Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.
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MESSAGE FROM THE ASSISTANT REPRESENTATIVE

Mareledi Segotso
Assistant Representative
The year 2019 was a special one for UNFPA as we marked the 25th anniversary of the 1994 International Conference on Population and Development (ICPD) in Cairo and 50 years of UNFPA! This double anniversary created a platform to spotlight sexual and reproductive health and rights as the world reflected on the progress towards the fulfilment of the Cairo Promise.

The Botswana Country Office held strategic engagements with partners, young people, policy makers and other stakeholders through the “What’s Changed” conversations to reflect on the progress made, identify the unfinished business of the ICPD agenda and together chart a future we want.

These strategic engagements included among others a partnership with the First Lady of Botswana on the First Lady’s Girl Summit, where over 200 adolescent girls were provided a safe space to dialogue on SRH and youth development issues.

The stakeholder engagements culminated in the ICPD commitments for the Government of Botswana, young people and civil society organizations which were subsequently presented at the Nairobi Summit. An action plan for operationalizing the commitments has since been developed and is being rolled out in 2020.

There are clear indications that we still have a lot of unfinished business to address in order to realize the ICPD agenda. Teenage pregnancy remains a challenge, the unmet need for family planning is yet to be addressed, maternal mortality is double the average for an Upper Middle Income country and gender based violence continues to be very high in our communities.

We renewed our commitment to address this unfinished business and to accelerate action on UNFPA’s three transformative results – zero maternal death, zero unmet need for family planning, and zero gender-based violence and harmful practices. In 2020, we will strive to strengthen our collective efforts and commitments to the realization of gender equality, empowerment of women and girls and ensuring young people’s potential is fulfilled. Realizing the ICPD agenda is central to the achievement of the Sustainable Development Goals, so we enter the Decade of Action with a great momentum, because after 2030, there can never be an unfinished business.
COUNTRY PROFILE

9.7 National Teenage Pregnancy Rate 3.1 Fertility Rate
A YOUTHFUL POPULATION
- Total Population (2011) - 2 024 904
- Population below 25 years - 53%
- The population will double in 37 years
- Youth Not in Education, Not in Employment or Training (NEET rate) - 35.2%
- Dependency Ratio - 0.6%
  - Young Age Dependency - 32 years
  - Old Age Dependency - 53 years and above

FAMILY PLANNING
- Contraceptive Prevalence (2007) - 53%
- Total Fertility Rate (2017) - 3.1 births per woman
- Maternal Mortality Ratio (2018) - 133.7 deaths per 100 000 live births
- Teenage Pregnancy Prevalence (2007) - 9.7%

BURDEN OF HIV
- Prevalence (2013) - 18.5% of population 10-64 years
- Prevalence by sex - 20.8 (Females), 15.6 (Males)
- Prevalence among young people (age 15-24 years): 11% (females), 4% (males)
- Prevalence among sex workers - 60%
- Prevalence among Men who have sex with Men (MSM) - 14.8%
- Comprehensive knowledge on HIV among young people - 48%
- 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) - US$7961 (Source, World Bank)

GENDER EQUALITY
- Lifetime experience of GBV (2017) - 37% (Females), 21% (Males)
- Age of consent to sex: 18 years
- Age of consent to marriage: 18 both girls and boys
  (with parental consent) & 21 for both girls and boys

DATA AVAILABILITY
- Limited quality, timely and adequately disaggregated data
- Population and Housing Census - 2011
- Demographic Health Survey - 2007 (Botswana Family Health Survey).
- Demographic Survey - 2017
- AIDS Impact Survey - 2013
TOWARDS ENDING PREVENTABLE MATERNAL DEATHS

133.7
Deaths per 100,000 live births, Botswana’s maternal mortality remains persistently high for a Middle Income Country.

71
Deaths per 100,000 live births by 2025 and 54 deaths per 100,000 live births by 2030
SDG Target for Botswana
Key Achievements

**Strengthening the delivery of quality integrated SRHR Services.**

80 Health workers were trained on integrated service delivery for two additional districts.

**Capacity Building**

13 Districts

13 Monitoring & Evaluation District Officers trained

30 Health Education Officers trained

- Districts providing integrated SRHR/HIV/SGBV services
- Officers were trained on reporting, data management, monitoring, and evaluation of the programme.
- National and district health education officers were trained on SRHR/HIV/SGBV integration.

**Strengthening Comprehensive Post Abortion Care**

20 Training of Trainers conducted on values clarification/attitude transformation (VCAT) methodology to address norms, values and attitude towards post-abortion care services.

With UNFPA and WHO support, Botswana developed a background paper on the legal and policy environment on unintended pregnancies, contraceptives and unsafe abortion, and the linkages to HIV and SGBV as a first component of the strategic assessment process.
Ngami Health District has been one of the districts in Botswana that was struggling with a high burden of maternal deaths over the years with the district reporting 9 maternal deaths out of the 85 reported by the country in 2016, making it the third highest after the 2 national referral hospitals. Following 2 national summits that brought together the districts contributing the highest maternal mortality deaths, Ngami District developed a response plan aimed at instituting and implementing remedial measures for the identified causes. This resulted in a significant decline as the district reported three maternal deaths in 2017 and 2 in 2018. *The Eleven Promising Practices for Reducing Maternal Deaths: Experiences from Ngami Health District*¹ presents promising practices that were used in significantly reducing maternal deaths, lessons learned and implementation pitfalls.

### 1. Leadership and governance for reduction of maternal deaths
The DHMT head chairs the maternal death audit committees, an action that promotes accountability and ensures follow up of actions emanating from the audits.

### 2. Competency based EmONC training
EmONC facilitators implemented competency based training to increase efficiency and to ensure acquisition of competency based skills by the trainees. This was then followed with mentorship support.

### 3. Dedicated and passionate focal person
Appointed a passionate, self motivated, result-oriented MMRI coordinator in 2016 and recorded close to 80% reduction in maternal deaths in 2018.

### 4. The half way home; Moeti maternity waiting homes
Identified an unused space in Moeti clinic to host women from hard to reach areas and high risk mothers awaiting delivery.

### 5. Targeting referring facilities
Implemented mentorship, coaching and supportive supervision visits to the catchment referring health facilities to reduce maternal deaths cases in the whole district.

### 6. Maternal death audits
Implemented a maternal death and near misses multidisciplinary audit committee—bringing in all the players responsible for provision of maternal health in the district.

### 7. Ideas for change
Informed by maternal death audits, simple solutions that responded to the leading causes of maternal deaths in the district were developed and implemented.

### 8. Emergency obstetric drills
Implemented repeated obstetric drills and developed corrective actions to address identified gaps as identified from the maternal death audits.

### 9. Use of data to inform decision making
Utilises an eMMRI automatic tool that helps in monthly data aggregation and generates graphs. The generated automatic graphs are then used for decision making with the DHMT and facility managers and also to provide feedback and motivation to the service providers.

### 10. Use of mobile phone technology to reduce maternal deaths
Established a WhatsApp group to address stock out and ordering of essential supplies and commodities during obstetric emergencies.

### 11. Community engagement and partnership
Implemented community engagement actions including sensitisation of community and faith based organisations and re-orientation meetings with traditional birth attendants (TBA).

ICPD PROMISE: Prevention of Preventable Maternal Mortality

All countries, with the support of all sections of the international community, must expand the provision of maternal health services in the context of primary health care. These services, based on the concept of informed choice, should include education on safe motherhood, prenatal care that is focused and effective, maternal nutrition programmes, adequate delivery assistance that avoids excessive recourse to caesarean sections and provides for obstetric emergencies; referral services for pregnancy, childbirth and abortion complications; post-natal care and family planning. All births should be assisted by trained persons, preferably nurses and midwives, but at least by trained birth attendants.

The underlying causes of maternal morbidity and mortality should be identified, and attention should be given to the development of strategies to overcome them and for adequate evaluation and monitoring mechanisms to assess the progress being made in reducing maternal mortality and morbidity and to enhance the effectiveness of ongoing programmes. Programmes and education to engage men’s support for maternal health and safe motherhood should be developed.
One Vision, Three Zeros

ZERO
Unmet Need for Family Planning

ZERO
Maternal Deaths

ZERO
Gender-Based Violence and harmful practices
TOWARDS ENDING SEXUAL TRANSMISSION OF HIV

40
New infections per week among adolescents and young women (15-24 yrs)

33.5%
Contribution of young people to new infections every year in Botswana
### Key Achievements

**CONDOMIZE Campaign: 2019 World Aids Day**

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male condoms</td>
<td>12,000</td>
</tr>
<tr>
<td>Female condoms</td>
<td>1,000</td>
</tr>
<tr>
<td>Lubricants</td>
<td>1,000</td>
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</table>

UNFPA led the development of HIV standard packages for key populations which defined high impact HIV interventions for sex workers, men who have sex with other men (MSM) and transgender persons.

UNFPA led the development of the national combination prevention packages for adolescents and young people. The national packages have defined interventions for different groups of young people such as adolescent girls and young women (AGYW), boys and young men, adolescents living with HIV and young key populations.
Botswana as a member of the Global HIV Prevention Coalition (GPC) has prioritized revitalizing HIV Prevention. An HIV Prevention 2020 Road Map, which is framed around five HIV prevention pillars was adopted to accelerate progress in primary HIV prevention. To ensure accountability, GPC members generate HIV scorecards every year to track progress on the 10 point action plan.

**Botswana Scorecard 2019**

<table>
<thead>
<tr>
<th>Status of 10 Roadmap actions</th>
<th>Baseline</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Needs assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 - Prevention targets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 - Prevention strategy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 - Policy reform</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a - Key populations size estimates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b - Defined key populations package</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5c - Adolescent Girls and Young Women size estimates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5d - Adolescent Girls and Young Women package</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 - Capacity &amp; technical assistance plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 - Social contracting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 - Financial gap analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 - Strengthen monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 - Performance review</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Done**
- **Partially Done**
- **Not Done**

**The Five HIV Prevention Pillars**

1. **Young women and adolescent girls and their male partners**
   - **Ensure that 90% of people at risk of HIV infection access comprehensive prevention services, including harm reduction, by 2020.**
   - **Reduce below 100,000 per year the number of adolescent girls and young women aged 15-24 years newly infected with HIV globally by 2020.**

2. **Key populations**
   - **Ensure that 90% of people are at risk of HIV infection access comprehensive prevention services, including harm reduction by 2020.**

3. **Condoms**
   - **Make 20 billion condoms annually available in low-and middle-income countries by 2020.**

4. **Voluntary medical male circumcision**
   - **Reach 25 million additional young men in high HIV incidence areas with voluntary medical male circumcision by 2020.**

5. **Pre-exposure prophylaxis**
   - **Reach 3 million people at higher risk of HIV infection with pre-exposure prophylaxis by 2020.**

UNFPA leads the first three HIV prevention pillars.
Information, education and counselling for responsible sexual behaviour and effective prevention of sexually transmitted diseases, including HIV, should become integral components of all reproductive and sexual health services.
Empowering young people with SRHR INFORMATION

30 Number of girls some schools lose per year due to pregnancy

65% Consistent condom use among 15-24yrs
# Key Achievements

## Comprehensive Sexuality Education

| Out of school young people reached with the weekly CSE sessions in Ghanzi & Southern districts | 800 |
| Young people reached with SRH messages across the country through the Don’t Get it Twisted radio show | 240,000 |

## Youth Friendly Health Services

| Health workers trained to deliver quality Youth Friendly Health Services (YFHS) | 34 |
| Health facilities providing quality youth-friendly health care services | 34 |

## Adolescents’ Rights

### First Lady’s Girl Summit in Tutume

UNFPA partnered with the Office of the First Lady to convene a dialogue on SRH and youth development issues, with over 200 adolescents. The dialogue provided a safe space to reach adolescents with correct information on prevention of early and unintended pregnancies, sexual abuse and HIV prevention.

### ICPD25 What’s Changed Dialogue

A total of 80 young people were engaged in the ICPD 25 dialogue focusing on teenage pregnancy which resulted in drafting of ICPD commitments for young people. The commitments were presented at the Nairobi summit.
Teenage Pregnancy: Returning to school after

“Girls are still falling pregnant and are forced to drop out of school because they are not educated about family planning early enough”

Olorato Bathoeng fell pregnant in 2015 at 17 years old, becoming one of a growing number of adolescent girls in Botswana who are forced to drop out of school because of unplanned pregnancies. Wanting to be closer to home when she returned to school two years later, Olorato transferred to a different school, but was forced to put her hopes of going back to school on hold as there was no one to help look after her daughter. “I stayed at home for one year doing nothing, sometimes I feel like I lost two years of my life.”

Never giving up on herself, she was finally able to return to school in 2018. Despite the challenges she was facing, Olorato remained determined to go back to school to achieve her dream of becoming a librarian. As one of the few girls who return to secondary school after having a child, Olorato acknowledges that it is not easy and that the fear of stigma keeps too many girls out of school.

Reflecting on the challenges she faced as a young mother, Olorato pleads for more to be done to help girls prevent unintended pregnancies. “Girls should be taught about family planning as early as Junior school (13-16 years old) rather than waiting until they get to Senior Secondary school where it will be very late for them.”
ICPD Promise: Prevention of unintended pregnancies

The response of societies to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions. In particular, information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility.
Data for Development

2011 Population and Housing Census 2017 Demographic Survey
## Key Achievements

- Summary of the Addis Ababa Declaration on Population and Development in Africa (AADPD) National report
- Technical assistance for development of 2021 Population and Housing Census Document
- Mapping of the Demographic Dividend (DD) study recommendations to the NDP 11 through the SDG lens

### High level mapping of DD policy options to NDP 11

<table>
<thead>
<tr>
<th>Demographic Dividend Study Policy Recommendations</th>
<th>NDP 11</th>
<th>Alignment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reforming the Botswana economy to create mass job for youth</td>
<td>Developing diversified sources of economic growth Human capital development</td>
<td>Medium range alignment II (50-75%)</td>
</tr>
<tr>
<td>2. Optimising value for money to create a skilled and globally competitive workforce</td>
<td>Social development Human capital development</td>
<td>Medium range alignment II (50-75%)</td>
</tr>
<tr>
<td>3. Reinforcing investments in health and family planning to prevent unplanned pregnancies and ensure a health workforce</td>
<td>Social Development Human capital development</td>
<td>Med II</td>
</tr>
<tr>
<td>4. Strengthening enabling factors for optimising the demographic dividend</td>
<td>Consolidation of good governance Strengthening of national security</td>
<td>Med II</td>
</tr>
<tr>
<td>5. Planning for the second demographic dividend</td>
<td>Not specifically elaborated</td>
<td>Med II</td>
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</tbody>
</table>

### Alignment level

<table>
<thead>
<tr>
<th>Alignment level</th>
<th>Description</th>
<th>Dashboard colour code</th>
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<tbody>
<tr>
<td>Low range alignment (0-24%)</td>
<td>Policy intervention not reflected in NDP 11 and other policy instruments; no budget allocated and no funding provided for the policy intervention</td>
<td>Low</td>
</tr>
<tr>
<td>Medium range alignment I (25-50%)</td>
<td>Policy intervention reflected in NDP 11 and other national policies and strategic plans</td>
<td>Med I</td>
</tr>
<tr>
<td>Medium range alignment II (50-75%)</td>
<td>Policy intervention reflected in NDP 11 and other national policies and strategic plans AND budget allocated for the policy intervention</td>
<td>Med II</td>
</tr>
<tr>
<td>High range alignment (76-100%)</td>
<td>Policy intervention reflected in NDP 11 and other national policies and strategic plans AND budget allocated for the policy intervention AND funding released for the policy intervention</td>
<td>High</td>
</tr>
</tbody>
</table>

Road to Nairobi Summit on ICPD25

10 MARCH 2019
First Lady’s Girl Summit

10 APRIL - 29 MAY 2019
Production of ICPD Progress Documentary

5 JUNE 2019
Unfinished Business
the pursuit of rights and choices for all

6 AUGUST 2019
What’s Changed: CSOs
Dialogues on Sexual & Gender Based Violence

9 SEPTEMBER 2019
What’s Changed?:
Middle Income Countries Dialogues
-ESARO region

9 OCTOBER 2019
National commitments
Consultative Meeting

16 OCTOBER 2019
What’s Changed: Youth
Dialogue on Teenage Pregnancy

12 - 14 NOVEMBER 2019
Nairobi Summit on ICPD25
“The Botswana government has committed to strengthening partnerships with the United Nations Population Fund (UNFPA) and other development partners as well as non-state actors to implement the ICPD plan of action”, Richard Matlhare, Head of Delegation presenting Botswana Government Commitments.

Botswana Government Commitments

**FAMILY PLANNING**
Strengthen access to family planning information and services, including access to quality, affordable and safe modern contraceptives through capacity building for health care workers on integration of family planning services at all service delivery points from 350 to 1000 by 2030.

**MATERNAL DEATH**
Reduction of maternal deaths attributable to abortion, post partum hemorrhage, and hypertensive disorder in pregnancy from 143.2/100 000 births to less than 70/100,000 through; capacity building and allocation of financial & human resources towards Maternal Health programme by 2030.

**GENDER-BASED VIOLENCE**
Reduction of Gender Based Violence from 37% to 20% for women and from 21% to 10% for men through effective implementation of the National Strategy Towards Ending GBV by 2030.

**DATA PROVISION**
Provision of quality, timely and disaggregated data by expanding population and housing census and inter-censal surveys, integrated statistical, monitoring and evaluation systems, civil registration and vital statistics program by 20% in 2030.
Botswana delegation at the Nairobi Summit on ICPD25
The power relations that impede women's attainment of healthy and fulfilling lives operate at many levels of society, from the most personal to the highly public. Achieving change requires policy and programme actions that will improve women's access to secure livelihoods and economic resources, alleviate their extreme responsibilities with regard to housework, remove legal impediments to their participation in public life, and raise social awareness through effective programmes of education and mass communication.

In addition, improving the status of women also enhances their decision-making capacity at all levels in all spheres of life, especially in the area of sexuality and reproduction.
In 2017, Ikgopoleng Keabetswe reunited with the father of her first child whom she met when she was 16 years old. Two months into the relationship, Ikgopoleng’s partner became abusive. She tried to report the matter to the police, but was discouraged from doing so by the police officer. Advice she agreed to follow.

The violence continued for a year with her family pleading with her to leave the relationship but she believed, despite the abuse, her partner loved her.

In August 2018, Ikgopoleng was able to escape her abusive relationship when members of her church took her to a women’s shelter where she received the encouragement and support she needed to finally press charges against her partner.

I never thought it could happen to me