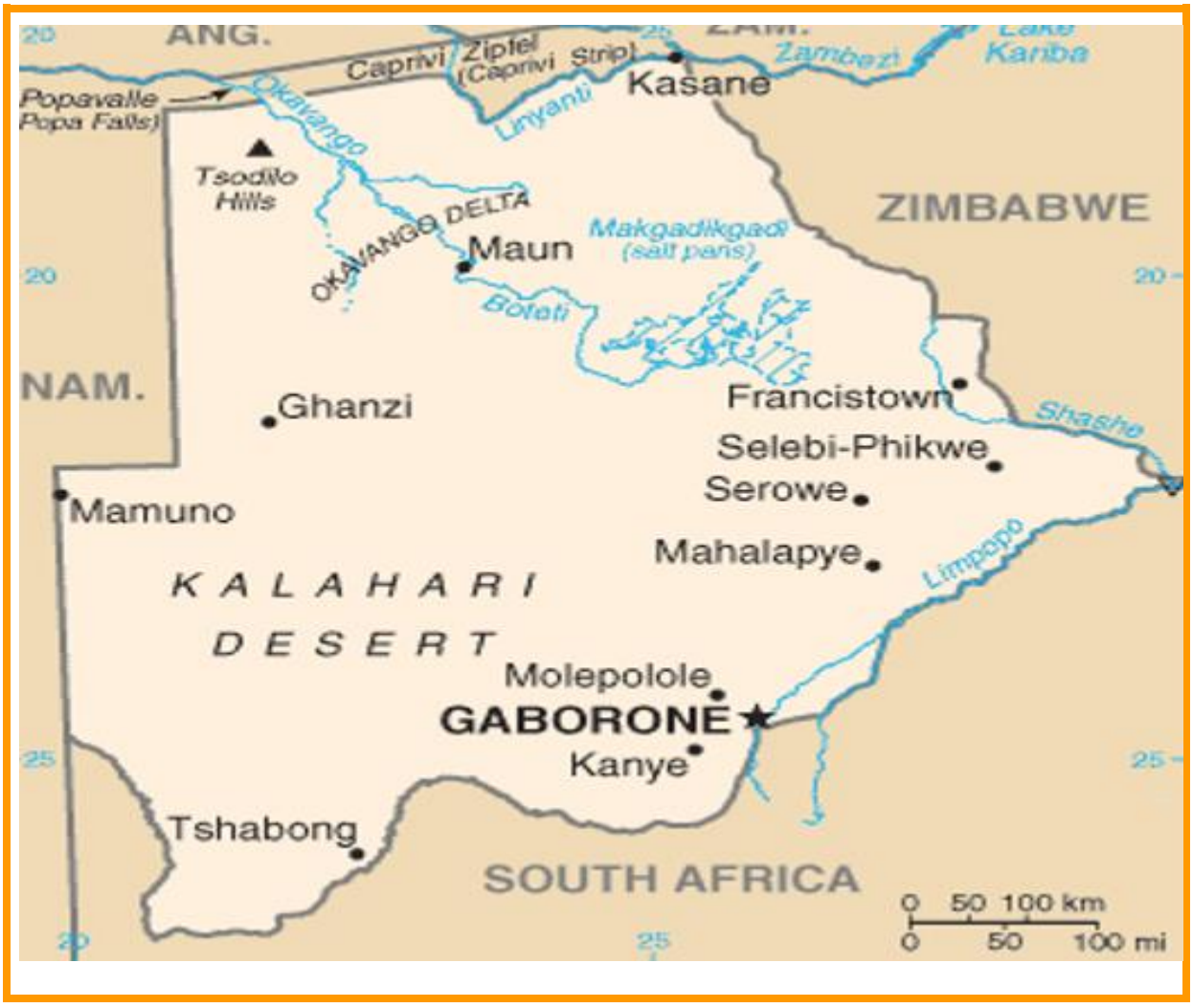
Assessment of the Government of Botswana / United Nations Population Fund (GOB/UNFPA) 6th Country Programme 2017 - 2021

Period covered: 2017 - 2020

Revised draft version 4.0

Map of Botswana



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ABBREVIATIONS

APR	Annual Progress Review
ASRH	Adolescent Sexual Reproductive Health
BCO	Botswana Country Office
BOFWA	Botswana Family Welfare Association
CIDCA	Chinese International Development Cooperation Agency
CP	Country Programme
CPD	Country Programme Document
CPR	Contraceptive Prevalence Rate
CSE	Comprehensive Sexuality Education
EUP	Early and Unintended Pregnancies
FGD	Focus Group Discussion
FP	Family Planning
GBV	Gender Based Violence
GDP	Gross Domestic Product
GoB	Government of Botswana
HIV	Human Immuno-Deficiency Virus
ICPD	International Conference on Population and Development
IRRF	Integrated Results and Resources Framework
KII	Key Informant Interview
LARC	Long Acting Reversible Contraceptive
LE	Life Expectancy
LMIS	Logistics Management Information System
MFED	Ministry of Finance and Economic Development
MOHW	Ministry of Health and Wellness
MMR	Maternal Mortality Ratio
MYSC	Ministry of Youth Empowerment, Sports and Culture Development
NDP 11	National Development Plan 11
OVC	Orphans and Vulnerable Children
SDG	Sustainable Development Goals
SGBV	Sexual and Gender Based Violence
SRHR	Sexual Reproductive Health and Rights
STI	Sexually Transmitted Infection
SDC	Swiss Development Cooperation
TB	Tuberculosis
TCA	Thematic Content Analysis
UBRAF	Unified Budget, Results & Accountability Framework
UMIC	Upper Middle Income Country
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNJGP	United Nations Joint Gender Programme

UNSDF United Nations Strategic Development Framework

EXECUTIVE SUMMARY

Context

The assessment report presents the results of the rapid assessment of the Government of Botswana / United Nations Population Fund (GOB/UNFPA) 6th Country Programme 2017 - 2021. The purpose of this assessment is to enhance UNFPA accountability and contribute to the evidence base informing the design of the next country programme. All activities planned and implemented between January 2017 and September 2020 inclusive were covered. The primary users of this assessment are decision makers within UNFPA and the Executive Board, GOB officials, the United Nations Country Team (UNCT) and key stakeholders in the SRHR agenda.

Objectives

The specific objectives of the assessment were to:

a) Assess progress achieved towards the CP outputs and outcomes as stipulated in the CP results and resources framework.

b) Identify the enablers and barriers to programme implementation, lessons learnt, best practices and, provide recommendations to inform the next programme.

Methodology

The assessment was structured around two evaluation criteria namely effectiveness and relevance to which evaluation questions were developed. A mixed methods approach was used which included document review of three categories of documents namely; a) Strategic planning documents , b) National policy and planning documents and c) Products of the 6th Country Programme and performance review reports. Data triangulation was conducted through key informant interviews and focus group discussions which were guided by the evaluation questions and stakeholders were selected as per the criteria stipulated in the UNFPA Handbook for Evaluation 2018. Thematic content analysis was used to analyse the data which were predominantly qualitative

Main Findings

a) Relevance

Evidence from the rapid assessment suggests strong alignment between the current GOB/UNFPA CP and the UNFPA SP 2018 - 2021 which embraces the vision set forth in the 2030 Agenda for Sustainable Development and outlines the mandate of UNFPA on issues of SRHR, empowerment of young people to have access to SRHR, gender equality and population and development. Specifically, the results and resources framework of the current GOB/UNFPA CP uses two outcome statements from the previous corporate strategic plan (UNFPA SP 2014-2017) as the CP outcomes. These outcome statements are aligned to the outcomes of the UNFPA SP 2017-2021 by virtue of the fact that the goal of the organization has remained the same across the two strategic plans. Botswana's development priorities are espoused in its long term development framework Vision 2036 and the first of four mid-term development plans being the National Development Plan 11 (NDP 11). The GOB/UNFPA 6th CP 2017 -2021 contributes to three of the six broad

based national priorities as articulated in the NDP 11 namely a) social development, b) consolidation of good governance and strengthening of national security, and c) implementation of an effective Monitoring and Evaluation System. The programme also enjoys full national ownership and support which manifests through the annual GOB contribution to the programme, integration of UNFPA supported interventions into national policies and programmes as well as national scale-up of programme interventions and the incorporation of UNFPA mandate areas into sectoral strategic plans.

b) Effectiveness

Overall, there is sufficient indication that achievement of the results remains relatively high. UNFPA successfully advocated for a favourable SRH policy and legal environment to advance the achievement of SRHR of adolescents and young people in Botswana. Technical assistance led to improved programming for youth programmes. The programme created knowledge sharing platforms and convened stakeholders on key SRH issues to ensure youth issues remain a priority in national and district platforms. Successful mobilization of domestic and external resources ensured that SRH and HIV programmes for adolescents and young people remained a priority. Through the support of UNFPA, Botswana has adopted an integrated approach to delivery of SRH/HIV and SGBV as a national strategy to improve the SRHR outcomes of the citizenry. An enabling environment has been cultivated including through amendments of the key national laws, policies, strategies and guidelines, and strengthening coordination mechanisms that support quality gender-responsive rights-based SRHR services.There is increased national capacity to scale up quality integrated SRHR/HIV and SGBV services achieved through training, mentoring and monitoring relevant cadres on provision of client centered quality assured integrated and sustainable SRHR/HIV and SGBV services which meet the needs of all people.

The availability of quality data needed to inform evidence-based programming for SRHR/HIV and SGBV integration has improved owing to the development of an M&E frameworks along with continuous efforts to harmonise with national HMIS strengthening efforts. Comprehensive support under the COVID-19 response ensured strengthening of the health systems to maintain quality SRH/HIV and GBV services in the face of COVID-19 outbreak in Botswana, with an aim avert increased rates of maternal mortality and morbidity, unintended pregnancies, teenage pregnancies, unsafe abortions, HIV and STIs and GBV. UNFPA has supported strengthening the national statistics system's capacity to generate quality and adequately disaggregated data by strengthening human and ICT capacities to implement a fully digital Population and Housing Census in 2021. The country's capacity to monitor implementation of the SDG agenda was established through the current programme thus informing prioritization of data collections activities. UNFPA has provide technical support to facilitate integration of population dynamics into national priorities and strategies with the country committing to harnessing a maximised demographic dividend as espoused in Vision 2036 and securing commitment government commitment for accelerated action on the three transformative results of UNFPA during the Nairobi Summit on ICPD25. UNFPA's

brand, mandate and visibility has been successfully raised through compelling content across a variety of channels to raise awareness on SRHR issues urther building the reputation of the agency as the lead on SRHR issues. This has resulted in forging of strategic partnerships on UNFPA mandate issues.

Main recommendations

a) The focus of GOB/UNFPA 7th CP should remain on the three areas of:
   - Empowering all adolescents to competently exercise their SRHR through interventions that build young people's capacities to exercise their SRHR and those that ensure availability and accessibility of SRHR services and commodities.
   - Ensuring universal access to, and utilisation of, integrated sexual reproductive health services, for women, adolescents and youths, and:
   - Eliminating gender-based violence and empowering women to ensure gender equality.

b) Given the limited resources, and the positive experience during the implementation of the 6th Country Programme, UNFPA should continue to engage at the level of upstream regulation, capacity building for both rights holders and duty bearers, and advocacy.

c) UNFPA should expand its capacity to support programme implementation. Feedback from stakeholders is unambiguously clear that 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, and planning and decision making.

Key lessons learnt

a) Shifting from provision of services to catalytic investment, engagement at the normative level (policies, laws and standards), and integration of interventions into national programmes has enhanced the impact of UNFPA.

b) SRH information and services are still inaccessible to significant populations, especially adolescents and young people.

c) Capacity Development for duty bearers and rights holders is still a priority

d) Limited investment in SRH, competence to deliver quality programmes, low absorptive capacities, persistent negative SRH indicators for an upper MIC suggest inequity in access to SRHR services.

CHAPTER 1: Introduction

1.1 Purpose and objectives of the Country Programme Assessment

The rapid assessment of the GOB/UNFPA 6th Country Programme 2017-2021 was commissioned to achieve several key objectives; to evaluate progress made towards achievement of the country programme outputs i.e., document programme achievements and their enablers; identify and document critical challenges and lessons learned from the implementation of the programme, and; make recommendations for a successor programme. Generating this evidence will enhance UNFPA accountability and contribute to the evidence base informing the design of the next country The specific objectives of the assessment are to:

c) *Assess progress achieved towards the CP outputs and outcomes as stipulated in the CP results and resources framework*:

d) *Identify the enablers and barriers to programme implementation, lessons learnt, best practices and, provide recommendations to inform the next programme*

The primary users of this assessment are UNFPA Botswana, UNFPA East and Southern Africa Office (ESARO), GOB, and key stakeholders in the SRHR agenda.

1.2 Scope of the Assessment

The assessment covers the programmatic aspects of the GOB/UNFPA 6th CPD for the period January 2017 to September 2020 where all UNFPA supported interventions at national and sub-national level across the three focus areas of Youth programming, integrated Sexual and Reproductive Health/ HIV/ Sexual Gender Based Violence (iSRH/HIV/SGBV), Strategic Information and Communications were assessed in accordance with the CP objectives and evaluation questions as specified in the TOR and reproduced in Table 1. The assessment questions were specified under two dimensions of evaluation, namely effectiveness and relevance. Though the scope of the assignment is defined in terms of **Relevance** and **Effectiveness** the assessment inevitably addressed other dimensions of evaluation, notably **Sustainability** and **Impact**.

1.3 Methodology and Approach

1.3.1 Overview and evaluation questions

The assessment assumed a mixed method approach including desk review of CO reports, GOB reports commissioned with UNFPA support. Specifically, the desk review focused on three categories of programming documents namely:

a) *Strategic planning documents*: The documents reviewed included the 2030 Agenda for Sustainable Development, UNFPA Strategic Plan 2018-2021, UNSDF 2017 - 2021 and GOB/UNFPA 6th CP 2017-2021.

b) *National policy and planning documents*: Documents reviewed under this category include the National Development Plan 11, Vision 2036?? and the National Health Policy. These documents provide the priorities, indicators and targets the 6th Country Programme is aligned to.

c) *Products of the 6th Country Programme and performance review reports*. These include Annual Review Reports (APRs) such as 2Gether4SRH Annual Report 2019, 2019 SYP Report, 2019 CP Annual Review Meeting Report, GBV Report, HIV

The assessment criteria and questions used were;

1) **Evaluation Question 1: Relevance**
    a) To what extent is the 6th CP 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 to the implementation of the CP activities?
    c) To what degree are stakeholders ready to continue the implementation of the 6th CP?
2) **Evaluation Question 2: Effectiveness**
    a) To what extent has the implementation of the CP achieved the intended outputs and outcomes as stipulated in the CP results and resources framework?
    b) What were the facilitators and barriers hindering progress towards attainment of the intended outputs and outcomes?

Data triangulation to facilitate a robust analysis was conducted through key informant interviews (KIIs) with individuals who have intimate knowledge of, and/or involvement with the programme including government officials, young people, implementing partners and UNFPA programme personnel. Semi structured focus group discussions (FGDs) with communities were also facilitated to gather insights into the sexual and reproductive health and rights landscape as lived by communities. Both the KIIs and FGDs were built on the key evaluation questions and discussion guides with follow-up questions as appropriate;

a) *What was the 6th Country Programme about? i.e., what end results did it target*? In KIIs, interviewees were asked to describe the programme in their own words

b) *What role did you or your organisation play in the implementation of the Country Programme*? The question was mostly posed to UNFPA implementing partners.

c) *What do you see as the main achievements of the 6th Country Programme?* This was posed as an open invitation to interviewees to state what they saw as the main achievements of the part of the programme..

d) *What, in your view, enabled the Country Programme to achieve the results it achieved?* Enablers both internal and external to UNFPA were considered including all elements of the multidimensional operational context of implementation.

e) In your view, *what were the key constra*ints on the programme's performance? Constraints were viewed from both internal and external perspectives.

f) *How will the achievements of the 6th Country Programme be sustained beyond the life of the 6th Country Programme*?

1.3.2 Methods for data analysis and validation

The information gathered was qualitative. The dominant method of analysis was thus inductive, more specifically, Thematic Content Analysis (TCA). TCA is a useful technique for establishing recurring or dominant themes/views, and identifying examples of those themes from the materials reviewed to support conclusions and recommendations. In this regard, successive document reviews not only led to the identification of additional themes but also corroborated existing themes.

1.3.3 Selection of Stakeholders

Stakeholders were selected in accordance with the stakeholder selection criteria stipulated in UNFPA Evaluation Handbook 2018. Given the relatively small size of the UNFPA Botswana CO programme team, the entire team was included to provide data and information on the programme. Implementing partners from some of UNFPA's key partner ministries; ministries of Health and Wellness (MOHW) and Finance and Economic Development (MFED), young people, academia, and civil society organisations were engaged.

CHAPTER 2: COUNTRY CONTEXT

2.1 Development Challenges

2.1.1 Overview

In 2011, the population of Botswana was estimated at 2,038,228 people comprising 988, 958 and 1,035,946 men and women respectively, representing a growth rate of 1.88% compared to the 2001 count. The population is projected to reach 2,374,698 by the end of 2020[1] and 3.4 million by 2050[2]. Relative to most countries in Sub-Saharan Africa, Botswana is at an advanced stage of a demographic transition which was facilitated by strategic investments in the SRHR. Life expectancy at birth (LE) is projected to increase from 62.6 and 64.6 years in 2011 to 65.4 and 68.2 years in 2021 for men and women respectively while sex ratio at birth is estimated at 103. The population-structure has shifted from one with more child dependents to one with significantly more people in the economically productive ages where two-thirds of the population is between the ages of 15-64 years (Figure 1). Botswana has undergone rapid urbanisation with almost two thirds (64%) of the population living in urban areas in 2011, a figure projected to reach 80% by 2026. Gross Domestic Product (GDP) per capita was estimated at USD 7961 in 2019[3]. Botswana is one of the most unequal societies in the country with a Gini-Coefficient of 0.522. Unemployment remains a challenge with real-life economic dependency substantially different from the theoretical dependency ages of 0-15 years and 65 years + as young people remain dependent upto the age of 32 years while old-age dependency starts at age 55 years. Unemployment is prevalent among young people aged 15-24 years as they account for 17.6% of the unemployed population. Further, females experience a higher proportion of unemployment compared to males (employment population ratio of 44% for females versus 51.3% for males). Gender equality gaps remain with just one in 10 seats in parliament held by women[4] while one in three women have experienced gender based violence in their lifetime.

2.1.2 Family Planning

Universal access to family planning is a human right, central to gender and women's empowerment, and a key factor in reducing poverty and achieving the Sustainable Development Goals (SDGs). Meeting the need for family planning, can accelerate the improvement of maternal and child health. Botswana has not estimated the unmet need for family planning. Contraceptive Prevalence Rate (CPR) for married women only is estimated at 67.4%[5]. The Botswana Demographic Survey indicates that Unintended pregnancies are common among women and girls; half of HIV-infected pregnant women report that the pregnancy was unintended. Early and unintended pregnancy (EUP) remains a public health concern in Botswana. Sexual experimentation among adolescents is happening earlier, 22.3% of students reported ever having sexual intercourse; 26.2% were among males and 18.8% among females. The proportion of

[1] Statistics Botswana.(2015) Population Projections for Botswana for 2011- 2026

[2] Ministry of Finance and Economic Development (2018). Opportunities and Policy Actions to Maximise the DEmographic Dividend in Botswana.

[3] World Bank (

[4] United Nations Development Programme (2018). Human Development Report

[5] Statistics Botswana (2017) Botswana Demographic Survey 2017

students who ever had sexual intercourse increased with age and grade. Of the sexually experienced students, 33.0% of them had sexual intercourse before the age of 13 years, with 41.4% of males and 22.1% of females having a sexual debut before the age of 13. Among students who reported ever having sexual intercourse, 13.2% reported to have impregnated someone (13.0% of males) or have been pregnant (13.4% of females).

The total number of births per 1,000 girls aged 15–19 years is 39 births in 2019, and while lower than the global average of 44, it remains high and indicates a substantive gap in access to information and services among adolescents and young people to assist them to adopt positive sexual behaviours.These continuing negative indicators require repositioning of family planning to ensure that there is universal access to family planning. Botswana is among the top 20 countries in the world with low method mix, with the male condom as a dominant method[6].

Access and use of contraceptive methods in Botswana is mainly affected by unreliable and erratic availability of commodities due to; weak forecasting and quantification; weak supply chain and Logistic Management Information System (LMIS) with no last mile tracking capability and limited innovative and sustained demand creation. Stock outs of reproductive health commodities are common, particularly male condoms, contraceptive pills and Depo Medroxyprogesterone Injection. Female condoms are often over stocked due to lack of demand creation coupled with negative attitudes. The government procures all reproductive health commodities, however procurement processes often suffer from weak quantification and forecasting. Long Acting Reversible Contraceptives (LARCs) are constantly out of stock,leading to over-reliance on short term contraceptive methods. Adolescents often face barriers in accessing information on contraceptives and their preferred methods, particularly emergency contraceptives. Ensuring fulfillment of human rights of women and girls to access contraceptives remains a challenge by; limited training on provision of contraceptive information and services among health care workers; limited access to Comprehensive Sexuality Education (CSE) and an unresponsive health system to the needs of women and girls

2.1.3 HIV Prevention

Botswana has one of the highest HIV prevalence in the world with new infections for all ages estimated at 9500 in 2019, with females contributing a large portion (5100) compared to their male counterparts (4200). HIV infections among key groups and adolescent girls and young women (AGYW) remain a concern. While HIV incidence has gone down among adolescents and young people (15 - 24 years), new infections among AGYW are still considerably high (estimated 41 new infections per week). Geographic mapping of AGYW incidence indicates that the areas of high incidence in this population have reduced between 2010 and 2019, however the districts lying along the northern and eastern corridor have maintained high HIV incidence rates. The drop in

[6] UN Economic & Social Affairs (2015) Trends in Contraceptive Use Worldwide

incidence has been observed among males and females, 15 - 24 years, however incidence for females (1.5 - 1.64) remained uncomfortably high as compared to incidence for their male counterparts which was estimated between 0.6 and 0.66[7]. Risk behaviours among adolescents and young people remain stagnated; less than half (48 percent) of young people have comprehensive knowledge on HIV and 45 percent; Condom use has declined, with young people reporting consistent condom use at 65.2 per cent and high (44 percent) number engaging in sex with more than two sexual partners. HIV prevalence among key populations remains high, with HIV prevalence among female sex workers estimated at 42.8 per cent in 2017, with incidence of 2.9 per cent while HIV prevalence among men who have sex with other men (MSM) was estimated at 14.8 per cent with incidence of 2.1 per cent. Condom use with different sexual partners has declined; condom use with clients declines from 61.7 per cent in 2021 to 47.9 per cent in 2017 and remains worrisome among those in union (condom use with spouse dropped from 18.6% to 12.8% in the same years). Non use of condoms for increased payment for sex is common among sex workers. While lack of use of condoms among MSM was due to negative attitudes towards the use of condoms, a majority (44%) report not using condoms because of inaccessibility.

The national condom programme is challenged across the condom pathway; from weak government leadership and market stewardship; analytics, limited population and location timely data; frequent stock outs as a result of lack of robust forecasting and quantification of reproductive health commodities, lack of sustained demand creation and distribution of male and female condoms to populations in priority populations; limited linkages of condom programming to HIV Testing Services (HTS)/ ART programmes, new prevention options (Pre-Exposure Prophylaxis) and the broader SRH programme.

2.1.4 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[8]. Thirty six percent (36.5 %) of women interviewed in the reported having experienced IPV and 26.7% of men admitting to perpetrating intimate partner violence.Women of reproductive age are more likely to experience IPV than older women specifically those aged forty and higher. An estimated 9.3 per cent of adolescent girls under 18 years have experienced sexual violence compared to 5.5 % of boys. (Ministry of Local Government & Local Government, 2019, p.36). This despite it being against the law (defilement) for adults males or females to engage in sexual activity with a young person (boy or girl) under the age of consent to sex which was raised from 16 to 18 years.Women of reproductive age were more likely to experience IPV and 15% of women who have ever been pregnant had experienced GBV during pregnancy. The Botswana National Relationship Study (BNRS, 2018) further revealed that women with all types of disabilities were two to three times

[7] Shisana, 2020,AGYW profiling and Target Setting

[8] Botswana Ministry of Nationality Immigration and Gender Affairs. *Botswana National Relationship Study*, 2018.

more vulnerable to GBV than men and that the rates were highest among women with functional mobility. According to Alight Botswana Study Report (Alight Botswana, 2018), women and girls with disabilities are often victims of injuries, further disabilities, poor sexual and reproductive health (SRH) outcomes such as increased likelihood of unintended pregnancies, acquisition of HIV and other sexually transmitted infections. Increased risk for adverse SRH outcomes persists where sexual gender-based violence (SGBV) survivors do not receive comprehensive survivor-centered services including clinical management of rape such as access to post exposure prophylaxis to prevent unintended pregnancies, STIs and HIV infection. The continued high levels of GBV in Botswana are located within social, cultural and legal practices that perpetuate male dominance on women and girls. The BNRS revealed that 42.9% of women and 55.4% of men agreed that a woman should obey her husband, and 40.9% of women and 42.8% of men indicated that a woman cannot refuse to have sex with her husband. These findings underscore the entrenched negative cultural practices and gender inequity norms that socially tolerate male superiority, sexual dominance, perpetration of rape and sexual risk practices.

2.1.5 Maternal mortality

Accessibility of maternal health services in Botswana is relatively good. Statistics for 2017-2019 show that 84-85% of live births deliveries took place in hospitals, 13-15% in clinics and less than 1% were non institutional. However annual numbers of maternal deaths have consistently exceeded national targets. 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. The continued high number of maternal deaths compared to the projected number (Figure 1) and high MMR trends indicate that Botswana may not achieve the 2030 SDG target.Program reports show that the national referral hospitals located in urban areas contribute the majority (49%) of maternal deaths whilst primary, districts and private hospitals contribute a combined 41% and around 10% of deaths are reported from clinics. Maternal deaths continue to be disproportionately located among age groups 25-29 and 30-34 years. It is similarly concerning that about eight percent (8%) of maternal deaths occur amongst adolescents aged 15-19 years. The Botswana Maternal Mortality 5-year Report[9] which informs the healthcare system on the common causes of pregnancy related deaths and possible preventive measures reflect that a significant proportion of maternal deaths in Botswana are preventable. The factors leading to maternal deaths have been attributed substandard care (79%) and delays within a health facility arising from the failure to provide timely and comprehensive care to pregnant women who arrive at the facility. The assessments attribute maternal deaths to factors including limited skilled providers, unavailable commodities and equipment, poor management of obstetric complications and referral delays.

[9] MoHW, 5 Year Maternal Mortality Report (2007-2011): Exploring Causes of Maternal Mortality, 2014

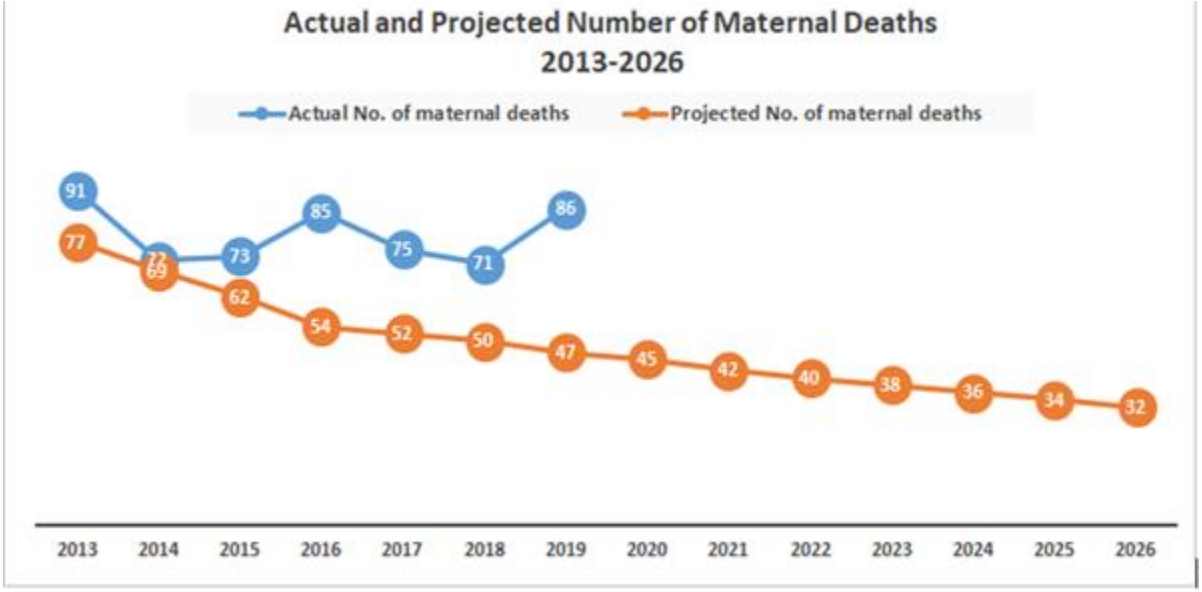

Figure 1 Actual and projected Number of Maternal deaths Botswana[10]

Although access to health facilities is considered good in Botswana, the three national referral hospitals cover large catchment areas in the southern and northern part of the country with some of the referring facilities located over 600km. Limited fit for purpose transportation/vehicles to traverse poor roads/gravel roads and long distances undermines the timely provision of emergency obstetric care services hence increasing risk of adverse maternal health outcomes. Furthermore, last mile delivery of essential drugs and supplies in hard-to- reach areas due to difficult terrains, seasonal road blockage, inefficient systems and other obstacles is among barriers to timely supplies of life saving drugs, commodities and commodities to every place where they are needed.

2.1.6 Population and Development

Botswana is at an advanced stage of the demographic transition where over two-thirds of the population is aged between 15 and 64 years and therefore categorized as economically active (Figure 1) . This provides a window of opportunity for the country to harness a demographic dividend from the prior strategic investments made in the family planning landscape to which facilitated a decline in total fertility from 6.5 births per woman in 1971 to 3 births per woman in 2017[11]. This window of opportunity is anticipated to close in 2050 and maximization of which will result in policy action on areas of family planning, education, and mass job creation for young people.

[10] Target: Policy Brief towards achieving SDG 3.1: MMR target for Botswana, 2018; Actual: MoHW, SRHD-MNH MDS Reports 2017-2019

[11] Statistics Botswana. (2018). Botswana Demographic Survey

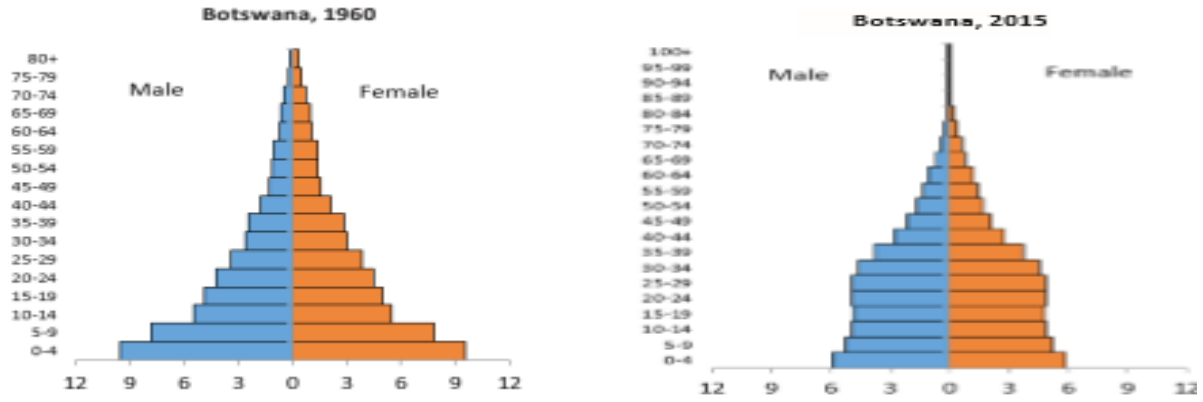

Figure 2: Age distribution of Botswana population, 1960 and 2015

Botswana is rapidly becoming urban and it is projected that by 2026, 80% of the population will be residing in urban areas. Combined with rapid urbanisation, and the generation of mass quality jobs for young people this can be a valuable engine for socio-economic transformation and development thus bringing into sharp focus the urgency for the implementation of strategic policy actions to harness and maximise 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 faster declines in fertility rates. By 2030, the elderly population (65 years +) will constitute over 6% of the country's total population and this is projected to double by 2060. The implications for an older society including increased demand for healthcare , old age dependency and negative consequences for the fiscus by rising expenditure relative to revenues require adequate planning and preparation to mitigate against these challenges.

UNFPA work contributes directly to five of the 17 SDG goals namely; Goal 3 (Ensure healthy lives and promote well-being for all ages); Goal 5 (Achieve gender equality and empower all women and girls); Goal 10 (Reduce inequality within and among countries); Goal 16 (Promote peaceful and inclusive societies for sustainable, provide access to justice for all and build effective, accountable and inclusive institutions at all levels); and Goal 17 (Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development). Botswana has domesticated 209 of the 232 unique SDG indicators of which only 34% have baseline data available. Of the 17 UNFPA prioritized indicators, 53% (9 of 17) have baseline data available. This represents the limited monitoring capacity of implementation of the SDG agenda in the country in the 'decade of action'

2.1.7 Emerging issues

Climate Change Botswana has not been spared the effects of climate change as reflected in longer drought periods, changes in rainfall patterns and outbreaks of crop diseases that affect subsistence agriculture, with ripple effects on rural livelihoods. Notwithstanding this, evidence exists suggesting a disproportionate impact of climate change on girls' and women driven by gender inequality and evidenced through increased complications in childbirth, GBV, exploitation, human trafficking and mental health disorders[12]. Prevention and mitigation efforts are therefore required to address adverse impacts of climate change on health and on the well-being of the country's population.

Emergency preparedness (COVID-19 Pandemic) The effect of the COVID-19 pandemic on the health system and on SRHR indicators in particular has been unprecedented. The pandemic shone a spotlight on the challenges with reproductive health commodity security where frequent stock-outs of contraceptives were reported thus increasing the unmet need for family planning in the country. A surge in reported GBV cases was observed during national lockdowns whilst the need for safe shelters also increased exponentially during this period. For a country that was already facing a challenge in the availability and geographic coverage of qualified health professionals, the advent of the pandemic and the resultant rationalisation of healthcare workers very likely impacted the continuity of essential health services[13]. Although continuity of essential health services including SRHR services was mandated by the government, anecdotal evidence suggests that SRHR services were intermittently available. This pandemic revealed significant gaps in the country's emergency preparedness plan thus providing an opportunity for health system's strengthening by amongst others safeguarding health financing, prioritization of health data collection, analysis, dissemination and use, strengthening capacities to quantify, forecast and distribute essential drugs and commodities including reproductive health commodities.

2.1.8 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 the outcome of which was 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 aligned with UNFPA's transformative results as follows;

1. Reduce 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.

[12] Women Deliver (2021). The link between climate change and sexual and reproductive health and rights.

[13] Rabasimane, P. (2020, July 5). *Much more needs to be done in ending Gender Based Violence in Botswana.* Retrieved from https://botswana.unfpa.org/en/news/much-more-needs-be-done-ending-gender-based-violence-botswana

2. Provide 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.
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 & human resources towards Maternal Health programme 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 care workers on integration of Family Planning services at all service delivery points from 350 to 1000 by 2030.

Progress towards achievement of the SDG goals as aligned to UNFPA mandate and measured through the 17 UNFPA prioritized indicators is summarized in Table 1 below;

Table 1. Country progress against the 17 UNFPA Prioritized SDG indicators

Targets and Indicators	Country Achievement
SDG Goal 3; Ensure healthy lives and promote well-being for all at all ages	
3.1.1 Maternal Mortality Ratio	166.3 deaths per 100,000 live births[14]
3.1.2 Proportion of births attended by skilled personnel	99.8%
3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations	*1.35% HIV incidence rate[15]
3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern method	Data not available
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	
3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	
SDG Goal 5: Achieve gender equality and empower all women and girls	
5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	*37% (ever in lifetime)[16]
5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	*4.7% (ever in lifetime)
5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	

[14] Statistics Botswana (2021). Botswana Maternal Mortality Ratio 2019

[15] Statistics Botswana (2014). Botswana AIDS Impact Survey IV

[16] Ministry of Nationality, Immigration and Gender Affairs (2018). Botswana National Relationship Study

5.3.2 Proportion of girls and women aged 1549 years who have undergone female genital mutilation/cutting, by age	Data not available
5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	
5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education	
SDG Goals 10, 11, 16 and 17	
10.3.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	Data not available
11.a.1 Proportion of population living in cities that implement urban and regional development plans integrating population projections and resource needs, by size of city	
16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	100%
17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics	*34% of SGD indicators have baselines[17]
17.19.2 Proportion of countries that: (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 percent birth registration and 80 per cent death registration	Last census - 2011 Birth registration- 100% Death registration-76.4%

[17] Statistics Botswana (2018). Botswana Domesticated Sustainable Development Indicators Baseline Stats Brief

CHAPTER 3: UNFPA RESPONSE THROUGH THE GOB/UNFPA 6th COUNTRY PROGRAMME

3.1 Current UNFPA Country Programme 2017 - 2021

The current CP was designed to build on the achievements and lessons learnt from the previous GOB/UNFPA 5th CP as detailed in the end of cycle evaluation report. Recognising the capacity of Botswana as an upper middle income country (UMIC), the initial mode of engagement classification for the start of the country programme was in the **pink quadrant** (capacity development with a focus on an enabling environment, partnerships and coordination including South-South and Triangular Cooperation, knowledge management and advocacy, policy dialogue and advice) to a **yellow quadrant** where capacity development focus is on an enabling environment and on institutional levels. The overall approach of the current CP is to provide catalytic support to spur national scale-up of high impact cost-effective interventions while also expanding partnerships with young people. The programme also intends to improve data collection and analysis capacity. Notwithstanding that the development of the current CP predates the UNFPA Strategic Plan 2018- 2021 (UNFPA SP 2018-2021), the programme contributes directly to two outcomes of the UNFPA SP 2018- 2021 namely;

a) **Outcome 1**. Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence
b) **Outcome 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 CP is also aligned and contributes to the three outcome areas of the United Nations Sustainable Development Framework (UNSDF) namely;

a) **Outcome 1**: By 2021, Botswana has 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 use quality and timely data to inform planning, monitoring, evaluation, decision making and participatory accountability processes.

3.2 The Country Programme Financial Structure

The overall budget for UNFPA for the period 2017 - 2020 stood at USD 5, 140,572. 67 with a programme breakdown as follows;

Table 2: Budget allocations by UNFPA Strategic Plan 2018 -2021 Outcome areas (2017 - 2020)

UNFPA Strategic Plan outcome areas		Allocation in US $
Outcome 1	Sexual and Reproductive Health	1,808,235.32
Outcome 2	Adolescents and Youth	2,777,754.11
Programme Coordination and Assistance		375,385.60
Total		5,140,572

Total expenditure for the current 6th CPD is estimated at USD 3,715745.36 yielding an estimated implementation rate of 73%. The budget comprises regular resources obtained solely from UNFPA, and non-regular resources mobilized from the SDC, UBRAF, SDG Fund, and the GOB.

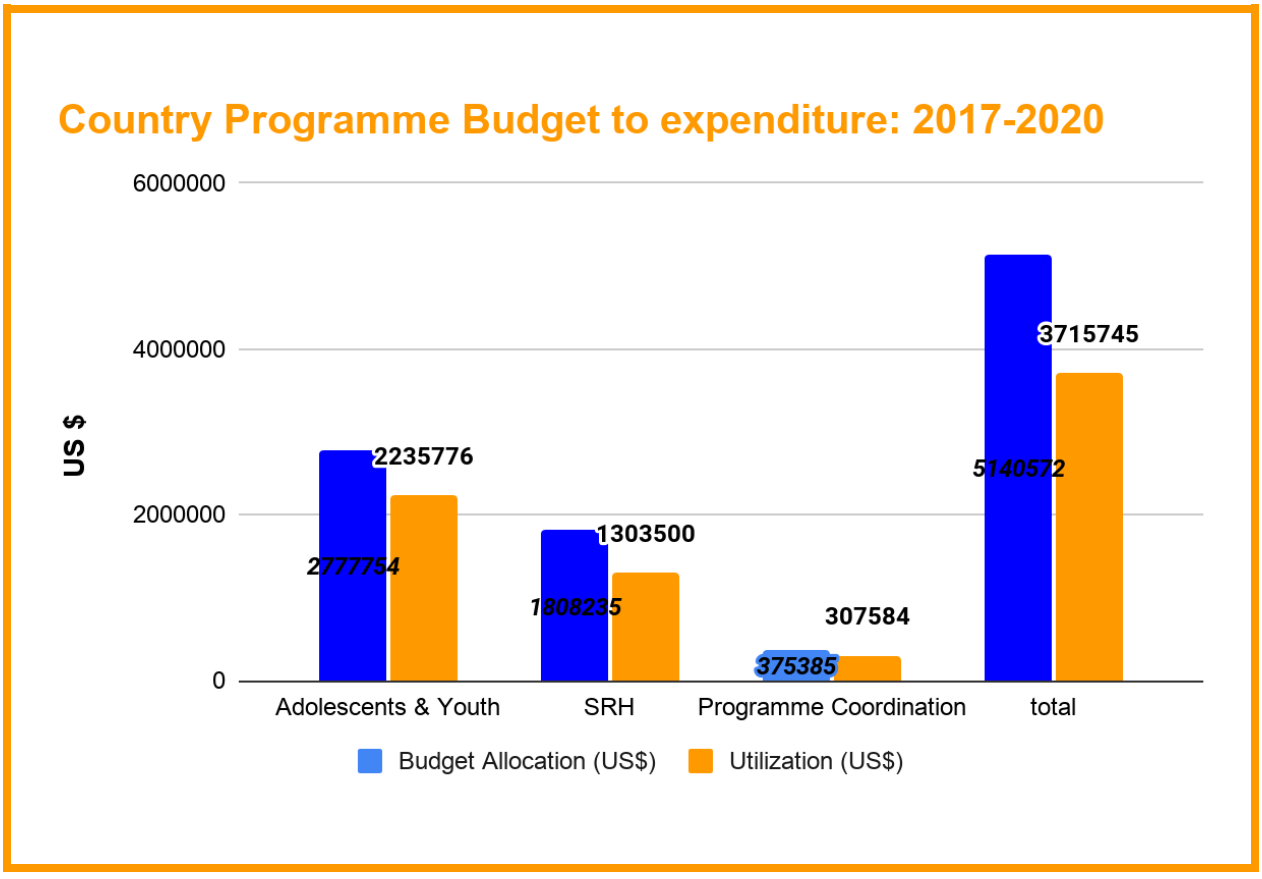

Figure 3.0 Budget allocation versus expenditure by outcome area (2017 - 2020)

CHAPTER 4: MAIN FINDINGS

4.1 Evaluation Criteria 1: Strategic Alignment, Relevance and Responsiveness

a) To what extent is the 6th CP 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 to the implementation of the CP activities; c) To what degree are stakeholders ready to continue the implementation of the 6th CP?

Summary
The 6th CP is fully aligned with the mandate of UNFPA as outlined in the UNFPA Strategic Plan 2018-20121. The results and resources framework of the CP adopts verbatim two outcome statements from the previous corporate strategic plan (UNFPA SP 2014 - 2017) which in turn are aligned with the current SP by virtue of the fact that the goal of the organization has remained the same across the two strategic plans. The CP also contributes to three of the six broad national priorities of a) social development, b) consolidation of good governance and strengthening of national security and c) Implementation of an effective Monitoring and Evaluation System. The 6th CP enjoys full GOB ownership and commitment which was secured through the programme design process that was consultative, inclusive and assumed an evidence based approach. This ownership and support further manifests through the GOB yearly contribution to implementation of annual work-plans. The integration of UNFPA supported interventions into national policies and programmes as well as national scale-up of programme interventions and the incorporation of UNFPA mandate areas into sectoral strategic plans such as the current MOHW Strategic Plan signify a more impactful support for UNFPA supported outcomes as this demonstrates commitment to sustain programme interventions outside the context of UNFPA.

4.1.1 Introduction

The focus of this evaluation criterion is to establish the extent to which the UNFPA Botswana CO relates to international development frameworks, national development priorities and the changing corporate UNFPA . Embedded within this criterion are elements of sustainability of the programme and results achieved.

4.1.2 UNFPA Global mandate, Corporate Strategic Plan

The UNFPA SP 2018 - 2021 which embraces the vision set forth in the 2030 Agenda for Sustainable Development outlines the mandate of UNFPA on issues of SRHR, empowerment of young people to have access to SRHR, gender equality and population and development. Evidence from the rapid assessment suggests strong alignment between the current GOB/UNFPA CP and the UNFPA SP 2018 - 2021. Specifically, the results and resources framework of the current GOB/UNFPA CP adopts two outcome statements from the previous corporate strategic plan (UNFPA SP 2014-2017) as the CP outcomes. These outcome statements are aligned to the planned outcomes of the UNFPA SP 2018-2021 by virtue of the fact that the goal of the organization has remained the same across the two strategic plans.

4.1.3 Alignment to national development priorities and Upper middle income country status

Botswana's development priorities are espoused in its long term development framework Vision 2036 and the first of four mid-term development plans being the National Development Plan 11 (NDP 11). In the NDP 11, the GOB has identified six broad based national priorities and the current GOB/UNFPA CP 2017 - 2021 contributes to three and these are;

a) ***Social development***: The GOB has espoused its intent to enhance access to quality health care services by all and its commitment to youth empowerment and gender equality and women's empowerment under the thematic area of social development. The 6thCP directly contributes to these national priorities by focusing resources towards supporting the Ministry of Health and Wellness to improve policy for standardized delivery of integrated, gender sensitive and non-discriminatory sexual and reproductive health services at national scale. The Country programme also focuses on providing support for the improvement of policy and programming for adolescents and young people's rights to access SRH information and services.
b) ***Consolidation of good governance and strengthening of national security***: Access to quality, timely and accurate data and information is an enabler of good governance as it fosters accountability and evidence based decision making. The current CP responded adequately to this national priority as it aligns with all of the CP outputs to strengthen policy guidelines and protocols for development and implementation of evidence based comprehensive maternal health services
c) ***Implementation of an effective Monitoring and Evaluation System***: Implementing an effective and efficient national monitoring and evaluation system has remained a priority of the GOB since the National Development Plan 10. Within the remit of the strategic information programme component, the current GOB/UNFPA CP addresses this national priority through providing direct support on population data and development issues including strengthening the capacity of key partners for data collection, analysis and dissemination of quality data including monitoring implementation of the SDGs.

At the programmatic level, the Country Office made two interrelated strategic decisions at the programme design stage. The first was to account fully for two critical constraints one being recognition of Botswana's position as an upper Middle-Income Country (UMIC). As a UMIC, Botswana is not a priority recipient of development finance from development partners, including the United Nations as its per capita income suggests little need for development finance. The other, which is related to the first, is the limited financial and human resources at the Country Office's disposal. Operating in UMIC means the Country Office has limited prospects for mobilising partner co-financing resources. For the entire duration of the 6th Country Programme, the Country Office's indicative resource envelope was $4.7 million, $1.5 million from regular resources and $3.2 million from partner co-financing. These factors determined UNFPA's programme strategy to invest in upstream policy work and capacity building for duty bearers (to strengthen supply capacity), and rights holders (to strengthen demand). Thus, drawing on the institutional competence of UNFPA, the Country Office determined that it would maximise its impact if it

intervened at the levels of: a) policy review and development aligned to global norms and standards, legislative reforms, service standards and integration of SRH & HIVservices b) capacity building with a focus on creating an enabling environment and at institutional levels to strengthen both supply capacity and demand for SRH information and services, c) technical support and; e) advocacy as aligned with the modes of engagement for UNFPA in Botswana.

4.1.4 National ownership and support for the programme

The current GOB/UNFPA CP 2017 - 2021 enjoys full GOB ownership and commitment. Initially, ownership and support for the programme is secured through the programme design process that mandates a consultative, inclusive and evidence based approach. This ownership and support further manifests through the GOB yearly contribution to the programme budget amounting to USD 58,000. The result of this contribution is much higher than the face-value given that UNFPA applies its 'matching fund policy' to match dollar-for-dollar any amount the GOB will contribute to the programme upto a maximum value of USD 100,000.

Further, the integration of UNFPA supported interventions into national policies and programmes as well as national scale-up of programme interventions and the incorporation of UNFPA mandate areas into sectoral strategic plans such as the current MOHW Strategic Plan signify a more impactful support for UNFPA supported outcomes as this demonstrates commitment to sustain programme interventions outside the context of UNFPA. Whilst there is no doubt about the GoB's ownership and support for the implementation of the 6th Country Programme, there is recognition of capacity constraints and weak absorptive capacity that adversely affect implementation. These include significant skills gaps in critical SRH areas, deficiencies in the logistics system that affect the availability and accessibility of SRH commodities, data deficiencies and weak monitoring and evaluation capacity. There is political will to support the UNFPA mandate as demonstrated through the co-chairing of strategic platforms with UNFPA (Integration programme).

4.2 Evaluation Criteria 2: Effectiveness

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

Summary. Employing the four modes of engagement the programme has contributed significantly to policy, legal and strategy and capacity development by providing financial and technical support to government and non-government partners to advance areas of UNFPA mandate. Significant progress has been made towards achieving

the intended outputs of the CP, and in some instances, it is apparent that the level of ambition in the desired results was not commensurate with the available resources (human and financial). For example, achieving a data ecosystem that generates adequately disaggregated data at the end of the CP was overly ambitious given the situation of data and information in the country and the available resources. Considering that the current assessment is conducted one year ahead of the end of the CP, there is an opportunity for accelerated programme implementation in the final year towards achieving the desired results.

4.2.1 Introduction

This criteria measures how well the programme was implemented,and to what extent the inputs were converted into planned outputs and by extension the programme outcomes. Effectiveness is thus an indicator of the strength of causality within the programme's hierarchy of results. It reflects the validity of the programme's theory of change and associated assumptions and also reviews any unintended consequences arising from implementation of the CP, both positive and negative. Table 3 below tracks the progress towards achievement of the country programme outputs.

Table 3. Progress mapping towards achievement of the country programme outputs

UNFPA Strategic Plan Outcome	Country Programme Output	Indicator	Baseline	Target	Actual Result
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access **Outcome Indicator**: Maternal mortality ratio Baseline: 152 per 100,000 live births Target: 103 per 100,000 live births	Output 1: Improved policy for standardized delivery of integrated, gender sensitive and non-discriminatory sexual and reproductive health services at national scale	a) Percentage of health facilities providing integrated youth friendly health services that are aligned to national standards b) Percentage of health facilities providing integrated gender sensitive and non-discriminatory SRH/HIV and STIs services c) Number of number of sexual reproductive health and HIV guidelines and protocols that integrate gender based violence	0 0 0	75 80 4	25 Not established 6
	Output 2: Improved policy guidelines and service standards for provision of quality family planning services, including demand for and supply of modern contraceptive	a) Functional logistics management information systems for forecasting and monitoring reproductive health commodities with tracking and tracing capabilities	No	Yes	No
	Output 3: Strengthened policy guidelines and protocols for development and implementation of evidence based and comprehensive maternal health services	a) National costed action plan using standard costing tool (OneHealth tool) b) Ecosystem that can generate disaggregated data in place	No 0	Yes 1	No 0
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health **Outcome indicator**: Percentage of young women and men aged 15-24 years who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconception about HIV transmission Baseline: 47.9%; Target: 65% Percentage of women aged 15-24 years who know at least 3 contraceptive methods Baseline: 45%; Target: 75%	Output 1: Improved policy and programming for adolescents and young people's rights to access SRH information and services	a) Number of policies, guidelines and protocols mainstreaming ASRH b) Existence of functional participatory platforms that advocate for increased investments for most at risk adolescents c) Disaggregated information on most at-risk adolescents available	0 No No	4 Yes Yes	6 Yes Yes
	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	a) Existence of national CSE curriculum for out of school b) Existence of national primary school CSE curriculum c) Policy analysis framework to harness the demographic dividend in place resources	No No No	Yes No Yes	Yes No Yes

4.2.2 Country programme achievements and progress towards realisation of the UNFPA transformative results by 2030

4.2.1.1 Ending preventable maternal deaths

a) **Key achievements**

Engaged policy and decision makers to advance SRHR. UNFPA advocacy and technical support resulted in the inclusion of SRHR/HIV integrated service delivery in the national Vision 2036, Development Plan 11 and the National Strategic Framework for HIV and AIDS Response III. Therefore sustainable and rapid reduction of maternal, newborn and child deaths and overall improvement of care in sexual, reproductive, maternal, newborn, child and adolescent health remained a high priority for the Government of Botswana. Further engagement of policy makers was achieved through developing a Policy brief presenting a concise summary of evidence and policy options for reducing maternal mortality in order to reach SDG 3:1 global target of reducing MMR to less than 70. Employing the WHO recommended target setting methodology for maternal mortality ratio (MMR) reduction yielded an MMR target of 54 deaths per 100,000 live births by 2030, with an intermediary target of 71 deaths per 100,000 live births by 2025. Policy options and recommended actions critical to accelerating the reduction of preventable maternal deaths, in addition to intensifying the ongoing efforts were clearly identified and disseminated.

In the advent of COVID-19 the UNFPA mounted targeted advocacy that resulted in strengthening of the health systems to maintain quality SRH/HIV and GBV services in the face of COVID-19 outbreak in Botswana. With an aim to avert increased rates of maternal mortality and morbidity, unintended pregnancies, teenage pregnancies, unsafe abortions, HIV and STIs, UNFPA successfully UNFPA advocated for the inclusion of SRH services including family planning, maternal and new born health, HIV and GBV services as essential services that should continue uninterrupted thereby ensuring that women and girls have timely access to safe and quality SRHR in the face of COVID-19 including during national lockdowns.

***Developed, reviewed and aligned key national laws, policies, strategies and guidelines*.** In 2018 and 2019, UNFPA collaborated with WHO to develop the Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) Strategy and associated M&E Framework that adopts a life-cycle approach. The strategy aims to ensure that the health system responds comprehensively to the needs of the population at different life stages. New HIV Testing, PMTCT and Test & Treat, and PrEP guidelines have been developed or updated in addition to initiating the development of Adolescents and Youth Strategy. Regarding laws developed or reviewed in 2018, Botswana completed its Penal Code amendment to protect the sexual rights of adolescents. Age of Consent for consensual sex was raised from 16 to 18, with clauses included aimed to protect under-18-year old boys who engage in consensual sex with under-18-year old.

During the country program UNFPA provided extensive support to ensure that quality SRHR/HIV and GBV services are maintained in the COVID-19 response. The CO ensured availability of normative guidance on operational planning of country preparedness and response on continuity of SRH services and interventions, including protection of the health workforce in the context of COVID-19, through provision of 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 of the health systems and aims to minimize SRH services disruption of service which can result in increased mortality from pregnancy and birth related complications.

***Strengthened coordination of SRHR/HIV and SGBV services*.** During the 6th CP UNFPA facilitated the establishment of the National Reference Committee (NRC), comprising UN agencies, relevant ministries and Civil Society Organizations (CSOs) to provide oversight and strategic direction to the roll-out of integrated services. The terms of reference for both the NRC and the RMNCAH TWG were incorporated into the SRHR and HIV & AIDS Linkages Integration Strategy and Implementation Plan. UNFPA supported the scale-up efforts with a national Coordinator and a Monitoring and Evaluation consultant. The NRC site visit to Kweneng district resulted in mobilization of private sector resources to support the youth friendly clinic to improve access to and utilization of quality comprehensive non-discriminatory integrated services by AGYP. In 2019, the NRC on SRHR/HIV integration, chaired by the Permanent Secretary of the Ministry of Health and Wellbeing (MOHW), conducted a monitoring visit to Takatokwane health facility. Advocacy by NRC after the visit resulted in a donation of equipment to facilitate integrated services for Adolescent Sexual Reproductive Health (ASRH).

The RMNCAH Technical Working Group (TWG) was formed in 2018 and merges together three different technical working groups with similar mandates and representatives with the aim of reducing scheduling conflicts and increasing meeting attendance. The structure is chaired by the Directors of Public Health and HIV, AIDS Prevention and Care on an alternate basis. UNFPA convened the scheduled TWG meetings which brought together stakeholders to share a progress update, provide technical guidance on the management, coordination and implementation strengthening for integrated SRMNCAH and HIV services in Botswana. In 2020 UNFPA provided technical support to the MoHW COVID-19 coordination structures to ensure that women and girls have timely access to safe and quality health care, including a full range of maternal, new-born and comprehensive reproductive health care services. The protection of women and girls and other vulnerable populations was prioritised into the national media plan as part of the Risk Communication and Community Engagement (RCCE) strategy.

Promoted accountability through peer review mechanisms. In 2019, UNFPA supported Botswana to establish a baseline for the Southern African Development Community (SADC) SRHR Scorecard and incorporate its indicators into the national reporting tools. A national stakeholder validation meeting was held to domesticate the SADC SRHR Scorecard, link the

national RMNACH strategy to the SADC SRHR Strategy 2019-2030, identify opportunities to strengthen data collection and to improve the availability of data, including a focal person within relevant ministries (Gender and Education). Advocacy was undertaken to improve investments in integrated SRHR, HIV and SGBV services.

Unlocked domestic and multilateral resources for SRHR. The Botswana country team supported the MOHW to ensure provision for integrated service delivery in the MOHW 2019/20 budget through the completion of budgeting tools, participating in joint planning meetings and made a case for government funding to be availed. Additionally, 2gether 4 SRHR leveraged the capacity of the well-funded PMTCT programme for funding some training activities. The government of Botswana reinforced its commitment for domestic investments in SRHR/ HIV and SGBV and allocated funds towards programme management, commodities and implementation of integrated services through the budget system[18]. Due to the limited allocation to the SRH Division, the Division prioritized maternal health activities. Despite the limited allocation, funding was reserved to enable supportive and mentoring visits, including to SRH/HIV/SGBV scale up districts.

Regarding international funding for integrated SRHR, HIV and SGBV service delivery, the country office has successfully mobilized resources amounting to USD 494,708 from the China International Development Cooperation Agency (CIDCA)- South-South Cooperation Assistance Fund (SSCAF) under the thematic area of protection of the health workforce and Reproductive health commodity security in the COVID-19 era. The funding support will augment MoHW efforts to ensure the availability and accessibility of reproductive health commodities and necessary medical equipment for the provision of integrated SRHR/HIV and SGBV services.

Supported national scale up of client-centered quality assured integrated and sustainable SRHR/HIV and SGBV services. Following the successful implementation of the pilot in three health districts under the Linkages Project, UNFPA supported expanded integrated SRH/HIV service delivery to 13 prioritised districts. Botswana applies four models of integration, inclusive of the community model. Health Posts apply the kiosk model where an integrated package of services is provided to clients by the same health care provider. The supermarket model is applied in larger health facilities that either have or do not have a maternity wing and the mall model is applied in hospitals. Scale-up activities followed the scale-up plan, in addition to incorporating lessons from the pilot and recommendations from the assessments and the final evaluation reports.

The capacity of 515 health care workers had been built thereby ensuring that services are provided by well-trained service providers that have the necessary technical competence to deliver an integrated package of SRHR/HIV and SGBV services that are tailored to the needs of their

[18] Botswana has achieved the Abuja Commitment target of dedicating 15% of the government budget to health, and this covers 75% of total health expenditure in the country. Approximately 16% of total health expenditure was focused on HIV, with 57% of that covered by the Botswana Government, more than a third by development partners, 5% by employers and households, and less than 1% by civil society organizations. In the 2019 national budget, the Ministry of Health and Wellness accounts for around 16% of the total recurrent budget, making it the second-largest ministerial budget allocation.

clients, convenient, affordable, confidential and free from stigma and discrimination. The training was informed by the Country Integration Strategy and Implementation Plan, SADC Minimum Standards, WHO Framework on Integrated People Centred Services, the Minimum Service Packages, the 2-Year Scale-up Plan and RMNCAH Training Curriculum. During the CP trainer of trainers (ToTs) were capacitated on values clarification/ attitude transformation (VCAT) methodology to address HCW norms, values and attitude in relation to post-abortion care services. Training included safe abortion care and PAC, including FP and HIV, and the use of Manual Vacuum Aspirators (MVAs).

Guidance documents on Family Planning, Integration, Testing and public information materials had either been developed or updated, and best practices documented and disseminated. Clinical guidelines for managing GBV survivors that included referral were developed and health care workers were trained, with gender mainstreaming training and capacity building for various government ministries delivered. Empowerment initiatives for women, girls, men and boys for GBV prevention were also supported.

***Conducted operational research to inform programming*.** In order to address quality gaps in SRHR including, family planning, post abortion care and linkages to HIV and SGBV service integration, UNFPA provided financial and technical resources and collaborated with WHO to support Government of Botswana in applying the WHO Strategic Approach to strengthening SRH policy and programmes. Through the Strategic Assessment (stage I of the Approach) Botswana established national stakeholder consensus on recommendations for new or revised policies and improvements in service delivery, programme management, and community-level interventions related to critical SRH issues; specifically, the reduction of unintended pregnancies, unmet need for contraception and the morbidity and mortality related to the unsafe abortion. A positive unintended result of the Strategic Assessment was to catalyze dialogue among stakeholders around these sensitive SRHR issues.

***Strengthening national health information management systems*.** The country program strengthened the national health information management systems to support the provision of integrated SRHR services developing indicators and data capture tools and training of M&E officers with an aim to harmonise SRH/HIV and SGBV tools. The country team advocated for the inclusion of integration indicators, including the Integrated service delivery indicators into the DHIS, with draft data collection and reporting tools being pre-tested in five districts in 2018. However, the data tools harmonisation was deferred in order to align with the objectives and roadmap of the MOHW Botswana Health Data Collaborative (BHDC) initiative. To ensure that the national Health Management Information Systems (HMIS) generates appropriately disaggregated SRHR/HIV and SGBV data to monitor service integration and inform evidence-based programming, UNFPA supported establishment of a baseline value for SRH/HIV & SGBV integration scale-up in the country through review of facility-level data in 13 target districts. The baseline data enables the country to monitor and evaluate the provision of integrated, gender-

sensitive sexual and reproductive health services at national scale and to identify areas for improvement. In order to address some of the gaps identified through the Baseline Assessment of SRH/HIV and SGBV Integration, the program supported the MoHW to embark on rapid mentoring and supportive visits to implementing districts resulting in increased number of facilities reporting integration indicators from 164 to 321 which is 53% of all facilities in the ten (10) districts. Several critical weaknesses and opportunities to strengthen the delivery of quality integrated SRHR Services were identified during the support visits and targeted for support and mitigation through concerted efforts.

***Strengthened communication, ownership, empowerment and participation*.** UNFPA engaged community-level gatekeepers, including traditional, religious and community leaders, to improve their awareness and understanding of the right to health as a fundamental human right. Through the engagement of key community level stakeholders it would be possible to address prevailing harmful norms, beliefs and practices to improve the uptake of protective health behaviour, in addition to increasing demand for, and utilization of, SRHR services, among adolescent girls, young people and key population groups.

***Enhanced public awareness of the right to health and respond to SRH rights challenges that impede uptake and access to integrated SRHR/HIV/SGBV services*.** In the context of COVID-19 outbreak, the country office spirited advocacy, technical and financial support ensured that the COVID-19 Risk Communication and Community Engagement (RCCE) interventions mainstream safe-care seeking behaviour for SRHR services including promotion of safe pregnancy and childbirth. The wide-reaching targeted and accurate messaging contributed to mobilisation of the community to ensure uptake of promotive behaviours and enhanced public awareness on SRH rights particularly for pregnant adolescent girls and women and new mothers. Additionally, the messaging addressed information access challenges that may impede uptake and access to integrated SRHR/HIV and SGBV services during the pandemic. UNFPA contributed to increased awareness on the SRHR services availability in the COVID-19 era through the development and dissemination of dramatized radio messages on pregnancy, cervical cancer screening and GBV broadcasted over all national radio stations. The messages targeted adolescent girls, young people, women and all people including those in remote and hard to reach communities and GBV shelters. An improvement in service numbers was noted across most SRH indicators from the decline observed in April 2020 which was the first month of lockdown.

Lessons learned from the Joint UN programme amplified to strengthen provision of integrated SRH/HIV and SGBV services. To support domestication of the WHO clinical guidelines and development of a training guide for health care workers on providing integrated SRHR/HIV services for three key populations, i.e., sex workers, Men who have Sex with Men (MSM), as well as Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI) groups, UNFPA supported a learning visit to South Africa was successfully completed in 2018. The lessons were shared at the TWG meeting and informed the development of the HIV Service Package for Key

Populations Guidance document in 2019. Following its finalization, UNFPA supported developing KP delivery models to guide implementers on the delivery of quality HIV interventions for KPs, which is expected to be completed in 2020. Furthermore, lessons learnt from the South African experience informed the AGYW strategy in the Global Fund grant application in 2018.

Amplification of Lessons Learned. The country office supported the documentation of the 11 promising practices for reducing maternal deaths in Ngami District to ensure the availability of quality of SRHR, HIV and SGBV data and information is produced, analysed and used to inform evidence-based programming. Further, the documentation of such promising practices strengthens the capacity to address gaps in strategic information, as well as data capturing and utilization to inform programme and policy development. Moreover, the documentation highlighted the lessons learnt from the success of the adopted practices to reduce maternal deaths, in addition to promising and implementation pitfalls. Through their efforts to amplify lessons learnt, the Botswana team documented and disseminated the package of interventions that worked to help other districts improve their programme delivery, while inspiring the spirit of systematic improvement across districts to contribute towards overall reduction of maternal mortality in Botswana. Finally, the documentation of the 11 promising practices allowed the country to showcase successful change ideas that could be replicated by other countries in similar settings to reduce maternal mortality.

b) Key Challenges

- Accountability and supervision mechanisms at national and sub national level are weak resulting in suboptimal program implementation and poor sustainability of previous investments in the scale up of SRH/HIV integration.
- Declining delivery quality, targeted and differentiated SRH/HIV and SGBV services due to various factors including health system supply side challenges such as inadequate SRHR commodities and supplies and poor implementation of protocols and service standards, weak accountability mechanisms and human resource challenges.
- Absorptive capacity of the government to utilize the Global Fund provisions, which resulted in some activities planned for 2018 not being completed and a reduction in allocation to Botswana through the Continuation Application.
- Frequent staff turnover of senior MoHW leadership during the CP resulted in several activities not being fully completed as planned as each transition slowed down continuity of ongoing activities and delayed advocacy for new activities. Additionally, 2019 was a year of national elections in Botswana, resulting in changes in MOHW leadership and considerable delays in annual work plans.
- Public Health Emergency: in 2018 included the nationwide diarrhoea outbreak that resulted in several activities being placed on hold due to among others repurposing of human resources.

- Interrupted implementation of 2020 work plan activities due to deployment of MoHW SRH and HIV program officers to support COVID-19 quarantine sites, contact tracing and other frontline coordination activities.
- Data challenges relating to programme indicator gaps, including the required disaggregation of variables, inconsistent reporting health districts results in incomplete data to measure implementation progress and inform programming.
- Over reliance on partners (UNFPA) to implement national SRH/HIV Integration program work plan including the limited commitment to separate partner technical assistance/ catalytic support from replacement of MoHW program implementation mandate.
- Consultative and coordination platforms that require participation of multiple stakeholders including senior MoHW, government, UN and CSO officials remained a challenge to convene due to various factors including competing schedules during the COVID-19 response, frequent staff turnover at MoHW and to some extent limited connectivity for some stakeholders in the virtual meeting era.

c) Lessons learnt

- An enabling environment through policy frameworks, strategies and guidelines, job aids is critical to increasing awareness and empowering health care workers but not sufficient to cause the will to change.
- On-site mentoring and support at district and facility level is promising as a practice for improving capacity of healthcare workers and managers to scale-up of SRH/HIV integration at including addressing gaps in data capturing and use.
- Understanding integration as an approach by all stakeholders at all levels is key to breaking the barriers to integration and promotes appropriate resource allocation
- Advocacy works: SRHR integration into COVID-19 response planning became a priority following strong advocacy from UNFPA – resulting in MoHW declaring maternal and new-born health, family planning and HIV services among essential services to ensure continuity of these services.
- Successful implementation of strategic shifts in response to a public health emergency requires the active engagement of communities with particular attention to the most vulnerable populations such as women and girls.

4.2.1.2 Ending the unmet need for family planning

a) Key achievements

Improved family planning policy environment for provision of FP. The first ever national FP strategy was developed with a wide stakeholder involvement. This process resuscitated dialogue on the FP programme and ensured that FP is brought back as central to the achievement of the SDGs and attainment of the national development targets.

Ensuring an uninterrupted availability of contraceptives: The country continues to experience erratic availability of reproductive health commodities due to weak forecasting and quantification coupled with weak LMIS. UNFPA in collaboration with DFID to support the government to improve access and supply of modern contraceptives through procurement of a wide range of contraceptives (Implants- Implanon NXT & Jadelle); FC2 female condoms; Microgynon contraceptive pills & IUD- Copper T. The commodities were estimated to avert 36 maternal deaths, 45 635 unintended pregnancies and 10 040 unsafe abortions. During this period, UNFPA built capacities of key officers at Central Medical Stores on forecasting and quantification among others, however due to other factors the skills acquired have not been translated into strengthened forecasting and quantifications. Procurements are often done based on historic data which is not adequate and rely on slow procurement processes that lead to extended stock outs. Advocacy to adopt Third Party Procurement (TPP) for procuring contraceptives has not yielded results due to rigid procurement policies.

With the advent of COVID19, the flow of commodities was greatly affected due to border closures and the government experienced stock outs of male condoms, with an overstock of female condoms. UNFPA advocated for repositioning of female condoms and supported the government to embrace FC condoms as another viable method for prevention of HIV, STIs and unintended pregnancies. This resulted in increased uptake of female condoms across the districts.

Provision of quality FP services: The programme scaled up the SRH and HIV integration in 13 districts and an increase in FP was observed. In one district in 2019, over 95 percent of HIV positive family planning clients (women) were provided with dual FP services. However, adolescents' face varying barriers to access to contraceptives, from weak delivery of quality youth friendly services that are often stand-alone therefore ineffective and not cost effective to negative attitudes of health care workers in offering contraceptives to adolescents particularly emergency contraceptives.

Resource mobilization for the FP programme: In collaboration with UNDP, UNWomen, and UNICEF under the One-UN-Reform, UNFPA successfully mobilized resources (US$100,000) through the SDG Fund to develop an investment case for FP specific for Botswana. This undertaking is expected to analyse the financial resource gap towards achieving zero unmet need for family planning by 2030 and generate evidence on the return-on-investment.

b) Key Challenges

The persistent national capacity gaps at the Central Medical Stores coupled with weak stewardship on family planning has affected the implementation of the FP programme, including ensuring a human rights approach remains weak in Family Planning programmes.

c) Lessons learnt

The COVID19 pandemic illuminated the weaknesses of the health system to prepare and respond to health emergencies particularly the need to ensure security in supply of essential drugs and commodities including reproductive health commodities.

4.2.1.3 Ending gender-based violence and all harmful practices, including child marriage and female genital mutilation

a) Key achievements

***Engaged policy and decision makers to advance gender-sensitive and non-discriminatory sexual and reproductive health services*.** UNFPA maintained advocacy for implementation of gender-transformative approaches for improved response to gender-based violence. During the 6th CP the Government of Botswana significantly reduced the period during which girls who leave school on account of pregnancy, can return to school, from two years to six months. Botswana completed its Penal Code amendment to protect the sexual rights of adolescents, raising age of consensual sex from 16 to 18 years. Further in 2017/18, changes in government policy and legislation included the enactment of the Abolition of Marital Power Act of 2004 which brought parity between husbands and wives in the management of their joint estate, and development of the 2015 National Policy on Gender and Development. It is anticipated that this will improve the implementation of Botswana's commitment to international obligations for the achievement of gender equality.

***Developed, reviewed and aligned key national laws, policies, strategies and guidelines*.** Building on the foundation of the UNFPA supported Linkages Project (2011-2015), the CO contributed to creating an enabling legal and policy environment through supporting development of strategies, guidelines, service packages and job aids that promote delivery of gender-sensitive and non-discriminatory SRH at national scale. The CO has exceeded the CP target of increasing the number of sexual reproductive health and HIV guidelines and protocols that integrate gender-based violence from zero to four. During the 6th CP UNFPA supported development of key national strategies and guidelines including the RMNCAH Strategy (2018-2022); NSF III (2018-2023); Guideline for the provision of Integrated SRHR, HIV and SGBV Health Services; HIV Service Package for Key Populations guidance document; Integrated COVID-19 and SRH Services Guideline for Botswana and the National COVID-19 GBV response Strategy among others.

***Strengthened coordination of SRHR/HIV and SGBV services*.** UNFPA is among the nine UN Agencies collaborating in the UN Joint Gender Program (UNJGP (2018-2020) which is a partnership with Government, Civil Society and other Stakeholders to strengthen and accelerate

the GBV prevention and response in Botswana. The UN Joint Gender Programme on Gender Based Violence (2018-2020) responds to the call to support Government's efforts to strengthen and accelerate the Gender Based Violence (GBV) prevention and response in Botswana. The UNJGP (2018-2020) costed to an estimated USD 1,113,980 is a successor to the UNJGP (2015-2016), evaluated in March 2017 and was motivated by several factors, key amongst them being to raise the impact of the UN on gender equality, the empowerment of women and girls, and the elimination of Gender Based Violence is a Partnership with the Government of Botswana.

Prior to the COVID-19 outbreak, Botswana's national GBV Strategy did not provide guidance on GBV response during emergencies. Jointly with the UN Gender and Human Rights Theme Group, UNFPA provided technical support to the Gender Ministry to develop the National GBV response plan for COVID-19. This ensured that GBV risk mitigation and survivor-centred services are integrated into the epidemic response and national preparedness response plans. UNFPA collaborated with other agencies to strengthen inter-agency advocacy on key issues in the COVID-19 response that impact gender equality and GBV. As a result of sustained advocacy and technical assistance, nine (9) shelters were opened in addition to the existing two shelters to mitigate the surge in demand for safe places for GBV victims and survivors. A national toll-free number was established and there was heightened awareness of women and girls' vulnerability in the face of COVID-19.

Increased national capacity for provision of client-centered rights-based package of integrated services SRH/HIV and SGBV services. In collaboration with the regional interagency (UNFPA, UNICEF, WHO) the country stregthened national capacity for provision of client-centered quality assured integrated and sustainable SRHR/HIV and SGBV services through facilitating a training for governemnt and Civil society partners on integrating violence against Women (VAW) into SRHR. The output of the training included development of Botswana Road map of priority actions for improving health system readiness to integrate VAW into SRH services.

Strengthened communication, ownership, empowerment and participation: Leveraging UNFPA's leadership in GBV advocacy, community engagement initiatives, dialogues and inter-generational panel discussions were employed to promote exchange of ideas, knowledge and experiences between the older and the younger population. The community engagement centered around promising measures that prevent the occurrence of GBV as well as mitigating the severity of its consequences at the system, community and individual levels. Community leaders dialogue held in collaboration with the Resident Coordinator's Office (RCO) and CSO partner (Women Against Rape (WAR) engaged traditional leaders on system & social norm shifts. The outcome of the dialogue is expected to prompt positive masculinity and catalyse active participation of traditional leaders in the fight to eradicate violence against women and children, including child marriages in some of the surrounding communities. Engagement of the local health coordination team (DHMT) in community dialogues further strengthened communication, ownership and participation to create demand so that all people, but particularly adolescent girls, young people

and key populations realize their rights, adopt protective and promotive behaviours, and access quality integrated SRHR/HIV and SGBV services.

UNFPA further strengthened the knowledge and skills of the Media fraternity as a partner in addressing gender-based violence (GBV) through training media professionals on ethical and human rights-centred reporting on Gender Based Violence. The media was further oriented on UNFPA's role in prevention and response to GBV in collaboration with the country office communication unit. Furthermore, in the context of COVID-19, UNFPA collaboration with civil society organisations as key partners in alliance and reach resulted in increased public awareness on the protection, care and support of GBV victims and survivors at community and individual level. Among others the collaborative developed and broadcasted targeted radio messages emphasising the availability of GBV prevention and response services as part of essential services in the COVID-19 era.

b) Key challenges

- High level political commitment is important for effective integration of VAW into SRHR response to occur but, lack of commitment at all other levels compromises integrated service delivery.
- Absence of a national system to collect, update and disseminate data on the incidence and prevalence of harmful practices such as GBV continues to be a major gap in the GBV response.
- Capacity gaps in the provision of client centred quality assured integrated and sustainable SRHR/HIV and SGBV services at all levels, particularly at health facility level.
- Inconsistent interpretation and implementation of protocols, guidelines, norms and service standards for care to women and girls subjected to violence compromises the provision of quality SGBV services and prevention of GBV.
- Limited resourcing and interventions -no earmarked budget lines for SGBV and male involvement within MoHW SRH budget.
- Isolated efforts and limited partnerships in VAW/GBV programming and limited traction to implement evidence based interventions - eg national referral system did not proceed beyond pilot.
- Poor sustainability of efforts and commitment rollout measures aimed at preventing the occurrence of GBV as well as mitigating the severity of its consequences at the system, community and individual levels- outdated guidelines and training manuals.
- Competition among UN agencies that undermines GBV mandate leadership/coordination and stifles implementation of the UN reform.

c) Lessons learned

- To ensure sustainable health financing for integrated SRHR, HIV and SGBV service delivery, ongoing advocacy is required for resource allocation and adequate funding for

SRHR in the MOHW budget. Additionally, it remains important that the programme leverage other international funding sources, e.g., The Global Fund, PEPFAR, amongst others, for integrated service delivery.

- Since several implementation challenges were outside the control of the programme, e.g., activities to rationalize registers and harmonise data tools, careful and realistic planning is required to ensure the achievability of planned activities.
- Improving SRHR, HIV and SGBV data requires support for health facility level record keeping, ensuring that integration data used to monitor the extent to which client-centred integrated services are offered meets the quality criteria of validity, completeness, timely, precision and reliability.

4.2.1.4 Ending the sexual transmission of HIV

a) Key Achievements

Leveraging comparative advantage to advance HIV prevention. UNFPA successfully leveraged its comparative advantage on SRH and HIV to ensure prioritization of the three pillars of HIV prevention (AGYW, Comprehensive Condom Programming and Key populations) in national strategic plans.These includes National Strategic Plan (NSF III 2019 -2023), Comprehensive Condom programming Strategy and Costed Implementation Plan (2021 - 2023). To guide quality, standardized and differentiated delivery of services, AGYW standard packages, Key population service standards and delivery models were developed. Furthermore, UNFPA effectively built capacities of stakeholders to deliver quality HIV programmes.

Fostering partnerships. With a slow decline in new HIV infections, UNFPA fostered partnerships to revitalize the HIV prevention within the wider national HIV response. Strategic partnerships were established with government, development partners, civil society and members of communities representing young people, people with disabilities and key populations. In response to the changing HIV response landscape, UNFPA expanded partners to deliver high impact interventions for the populations left behind in the national response, specifically key populations and persons with disabilities.

Advocating for a conducive policy environment. Advocacy for achieving a favourable and conducive policy environment was the cornerstone of the programme, to ensure that policies and programmes respond to the needs of all vulnerable populations and those at high risk of acquiring HIV. UNFPA created platforms for meaningful engagement of young people and key populations in national policy dialogues. Advocacy with the government led to establishment of technical committees addressing delivery of HIV programmes for key populations and recognition of the benefits of systematically engaging young people in policy dialogues.

Harnessing knowledge sharing and evidence generation. UNFPA demonstrated commitment to knowledge sharing and evidence generation. The programme convened partners to dialogue on revitalizing HIV prevention which often provided space for open dialogue to challenge complacency in the national response and drawing actions by a wide range of stakeholders. Sharing of knowledge resulted in the country adopting a differentiated service delivery approach based on people and locations, resuscitating condom programming that is often struggling and leading difficult conversations on programming for key populations with members of the communities at the centre of the response. On evidence generation, UNFPA supported the AGYW profiling and target setting to inform priority setting as well as supported the country efforts in tracking progress of the 10 point Roadmap on HIV prevention as part of fulfilling its commitment as a member to the Global Prevention Coalition.

Resourcing mobilization. Resourcing the national response has been skewed towards treatment in recent years, with HIV prevention taking only 10 percent of the total allocation earmarked for HIV interventions. With little domestic resources invested on HIV prevention coupled with dwindling external resources, UNFPA engaged in sustained resource mobilization mainly through provision of technical assistance for securing funds from the Global Fund TB & Malaria (GFTM) mechanisms for SRH and HIV Linkages, CSE, CCP and programmes for AGYW and Key populations. Domestic resources were secured for Third Party Procurement (TPP) to procure flavoured male condoms in the period when condom use was declining across populations.

b) Key Challenges

While UNFPA effectively supported HIV prevention, glaring challenges persisted. The Middle Income Country challenges continue to hamper programme delivery. Persistent low absorption capacity across government and NGOs e.g, Global Fund expenditure for round 8 remains below 50% (41% in the 2nd year of implementation). This is worrisome for a country that is only investing 10% of the total national response to HIV prevention. The Ministry of Health & Wellness suffered protracted restructuring for much of the period of the country programme, with key leadership and senior positions remaining unfilled which hampered timely and efficient decision making and program delivery. Weak leadership, supervision and lack of adequate accountability mechanisms delayed implementation of programme components. Acute capacities among implementing partners to deliver quality programmes, coupled with limited funds for UNFPA to close these identified capacity gaps continues to make it difficult to reach those who are left behind with quality, targeted and differentiated HIV and SRH services.

c) Lessons learnt

The reality of existing gaps in HIV prevention (reaching saturation; delivering a package of services with fidelity while tracking the response) requires all stakeholders to fast track the delivery of high-impact interventions while ensuring quality across all programmatic areas.

Table 4. Summary of achievements for the GOB/UNFPA CP 2017 - 2020

CP Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access	
Output	**Key CP Result achieved**
Output 1 **Improved policy for standardized delivery of integrated, gender sensitive and non-discriminatory sexual and reproductive health services at national scale**	a) Building on the lessons learnt from the UNFPA supported Linkages Project the MoHW, UNPA successfully advocated for the adoption of an integrated approach to SRHR/HIV services delivery nationally to facilitate access to and use of a broad range of quality SRH/HIV/SGBV care.
	b) Improved alignment of key national laws, policies, strategies and guidelines and policy implementation for HIV and SRH programmes through provision of technical support to development of the Third National Strategic Framework for HIV/AIDS (NSF III) (2019-2023), finalization of the RMNCAH strategy and associated M&E Framework; Comprehensive Condom Programming strategy & Costed Implementation Plan (2021 - 2023)
	c) Expansion of services particularly health promotion and education to create demand for integrated comprehensive and quality SRHR/HIV and SGBV services through the fourth model of integration that targets service delivery through Community Health Workers.
	d) Strengthened coordination and governance for SRH/HIV and SGBV integration through establishment of a National Reference Committee that provides oversight and strategic direction to the roll-out of integrated services and incorporation of this structure into the SRHR and HIV & AIDS Linkages Integration Strategy and Implementation Plan.
	e) Cultivated a culture of accountability by supporting the domestication of the SADC SRHR Scorecard, alignment of the RMNACH strategy to the SADC scorecard and establishment of baselines for the scorecard indicators.
	f) Improved capacity of MOHW to deliver consistent quality and integrated services at all levels of care through targeted training of healthcare workers.
	g) Strengthened and improved availability of quality data to inform evidence-based programming for SRHR/HIV and SGBV integration through support for development of an M&E framework comprising an Indicator Protocol Reference Sheets for SRH/HIV Linkages and Integration,, reporting tools and defined reporting systems aligned to existing mechanisms.

	h) Enhanced awareness among community leaders on the right to health, issues of harmful norms and practices and protective behaviors and the uptake of integrated SRHR/HIV and SGBV services by adolescent girls, young people and key populations.
	i) Increased public awareness on the SRHR services availability, GBV protection, care and support in the COVID-19 era through Risk Communication and Community Engagement (RCCE) interventions.
	j) Sustained advocacy and technical support yielded the incorporation of adolescent girls and young women (AGYW), condom programming and key populations as priorities in the National Strategic Framework for HIV 2018 - 2023.
	k) Mobilized domestic and external resources to support the national HIV response to revitalize HIV prevention
	l) Improved the capacity of the MOHW to deliver standardized high impact interventions to adolescents and young people through the development of national HIV combination prevention packages. These service packages are now being implemented in 12 high HIV burden districts across the country for sub-national level planning.
	m) Improved availability of policies and implementation capacities for comprehensive condom programming. through support to the development of the Condom strategy and costed implementation plan.
	n) Strengthened capacities of government and civil society to deliver programmes that are responsive to the needs of key populations and AGYWimproved through South-to-South cooperation and assistance efforts.
	o) Mobilised support towards accelerated implementation of the unfinished business of the International Conference on Population and Development (ICPD) leading to a number of commitments made by the GOB, civil society and young people to complete the unfinished business. As a result of these efforts, the GOB committed to accelerating action for three of UNFPA'S transformative results (maternal mortality, GBV and family planning) among others.
	p) Strengthen partnerships for joint advocacy efforts through a series of strategic engagements with diplomatic missions serving in the UNFPA Executive Board with presence in Botswana. This yielded great support for the UNFPA mandate through commitment to joint advocacy efforts and training opportunities for key partners and sponsorship for participation in the Nairobi Summit on ICPD25.
	q) Improved capacity to design human rights based policies and programmes and delivery of human-rights based services through training of government officials, civil society, academia and media on human rights as a policy analysis framework.
	r) Improved availability of information on implementation of the ICPD Programme of Action through supporting evaluation of the Addis Ababa Declaration on Population and Development (AADPD) agenda.

	s) Mobilized support for the unfinished agenda of the ICPD through securing commitment for accelerated action from a wide range of stakeholders including the government, civil society organisations and young people on issues of family planning, maternal mortality, GBV and data availability.
	t) Improved capacity to develop and implement human rights based policies through targeted training of policymakers on human rights analysis framework
Output 2. Improved policy guidelines and service standards for provision of quality family planning services, including demand for and supply of modern contraceptives	a) Through sustained advocacy efforts towards the urgent need to prioritize family planning, UNFPA supported the development of the first National Family planning strategy
Output 3 Strengthened policy guidelines and protocols for development and implementation of evidence based and comprehensive maternal health services	a) Secured support on recommendations for new or revised policies and improvements in service delivery, programme management, and community-level interventions needed to address critical SRH issues; specifically, the reduction of unintended pregnancies, unmet need for contraception and the morbidity and mortality related to the unsafe abortion.
	b) Amplified lessons learned in maternal mortality reduction through documenting and disseminating the promising practices for reducing maternal deaths in Ngami District.
	c) Improved capacities of midwives, nurses, doctors and other cadres on provision of woman-centered, stigma free, rights based comprehensive abortion care (within legal limits) and intergration of family planning through training of 20 Trainer of Trainers (TOTs) on Values Clarification and Attitude Transformation (VCAT).
	d) Strengthen coordination towards implementation of the 2021 Population and Housing Census (PHC) achieved through technical and financial support to develop the 2021 PHC Project Document
	e) Improved capacity of Statistics Botswana to deliver a computed based population and housing census through targeted capacity building initiatives including support for participation in a south-south-cooperation census study tour and sharing of census information technology equipment.
	f) Augmented the information technology capacity of Statistics Botswana to implement a computer assisted personal interviewing enumeration during the 2021 PHC.

	g) Sustained advocacy for continuity in preparations for the 2021 PHC amidst the COVID-19 pandemic including advocating for innovative approaches in preparations. Subsequently, with UNFPA support Statistics Botswana conducted a virtual training of a 100 of the core census technical team members.
	h) Enhanced awareness to monitor progress of implementation of the SDGs through supporting the assessment of availability of baseline estimates for the domesticated SDGindicators. This assessment brings into sharp focus the data gaps and therefore serves to inform prioritization of data collection efforts
	i) Setting annual MMR targets to support national SDG tracking
Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health	
Output	**Key CP result achieved**
Output 1 Improved policy and programming for adolescents and young people's rights to access SRH information and services	a) Successfully advocated for the protection of the SRHR of sexually active adolescents in the amendment of the Penal Code These efforts opened up dialogue on sexuality issues that are often not openly discussed in communities. b) Improved policy and programming for adolescents and young people's rights and access to SRH information and services through provision of technical support for the development of; the Adolescent Health Operational plan as part of RMNACH strategy and National Youth Friendly Health service standards aligned to global standards. c) Strengthened capacities of stakeholders to implement the East & Southern Africa (ESA) Commitment on the implementation of CSE and provision of quality SRH services for adolescents and young people. d) Supported meaningful engagement of youth in national, regional and global dialogues ,that seeks to advance youth development, including creating a platform in partnership with the Office of the First Lady to dialogue with adolescents on SRH and youth development issues.
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 equal	a) Empowered young people and enabled them to exercise autonomy and choice regarding their SRH and rights through supporting the implementation of CSE for in and out of school youth using a standardized CSE curriculum; and airing of a weekly radio program targeting young people that draws topics from the Comprehensive Sexuality Education curriculum.

4.2.2 Facilitators and barriers in programme implementation

The documentary evidence review and semi structured interviews provide a clear picture of the key drivers of programme effectiveness (external and internal factors enabling achievement of results) and inhibitors of programme effectiveness (internal and external factors inhibiting achievement of results). These factors are summarised in Table 5.

Table 5: Enablers and Inhibitors of Programme Effectiveness

<table>
<tr><th colspan="2">Enablers of Programme Effectiveness</th></tr>
<tr><th>Internal Factors</th><th>External Factors</th></tr>
<tr><td>1. A Clear and Focused Strategic Plan: Both Strategic Plan 2018-2021 and its predecessor, including the UNSDF provide clear guidance for programming, including a timeless Strategic Goal and clear Outcomes</td><td rowspan="2">1. The supply and demand environment: UNFPA is the go-to UN agency on SRHR, and HIV, offering the right technical expertise on policy and programming to advance SRHR in Botswana.</td></tr>
<tr><td>2. “Understanding who we are and using that as a strength”: Adequate understanding of UNFPA’s organisational and technical strengths and maximising on these</td></tr>
<tr><td>3. Effective advocacy: The Country Office aggressively made use of all platforms it accessed to ensure that its outcomes were prioritised and funded. It engaged the government at the senior political and administrative levels. It successfully advocated for the funding of SRHR priorities through the Global Fund</td><td rowspan="2">2. Strong Government ownership of the programme: The Country Programme enjoys unequivocal commitment from the government at both the political, executive management and technical levels of the government.</td></tr>
<tr><td>4. Technical capacity: The combination of strong technical skills within the small team in the Country Office and technical backstopping from the regional support team made it possible for the country office to make impactful technical interventions at all stages in the programme cycle.</td></tr>
<tr><td>5. Headquarters knowledge resources, tools and guidance notes: The combination of a clear corporate mandate and strategic plan, Policy/Issue Specific Guidance Notes and tools facilitated good programme design and enabled effective implementation and competent engagement with stakeholders, with clear benefits in terms of attainment of results.</td><td rowspan="2">3. Confidence in the Country Office: The BCO has a good relationship with the GoB at the political, executive administrative leadership and operational levels. The relationship is borne of the trust and confidence the BCO has earned from the GoB through successful delivery in the area of SRH, GBV, population and development, and the ICPD agenda more generally</td></tr>
<tr><td>6. Credibility of UNFPA with critical partners: Precisely because of its proven technical competence and programming record on SRH, GBV, women’s empowerment and population and development issues, UNFPA inspired confidence amongst implementing partners and beneficiaries alike.</td></tr>
<tr><td></td><td>4. Strong collaboration amongst partners: Key institutions in government (MFED, MOHW and Statistics Botswana) and civil society partners have collaborated well to implement programme activities. The collaboration from civil society was all the more remarkable because the collaboration is no longer based on funding.</td></tr>
<tr><td></td><td>5. Political will: SRH issues, especially with regard to adolescents, are a priority for the political leadership, which makes for smooth engagement and programming.</td></tr>
<tr><th colspan="2">Inhibitors of Programme Effectiveness</th></tr>
<tr><th>Internal</th><th>External</th></tr>
</table>

1. *Understaffing in the Country Office*: The programme workload, including technical backstopping and administrative support for implementing partners, requires significantly more capacity that can be availed by the existing complement of programme staff and the backstopping from the regional office.	1. *Capacity Challenges*: Implementing partners, including government departments, do not always have the requisite technical skills and knowledge.
2. *Limited Funding*: While the Country Office has adjusted its programme strategy well to the reality of limited resources at its disposal, part of that reality is that critical NGO partners have been adversely affected by the cessation of UNFPA funding in a context of generally declining funding for civil society thus stretching the limited CO resources t . Limited funding means that the country office has to stretch its	2. *Cultural Prejudices*: The changes required in the areas of SRH (especially ASRH and HIV), GBV and women's empowerment, often require tearing down deep-seated cultural barriers to change.
3. Operational efficiency: Challenges with operational efficiency including issues of work plan management and delays in disbursement of funds posed a threat to effective implementation of programme activities.	*3. Data Deficiencies:* Botswana does not have adequate capacity to monitor implementation of the SDGs evidenced through a lack of baseline estimates or key SRHR indicators. Where data exists, this is outdated and/or not adequately disaggregated.
	4. *Inadequate Investment in critical services*: Investment in critical areas remains a challenge. This includes investment in logistics management, human resource capacity for ASRH, and ASRH commodities.

CHAPTER 5: CONCLUSIONS, LESSONS LEARNT AND RECOMMENDATIONS

5.1 Conclusion

The GOB/UNFPA 6th CP is fully aligned to the UNFPA SP 2018 -2021, the NDP 11 and the UNSDF. The programme is directly aligned to two of the four UNFPA SP 2018 - 2021 with these UNFPA SP outcomes used as the outcome statements for the GOB/UNFPA 6th CP. In relation to the NDP 11, the current country programme contributes to three NDP 11 priority areas of social development, consolidation of good governance and national security and implementation of an effective monitoring and evaluation system. The simultaneous development of the current country programme and the UNSDF allowed for direct alignment of the two frameworks which also share the same validity period of 2017 - 2021. Therefore, the GOB/UNFPA 6th CP contributed directly to all outcomes of the UNSDF. This alignment across the development frameworks has facilitated joint programming efforts within the delivering-as-one modality consistent with the One UN reform. Additionally, this programme clearly enjoys support and ownership nationally which emanates for the consultative and inclusive approach across the entire stages of the programme design phase. This commitment is further demonstrated by the incorporation and national scale up of programme interventions and strategies into national programmes. This also attests further to the issue of sustainability of results achieved and continuity of programme interventions outside the context of UNFPA.

In terms of effectiveness, it is evident that significant progress has been made towards realising the intended results of the GOB/UNFPA 6th CP as outlined in the results and resources framework. Since this assessment was conducted a year ahead of the end of the country programme, in some instances, it is also evident that the CO is on-track to realise the intended results by the end of 2021. Multiple factors have been highlighted as drivers of success in realization of intended results and these include among others recognition of UNFPA's value addition and maximising on this, strong technical capacity of the team coupled with regional office technical backstopping arrangements, and UNFPA's credibility with partners. Notwithstanding this, barriers to programme implementation have also been identified and these include data deficiencies, limited implementing parner capacities including government partners, and understaffing of the CO.

5.2 Lessons learned

A number of lessons can be drawn from experience with programme implementation. Key amongst those are:

a) *Shifting from provision of services to catalytic investment, engagement at the regulatory level (policies, laws and standards), and integration of interventions into national programmes has enhanced the impact of UNFPA*: Engagement at these levels helps improve the ecosystem for service provision and to crowd-in investment from partners who have the capacity, especially the government

b) *SRH information and services are still inaccessible to significant populations, especially adolescents and young people*: The health system is not strengthened to fully respond to the needs of adolescents and young people. In addition many adolescents, particularly those residing in rural areas have limited access to CSE and equitable comprehensive package of services, including access to a wide range of contraceptives. Entrenched negative gender norms continue to prevail in most communities therefore impeding the majority of young people from freely exercising their SRHRs.

c) *Effective advocacy yields results:* A key factor in the success of the 6th Country Programme has been advocacy for the UNFPA mandate at critical fora and with strategically positioned individuals. Aggressive and informed lobbying at the right fora enabled UNFPA to secure Global Fund resources to support government scaling up of investment in ASRH.

d) *Botswana as an upper MIC:* Limited investment in SRH, limited competence to deliver quality programmes; low absorptive capacities; persistent negative SRH indicators for a uMIC due to high inequalities (equity in accessing SRH services)

e) *Capacity Development for duty bearers and rights holders is still a priority*: There are significant capacity gaps in relation to system delivery capacity for SRH and GBV services. They span areas such as procurement and logistics, skills, data and M&E.

f) *Effective engagement of stakeholders, especially young people in the development of interventions is critical:* Young people want to be engaged in the development of solutions to their SRH and other needs. Stakeholder engagement is generally essential to the design of relevant and effective interventions.

5.3 Recommendations

Recommendation 1: The focus of GOB/UNFPA's successor country programme should remain on the three areas of:

a) Empowering all adolescents, to competently exercise SRHR rights through a combination of interventions that build young people's capacities to exercise their SRH rights and those that ensure the availability and accessibility of adequate supplies of a wide range of quality youth friendly SRH services and commodities;

b) Ensuring universal access to, and utilisation of, integrated sexual reproductive health services, for women, adolescents and youths, and:

c) Eliminating gender-based violence and empowering women to ensure gender equality.

Recommendation 2: Given its limited resources, and the positive experience during the implementation of the 6th Country Programme, UNFPA should continue to engage at the level of upstream regulation (strategy, policy and legislative reforms, and standards), capacity building for

both rights holders and duty bearers, and advocacy. Experience shows that interventions at this level give value for each dollar of UNFPA investment. Furthermore, upstream engagement is an appropriate strategy for the difficult funding environment of an upper middle-income country.

Recommendation 3: UNFPA should expand its own capacity to support programme implementation: Feedback from stakeholders and the country office is unambiguously clear that 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. Consideration should be given to availing resources to hire at least two (2) programme associates to support programme implementation

Recommendation 4: UNFPA should prioritise investment towards helping Botswana transition from the current procurement and logistics management system to an intelligent computerised system that efficiently accounts for commodities throughout the value chain, i.e., from Central Medical Stores to health facilities, to end users.

Recommendation 5: To maximise the benefit of investment in capacity, especially critical SRH skills, UNFPA should invest resources in improving governance. This includes ensuring that the government departments are assisted to put in place mechanism for ensuring accountability on key commitments, e.g., service standards, strategies for cascading skills beyond the initial trainee cohorts are in place, graduates are supported and used effectively in the workplace and are not transferred without regard for impact on service delivery capacity, and adequate systems of accountability for results are in place.

Recommendation 6: UNFPA should invest in developing the data capabilities of the MOHW to improve the availability of quality up-to-date and disaggregated data for monitoring and evaluating progress against outcomes, and planning and decision making.