Packages Models (Community, Kiosk, Supermarket, Mall)
- Illustrations on effecting integration in service delivery by some National Programme Managers
- Integration Standards Steps and M&E
- Reference/ Guidance Material

### Preparation for Transitioning at Facility Level
- Building District Integration Team
- Develop integration Transition Plan and Implement (Including all below)
- Orientation of District Health Management
- Training at district level (including CSOs)
- Defining integration entry points and Models for Facilities
- HCW Skills Inventory & Rationalization of Staff Allocation
- Rationalization of Equipment, Commodities, Supplies, Transport, Drugs
- Sensitization of District Leadership, Sectors and Structures
- Community Dialogue

### Implementation
- Building Facility Level Team
- Rationalize & Re-allocate Space
- Define patient flow to optimize comprehensive service offer
- Have clear Signage
- Establish and build partnerships
- Implement transition plan - Deliver integrated services
- Data collection and Reporting
- Use Quality Improvement and Comprehensive Delivery tools including Task Sharing, Block Booking, Linkage to Care

### Monitoring & Support
- Mentoring and Coaching - Adherence to integration Standards and program standards and protocols
- Data Collection and Reporting (Monitor Integrated Service Utilization)
- Identification of Gaps/ Challenges & Facilitate remedial Action
- Documentation of innovations
- Reflection and Review Meetings
- Continuous Joint Planning and Joint Implementation
Permanent Secretary Ministry of Health and Wellness, Ms S. El-Halabi took to Twitter to engage with the youth on the state of family planning in Botswana.

The One Hour Twitter chat supported by UNFPA and hosted in commemoration of World Population Day themed Family Planning: Empowering People, Developing Nations, created a platform for the Permanent Secretary to interact with the youth on family planning matters. The initiative bridged the gap between the Ministry and created an opportunity to ask questions and comment on the quality of family planning for young people.

The exchange also facilitated the solicitation of young people’s views on family planning services. Ms El-Halabi appreciated the Twitter chat as an important platform for her and other Senior government officials to be in touch with young people’s views.
Some of the issues that Ms S. El-Halabi engaged youth are the importance of access to SRH information in order to empower young people to make informed decisions about their health.

Some of the youth engaged said that they enjoyed the Twitter chat as it created a more youth-friendly platform for them to access more information from a well-informed source.
The Annual Botswana Consumer Fair attracts 60,000 people every year and this year was no exception. The 7 day exhibition attracted businesses, service providers, public sector, private sector and NGOs from local and neighbouring countries such as Namibia, Zimbabwe, Swaziland, Lesotho and South Africa.

UNFPA participated at the fair registering young people on the TuneMe mobisite. TuneME is an interactive platform that engages young people on issues affecting their Sexual and Reproductive Health through the use of their mobile phones. A total of 1010 young people were registered in the platform during the exhibition.

Parents, who often are challenged with discussing sexuality issues with their children, welcomed the TuneMe site. A mother of a young person who registered for TuneMe stated; “As a mother, I am thankful for TuneMe.”

Today, young people have been registered and regularly receive information on SRH issues.

1010 young people registered in 7 days!

Figure 4: Youth at the Tune Me Stall activation at the Botswana Consumer Fair 2017

Figure 5 & 6 Youth getting information at the TuneMe Stall
‘Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled’