

# Accelerating the **PROMISE**



**ANNUAL  
REPORT** | **2019**



A young woman with dark hair pulled back, wearing black-rimmed glasses and a bright yellow short-sleeved button-down shirt, is smiling broadly and clapping her hands. She is in the foreground, slightly to the right of center. The background is a blurred audience of people sitting in red seats, suggesting a large gathering or event. The lighting is warm and indoor.

Delivering a world where  
every pregnancy is wanted  
every childbirth is safe  
and every young person's  
potential is fulfilled



ICPD25  
International Conference on  
Population and Development

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**Mareledi Segotso**  
Assistant Representative

**MESSAGE FROM THE  
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)



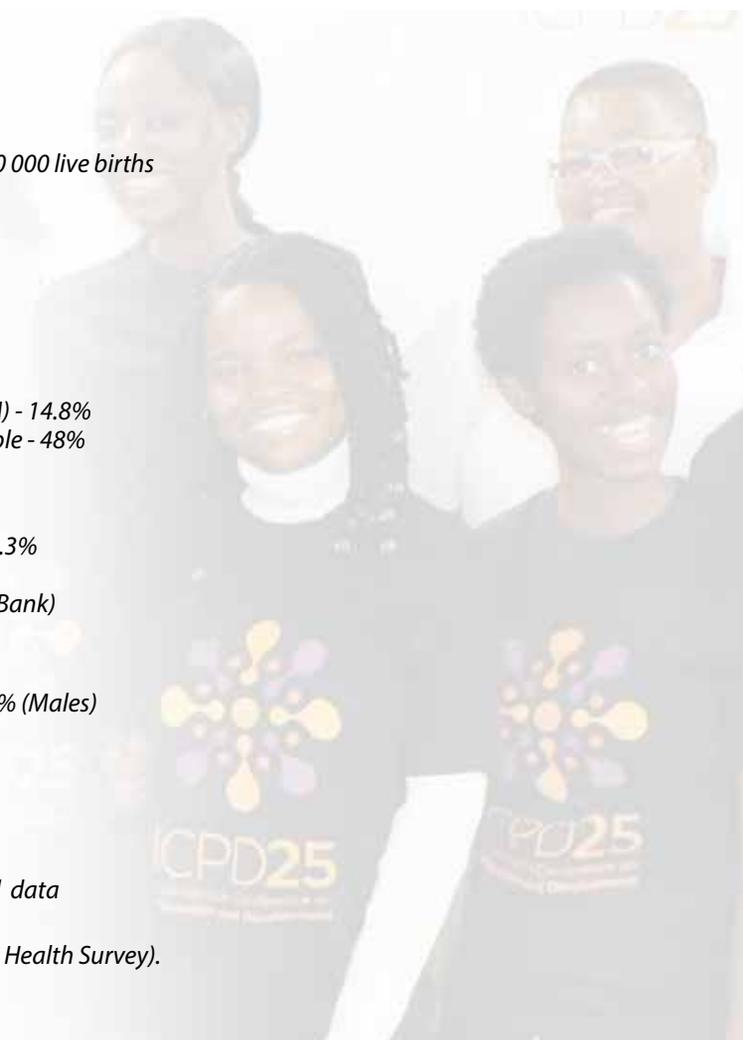
### GENDER EQUALITY

- 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 intergrated service delivery for two additional districts.



## Capacity Building

**13**

Districts

**13**

Monitoring & Evaluation District Officers trained

**30**

Health Education Officers trained

- Districts providing intergrated 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 intergration.



## 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.

# Sharing Lessons Learned: The 11 Promising Practices for reducing maternal deaths

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<sup>1</sup>* 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).

<sup>1</sup><https://botswana.unfpa.org/en/publications/eleven-promising-practices-reducing-maternal-deaths-experiences-ngami-health-district>

## 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

**12 000** |  Male condoms distributed

**1 000** | Female condoms distributed

**1 000** | Personal Lubricants distributed



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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

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

■ 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 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 circumcised 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



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## ICPD Promise: Protection from sexually transmitted diseases and prevention of Human Immunodeficiency Virus (HIV)

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

**800** / *Out of school young people reached with the weekly CSE sessions in Ghanzi & Southern districts*

**240 000** / *Young people reached with SRH messages across the country through the Don't Get it Twisted radio show*



## Youth Friendly Health Services

**34** / *Health workers trained to deliver quality Youth Friendly Health Services (YFHS)*

**34** / *Health facilities providing quality youth-friendly health care services*

## 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.”

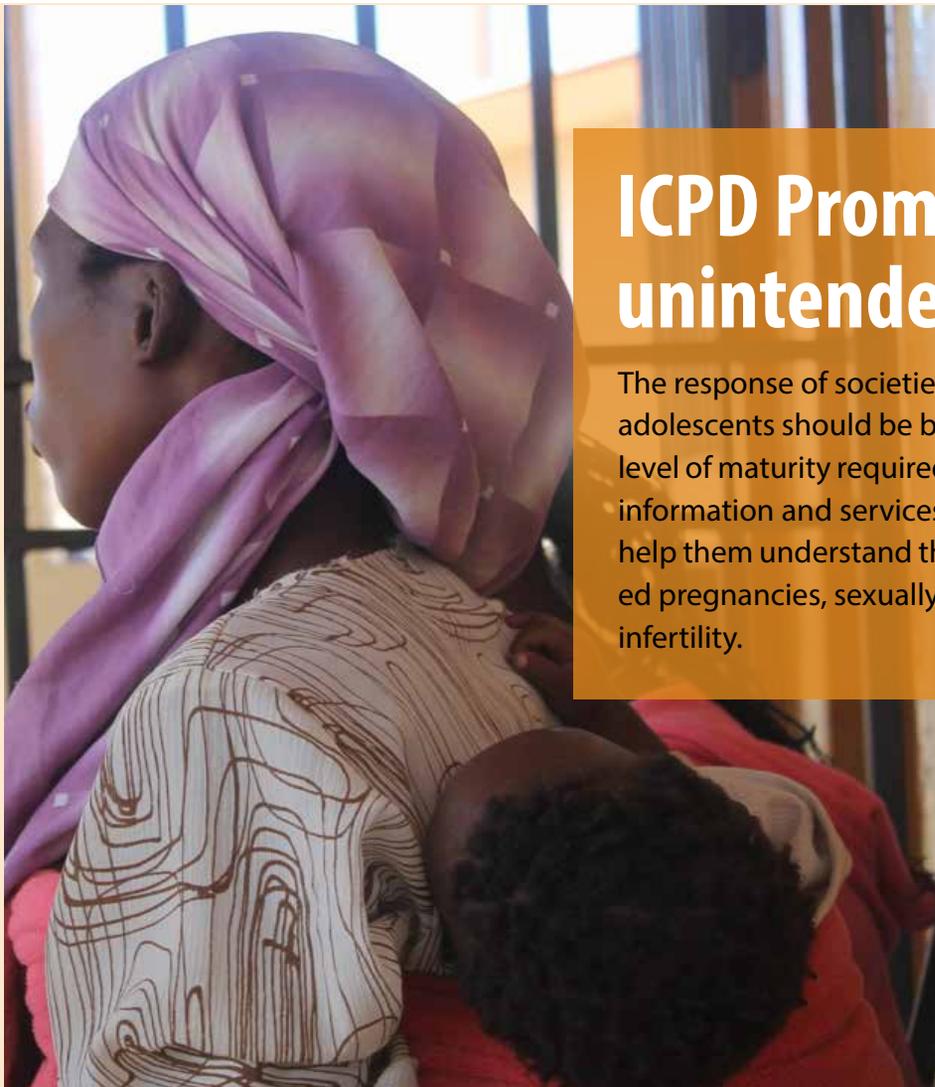
Never giving up on herself, she was finally able to return to school in 2018. Despite the

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.”



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## 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.



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# 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<sup>2</sup>



Mapping of the Demographic Dividend (DD) study recommendations to the NDP 11 through the SDG lens



Training of Statistics Botswana personnel on various census areas, such as;  
- Computer Assisted Personal Interviewing  
- Small Area Estimation Techniques

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

Demographic Dividend Study Policy Recommendations	NDP 11	Alignment Status
1. Reforming the Botswana economy to create mass job for youth	Developing diversified sources of economic growth Human capital development	Green
2. Optimising value for money to create a skilled and globally competitive workforce	Social development Human capital development	Green
3. Reinforcing investments in health and family planning to prevent unplanned pregnancies and ensure a health workforce	Social Development Human capital development	Green
4. Strengthening enabling factors for optimising the demographic dividend	Consolidation of good governance Strengthening of national security	Green
5. Planning for the second demographic dividend	Not specifically elaborated	Grey

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

<sup>2</sup><https://botswana.unfpa.org/en/publications/2021-population-housing-census-project-document>

# 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**  
*Whats 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.



WELCOME

WELCOME

**Botswana delegation at the Nairobi Summit on ICPD25**



## ICPD PROMISE: Protection against Gender-Based Violence

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.



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# I never thought it could happen to me

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.

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Ensuring rights and choices for all since 1969



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