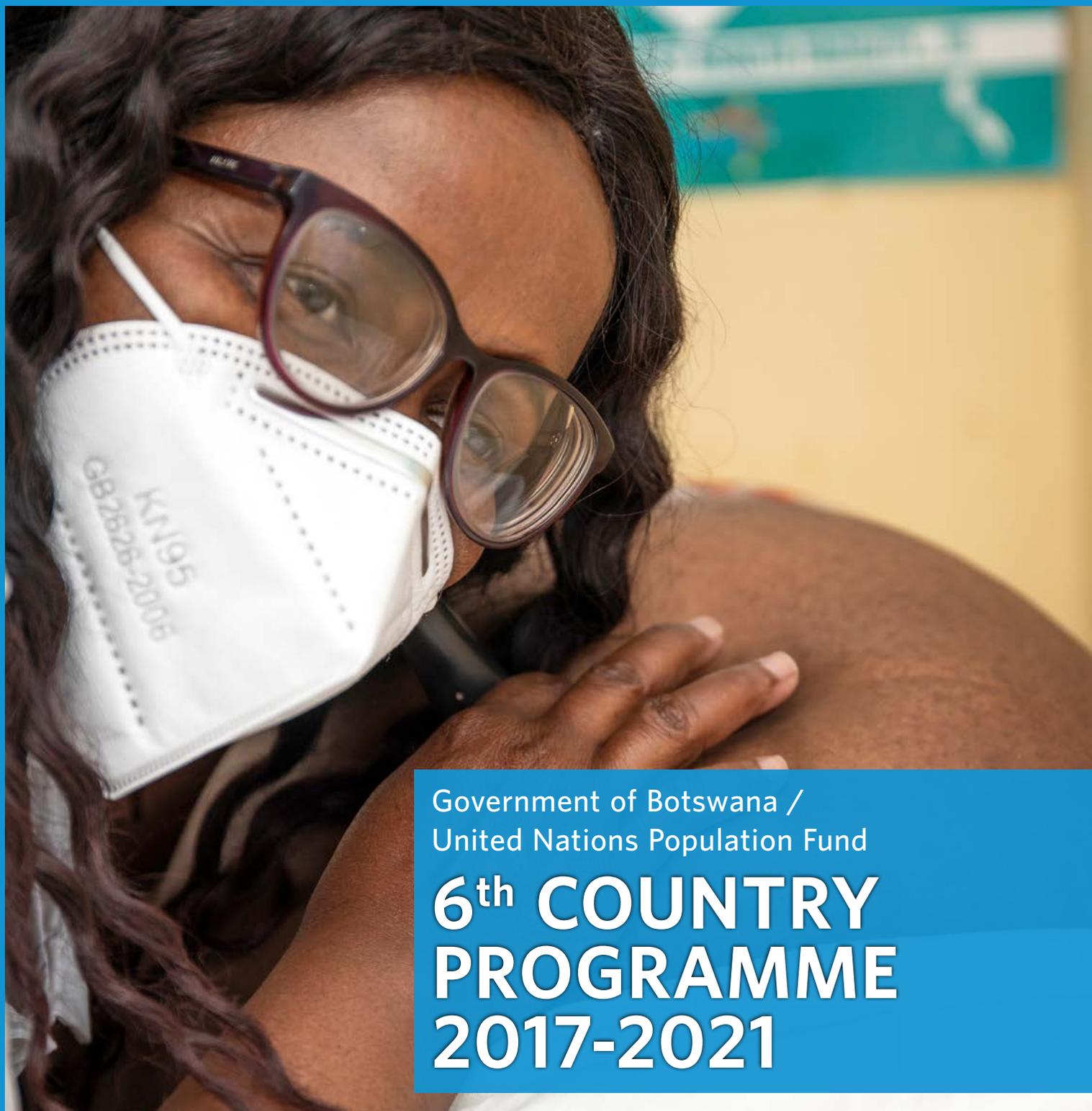


SYNTHESIS REPORT



Government of Botswana /
United Nations Population Fund

6th COUNTRY PROGRAMME 2017-2021

December 2021



SUSTAINABLE DEVELOPMENT GOALS



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About this report

This is a summary of the report on the rapid assessment of the Government of Botswana / United Nations Population Fund (GoB/UNFPA) 6th Country Programme covering all interventions at a national and subnational level between 1 January 2017 and 30 September 2020. The assessment aims to enhance UNFPA accountability and inform the design of the next country programme by identifying the enablers and barriers to implementation, the lessons learned, and recommendations to consider for the next programme.

The assessment was structured around the two evaluation criteria of effectiveness and relevance. A mixed-methods approach was used, including a review of strategic planning documents, national policy and planning documents and products of the 6th Country Programme and performance review reports. Data triangulation was conducted through key informant interviews and focus group discussions guided by the evaluation questions. Stakeholders were selected according to the criteria stipulated in the UNFPA Handbook for Evaluation 2018 and included the country office team, some of UNFPA's key partner ministries, including the ministries of Health and Wellness (MoHW) and Finance and Economic Development (MFED), young people, academia, and civil society organizations.



Context

Botswana is an upper-middle-income country in Southern Africa with an area of 581,730 square kilometres. It has a population of about 2.4 million people, estimated to increase to 3.4 million by 2050. Strategic investments in sexual reproductive health rights have facilitated a decline in total fertility from 6.5 births per woman in 1971 to 3 births per woman in 2017. Relative to most countries in sub-Saharan Africa, Botswana is at an advanced stage of a demographic transition, with two-thirds of the population between the economically active ages of 15-64 years. However, key development challenges must be overcome if this demographic dividend (the potential that comes from a nation's working-age population being larger than its non-working-age) is to be leveraged and the goal of prosperity for all realized. Botswana currently has a Gini coefficient of 0.522, making it one of the most unequal societies in the world. Females experience a higher proportion of unemployment than males, and gender equality gaps remain. Just one in 10 seats in parliament are held by women,¹ while one in three women have experienced gender-based violence in their lifetime.



BOTSWANA'S POPULATION IS
2.4 MILLION
estimated to increase to
3.4 MILLION
by 2050



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¹ United Nations Development Programme (2018). Human Development Report.

Key Development Challenges

Key development challenges include ending the unmet need for family planning, eliminating the sexual transmission of HIV, addressing high rates of gender-based violence, ending preventable maternal deaths and creating employment opportunities to maximize the demographic dividend before the window of opportunity closes in 2050, whereupon a larger share of the population becomes concentrated among the older cohorts.

These challenges will be exacerbated by emerging issues such as the adverse impacts of climate change on the health and well-being of the population (specifically women and children) and the COVID-19 pandemic, which revealed significant gaps in the country's emergency preparedness response. As a result, there is an urgent need to strengthen the health system by safeguarding health financing, prioritizing health data collection, analysis, dissemination and use; and strengthening capacities to quantify, forecast and distribute essential drugs and commodities, including reproductive health commodities.



Family Planning



HIV Prevention



Gender-Based Violence



Maternal Mortality



Population and Development



Family Planning

Early and unintended pregnancy remains a public health concern in Botswana.

In 2019, the total number of births per 1,000 girls aged 15-19 years was 39. While lower than the global average of 44, it indicates a substantive gap in access to information and services among adolescents and young people to assist them in adopting positive sexual behaviours, especially since 33 per cent reported a sexual debut before the age of 13. A significant contributing factor is the very limited contraceptive mix, giving women and girls few choices. Additionally, the most popular reproductive health commodities are frequently unavailable due to weak forecasting and quantification, inefficient supply chain and logistics management information systems and limited innovation when it comes to sustained demand-creation. The situation is exacerbated by limited training on the provision of contraceptive information and services among health-care workers, narrow access to comprehensive sexuality education (CSE), and a health system that is unresponsive to the needs of women and girls.

39 Births per 1,000 GIRLS 15-19 YRS } **44** GLOBAL AVERAGE

33% Sexual Debut before age 13





HIV Prevention

New infections for all ages were estimated at 9,500 in 2019, indicating challenges across the condom pathway.

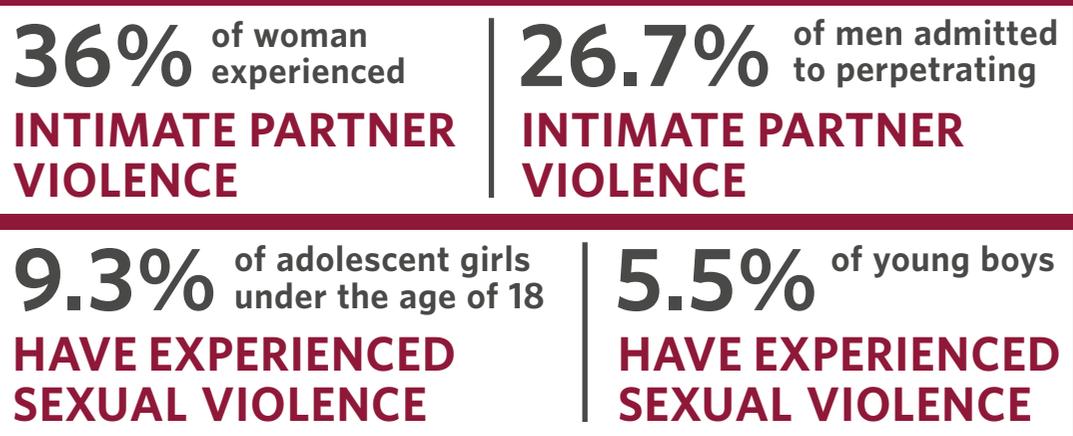
In particular, new infections among adolescent girls and young women remain stubbornly high (estimated at 41 new infections per week), with the incidence rate for females (1.5-1.64) significantly higher than their male counterparts, estimated between 0.6 and 0.66.² More than half of all young people have no comprehensive knowledge of HIV, with young people reporting consistent condom use at 65.2 per cent, while many (44 per cent) are engaging in sex with more than two partners. A similar picture emerges among key populations, with HIV prevalence among female sex workers estimated at 42.8 per cent in 2017, with an incidence rate of 2.9 per cent new cases per annum. HIV prevalence among men who have sex with men was estimated at 14.8 per cent, with an incidence of 2.1 per cent. Condom use among sex workers declined from 61.7 per cent in 2017 to 47.9 per cent in 2021, while condom use with an in-union partner dropped from 18.6 per cent to 12.8 per cent in the same period. A key contributing factor is weak supply chain management, with many citing the lack of availability of male condoms as a reason for condomless sex. Other factors include lack of sustained demand creation and distribution of male and female condoms to priority populations; and limited linkages of condom programming to HIV testing services (HTS)/ART programmes, new prevention options (Pre-Exposure Prophylaxis) and the broader SRH programme.



Gender-Based Violence

One in three women in Botswana has experienced some form of violence in their lifetime, with intimate partner violence (IPV) the most prevalent form of GBV.³

Thirty-six per cent of women interviewed reported having experienced IPV, and 26.7 per cent of men admitted to perpetrating intimate partner violence. An estimated 9.3 per cent of adolescent girls under the age of 18 have experienced sexual violence compared to 5.5 per cent of boys. Women of reproductive age were more likely to experience IPV, while women with disabilities were two to three times more vulnerable to GBV than men with disabilities. The continued high levels of GBV in Botswana are located within social, cultural and legal practices that perpetuate male dominance over women and girls.



² Shisana (2020). AGYW Profiling and Target Setting.
³ Botswana Ministry of Nationality Immigration and Gender Affairs (2018). Botswana National Relationship Study, 2018.





Maternal Mortality

Maternal deaths have consistently exceeded national targets, putting the 2030 Sustainable Development Goal (SDG) target at risk, even though less than 1 per cent of deliveries are non-institutional. National referral hospitals in urban areas contribute the majority (49 per cent) of maternal deaths, more than primary districts and private hospitals combined (41 per cent), while clinics account for 10 per cent of deaths. Maternal deaths continue to be disproportionately located among the 25-29- and 30-34-years age groups, while about 8 per cent occur among adolescents aged 15-19 years. Poor management of obstetric complications and referral delays are the main reasons for this, compounded by a lack of commodities, equipment, and sufficiently skilled providers.

With an estimated 166.3 deaths per 100,000 live births (2019), Botswana's maternal mortality ratio (MMR) is almost double the average MMR for upper-middle-income countries of 70 deaths per 100,000 live births.



Population and Development

While more than two-thirds of the population is aged between 15 and 64 years and therefore categorized as economically active, the reality is that young people in Botswana remain dependent up to age 32, while old-age dependency starts at age 55. Therefore, policy action on family planning, education, health and mass job creation for young people is urgently required to maximize the remaining window of opportunity created by the demographic dividend. The speed of population-ageing in Botswana is unprecedented partly due to the impressive gains in life expectancy at birth, reflecting fast declining mortality rates followed by even quicker declines in fertility rates. By 2030, the elderly population (65 years +) will constitute over 6 per cent of the country's total population, doubling by 2060. The implications for an older society — including increased demand for health care, dependency in old age and negative consequences for the fiscus by rising expenditure relative to revenues — require adequate planning and preparation to mitigate these risks.

Young people aged 15-24 years account for 17.6 per cent of the unemployed population.

A key challenge is the limited availability of adequately disaggregated and quality data to inform policymaking. Botswana has domesticated 209 of the 232 unique SDG indicators, of which only 34 per cent have baseline data available. Of the 17 UNFPA prioritized indicators, 53 per cent (9 of 17) have baseline data available. This represents the limited monitoring capacity to implement the SDG agenda in Botswana in the 'decade of action'.



Progress towards SDGs and International Conference on Population and Development (ICPD)

UNFPA has galvanized support for the unfinished business of the landmark ICPD by forging strategic collaborations with civil society organizations, young people, and government departments. This resulted in a series of commitments made at the Nairobi Summit on ICPD25 towards accelerating and completing the unfinished business of the ICPD in Botswana. Specifically, the Government of Botswana identified and committed to four critical areas for accelerated implementation plans, three of which align with the UNFPA Transformative Results:

1. Reduce gender-based violence from 37 per cent to 20 per cent for women and from 21 per cent to 10 per cent for men through effective implementation of the National Strategy Towards Ending GBV by 2030.
2. Provide quality, timely and disaggregated data by expanding population and housing census and

intercensal surveys, integrated statistical, monitoring and evaluation systems, and civil registration and vital statistics programmes by 20 per cent in 2030.

3. Reduce maternal deaths attributable to abortion, post-partum haemorrhage, and hypertensive disorder in pregnancy from 143.2/100,000 births to less than 70/100,000 through capacity-building and allocation of financial and human resources towards maternal health programmes by 2030.
4. Strengthen access to family planning information and services, including access to quality, affordable and safe modern contraceptives through capacity-building for health workers on the integration of family planning services at all service delivery points from 350 to 1,000 by 2030.

UNFPA Country Programme 2017 - 2021

The UNFPA Country Programme was designed to provide catalytic support to spur the national scale-up of high-impact, cost-effective interventions while also expanding partnerships with young people. The programme also intended to improve data collection and analysis capacity. Although predating the UNFPA Strategic Plan 2018-2021, the programme contributed directly to two critical outcomes enshrined in the UNFPA Strategic Plan, namely 1) every woman, adolescent and youth everywhere, especially those furthest behinds, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence; and 2) every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights in all contexts.

The country plan was also aligned to the three outcome areas of the United Nations Sustainable Development Framework (UNSDF), namely:

- a) **Outcome 1.** By 2021, Botswana will have quality policies and programmes towards the achievement of Sustainable Development Goals targets and national aspirations.
- b) **Outcome 2.** By 2021, Botswana fully implements policies and programmes towards the achievement of the Sustainable Development Goals targets and national aspirations.
- c) **Outcome 3.** By 2021, state and non-state actors at different levels will use quality and timely data to inform planning, monitoring, evaluation, decision-making, and participatory accountability processes.



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Main Findings

Evaluation Criteria 1: Strategic Alignment, Relevance and Responsiveness

Evaluation questions:

- a) To what extent is the 6th Country Programme aligned with the mandate of UNFPA as outlined in the Strategic Plan 2018-2021? b) To what extent has the Government of Botswana been supportive of the implementation of the Country Programme activities? c) To what degree are stakeholders ready to continue the implementation of the 6th Country Programme?

The GoB/UNFPA 6th Country Programme is fully aligned across all development frameworks and has contributed directly to the United Nations Strategic Development Framework (UNSDF) outcomes. The simultaneous development of the country programme and the UNSDF allowed for the direct alignment of the two frameworks, especially as they share the same programmatic period (2017-2021). Two of the four UNFPA SP 2018-2021 outcomes were used as outcome statements for the 6th Country Programme, contributing to three NDP 11 priority areas: social development, consolidation of good governance and national security,

and effective monitoring and evaluation systems. This alignment also facilitated joint programming efforts within the delivering-as-one modality consistent with the One UN reform. Additionally, thanks to the consultative and inclusive approach across the entire stages of the programme-design phase, the programme enjoyed support and ownership at the national level. This commitment is further demonstrated by the incorporation and scale-up of programme interventions and strategies into national programmes, which bodes well for the sustainability and continuity of programme interventions outside the context of UNFPA.

Evaluation Criteria 2: Effectiveness

Evaluation questions:

- a) To what extent has the implementation of the Country Programme achieved the intended outputs and outcomes as stipulated in the results and resources framework? b) What were the facilitators of and barriers to progress towards attainment of the intended outputs and outcomes?

The 6th Country Programme was assessed against its contribution to achieving the intended results outlined in the programme. The assessment was organized around the UNFPA three global Transformative Results: zero maternal deaths, zero unmet need for family planning, zero gender-based violence and harmful practices, and the regional goal of ending the sexual transmission of HIV by 2030.

Overall, there is sufficient indication that the programme achieved relatively high results in all four transformative areas. UNFPA successfully advocated for a favourable sexual and reproductive health (SRH) policy and changes to the legal environment to advance the achievement of SRHR of adolescents and young people in Botswana, and technical assistance

led to improved youth programming. The programme created knowledge-sharing platforms and convened stakeholders on key SRH issues to ensure youth issues were a priority in national and district platforms, while the successful mobilization of domestic and external resources ensured SRH and HIV programmes for adolescents and young people.

Through the support of UNFPA, Botswana has adopted an integrated approach to the delivery of SRH/HIV and SGBV as a national strategy to improve SRHR outcomes for all. An enabling environment has been cultivated, including amendments of key national laws, policies, strategies and guidelines, and strengthening coordination mechanisms that support quality, gender-responsive, rights-based SRHR services. There is



Evaluation Criteria 2: Effectiveness *contd.*

also increased national capacity to scale up quality integrated SRHR/HIV and SGBV services due to training, mentoring, and monitoring of the relevant cadres to provide client-centred, quality-assured, integrated and sustainable SRHR/HIV and SGBV services that leave no one behind.

The availability of quality data needed to inform evidence-based programming for SRHR/HIV and SGBV integration has improved owing to the development of monitoring and evaluation (M&E) frameworks and continuous efforts to harmonize with efforts to strengthen national health management information systems (HMIS). Comprehensive UNFPA support under the COVID-19 response helped maintain quality SRH/HIV and GBV services, thereby averting an increase in maternal mortality and morbidity rates, unintended pregnancies, teenage pregnancies, unsafe abortions, HIV and STIs, and GBV during the pandemic.

UNFPA also helped strengthen the national statistics system's capacity to generate quality and adequately disaggregated data by enhancing human and ICT capacities to implement a fully digital population and housing census in 2021. The country's ability

to monitor the implementation of the Sustainable Development Goals (SDGs) agenda was established through the programme, thus informing prioritization of data collection. UNFPA provided technical support to facilitate the integration of population dynamics into national priorities and strategies, supporting Botswana's commitment to maximizing the demographic dividend as espoused in Vision 2036.

The country office also secured government commitment for accelerated action on the three Transformative Results — zero maternal deaths, zero unmet need for family planning, and zero gender-based violence and harmful practices — announced at the ICPD25's summit in Nairobi. Additionally, UNFPA's brand, mandate and visibility have been successfully raised through compelling content across various channels to raise awareness on SRHR issues, establishing it as the lead agency on SRHR issues and making it possible to forge strategic partnerships on UNFPA mandate issues.

Details of key activities undertaken by the UNFPA country office can be found in the full report, Government of Botswana/ UNFPA 6th Country Programme 2017-2021: An Assessment.



Facilitators and Barriers in Programme Implementation

The assessment identified key enablers and inhibitors of programme effectiveness as summarized in Table 1.

Table 1: Enablers and inhibitors of programme effectiveness

Enablers of Programme Effectiveness	
Internal Factors	External Factors
A focused strategic plan premised on a bold, ambitious goal and clear outcomes.	The supply and demand environment: UNFPA is the go-to UN agency on SRHR and HIV.
Understanding and maximizing UNFPA's organizational and technical strengths.	Strong Government ownership of the programme at political, executive management and technical level.
Effective advocacy ensured that outcomes were prioritized and funded.	Confidence in the country office, based on successful delivery around SRH, GBV, population and development, and the broad ICPD agenda.
Technical capacity to design and deliver impactful interventions at all stages in the programme cycle.	Strong collaboration among partners: government and civil society work together to implement programme activities.
Support from headquarters such as knowledge resources, tools, and guidance notes.	Political will: SRH issues, especially for adolescents, are a leadership priority, making for smooth engagement and programming.
Credibility with critical partners. UNFPA inspires confidence among implementing partners and beneficiaries alike.	
Inhibitors of Programme Effectiveness	
Internal Factors	External Factors
Understaffing. The programme workload requires significantly more capacity than the existing staff complement can provide, even with support from the regional office.	Implementing partners do not always have the requisite technical skills and knowledge to implement, monitor and/or measure programmes effectively.
Limited funding, especially as it impacts critical NGO partners.	Deep-seated cultural barriers to reforms around SRH (especially ASRH and HIV), GBV and women's empowerment.
Operational inefficiencies relating to work plan management and delays in the disbursement of funds.	Data deficiencies. A lack of baseline estimates or key SRHR indicators impacts the country's ability to monitor the implementation of the SDGs. Where data exists, it is outdated or not adequately disaggregated.
	Inadequate investment in critical services such as logistics management, human resource capacity for ASRH, and ASRH commodities.



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Conclusion

The overall approach of the country programme to provide catalytic support to spur national scale-up of high-impact cost-effective interventions has yielded results. Significant progress has been made towards realizing the intended results of the GoB/UNFPA 6th Country Programme, and enablers and inhibitors of programme effectiveness have been identified. The skills and expertise of the country office were both an enabler in that they provide critical backend support to other partners (including government agencies) and an inhibitor as the team is thinly stretched and bound by the limited resources at their disposal.

Key Lessons Learned

- a) Shifting from the provision of services to catalytic investment and engagement at the normative level (policies, laws and standards) has led to the integration of interventions into national programmes and enhanced the UNFPA's impact in Botswana.
- b) SRH information and services are still inaccessible to significant key populations, especially adolescents and young people.
- c) Capacity development for duty-bearers and rights-holders remains a priority.
- d) Limited investment in SRH, uneven competence to deliver quality programmes, low absorptive capacities and persistent negative SRH indicators for an upper-MIC suggest inequity in access to SRHR services.

Main Recommendations

- a) The focus of GoB/UNFPA 7th Country Programme should remain on:
 - Empowering and building adolescents' capacity to competently exercise their SRHR and ensuring availability and accessibility of SRHR services and commodities.
 - Ensuring universal access to and utilization of integrated sexual reproductive health services for women, adolescents and youths.
 - Eliminating gender-based violence and empowering women to pursue gender equality.
- b) Given the limited resources, it is recommended that UNFPA continue to engage at the level of upstream regulation and capacity-building for both rights-holders and duty-bearers and advocacy.
- c) UNFPA should expand its capacity to support programme implementation. The message from stakeholders is clear: the small country office technical team of four programme officers cannot provide sufficient technical backstopping to partners, most of whom rely on UNFPA for technical support.
- d) UNFPA should invest in developing the national data capabilities to improve the availability of quality, up-to-date and disaggregated data for monitoring and evaluating progress against outcomes, planning and decision-making.





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