

Format for the Country Programme Performance Summary

A. Country Information		
Country name: Botswana		
Category per decision 2013/31: Yellow	Current programme period: 2017 - 2021	Cycle of assistance: 6th

B. Country Programme Outputs Achievement <i>(please complete for all your CP outputs)</i>
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Output 1: Improved policy standards for delivery of integrated, gender-sensitive and non-discriminatory sexual and reproductive health services at national scale

Indicators	Baseline	Target	End-line data
Percentage of health facilities providing integrated youth friendly health services that are aligned to national standards	0	75	25
Percentage of health facilities providing integrated gender sensitive and non-discriminatory SRH/HIV and STIs services	0	80	Not established
Number of sexual reproductive health and HIV guidelines and protocols that integrate gender based violence	0	4	6

Key Achievements *(input also from the last CP evaluation)*

- a) Scaled up provision of integrated SRH/HIV service from three pilot districts to 13 districts(321 facilities)
- b) Supported development and implementation of frameworks including the following: a) Third National Strategic Framework for HIV/AIDS (NSF III) (2019-2023) that prioritizes adolescent girls and young women, and key populations b), finalization of the RMNCAH strategy and associated M&E Framework; c)Comprehensive Condom Programming strategy & Costed Implementation Plan (2021 - 2023)
- c) 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
- d) Strengthened monitoring of integrated SRHR/HIV and SGBV through domesticating the SADC/SRHR score card and aligning the national RMNCAH strategy to it.
- e) Leveraged a total of US\$10,244,838 from the Global fund to scale-up integrated SRH/HIV services to 13 districts,
- f) Mobilized support towards accelerated implementation of the unfinished business ICPD leading to Nairobi summit 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.

Output 2: Improved policy guidelines and service standards for provision of quality family planning services, including demand for and supply of modern contraceptive

Indicators	Baseline	Target	End-line data
Functional logistics management information systems for forecasting and monitoring reproductive health commodities with tracking and tracing capabilities	No	Yes	No

Key Achievements *(input also from the last CP evaluation)*

- a) Through sustained advocacy efforts towards the urgent need to prioritize family planning, UNFPA supported the development of the first National Family planning strategy 2020 - 2025 and the National Comprehensive Condom Programming (CCP) and the Costed Implementation Plan 2021 - 2024.
- b) Provided technical support for the design and introduction of the first branded and flavoured public sector male condoms

- c) Expanded contraceptive method mix by introducing Long Acting Reversible Contraceptives (Jadelle implants). Over 50 health workers were trained on insertion and removal of the implants
- d) Strengthened management through supporting Total Market Approach (TMA) to family planning and Condom market research studies
- e) Resuscitated evidence based condom campaigns through the Condomise campaigns and supported availability of quality condoms across the country.

Output 3: Strengthened policy guidelines and protocols for development and implementation of evidence based and comprehensive maternal health services

Indicators	Baseline	Target	End-line data
National costed action plan using standard costing tool (OneHealth tool)	0	1	1
Ecosystem that can generate disaggregated data in place	0	1	0

Key Achievements (*input also from the last CP evaluation*)

- a) Provided technical support to high burden maternal mortality districts to design and implement strategies to reduce maternal mortality. In collaboration with WHO, supported national Maternal mortality Summits to track district actions to reduce maternal mortality.
- b) Amplified lessons learned in maternal mortality reduction through documenting and disseminating the promising practices for reducing maternal deaths in Ngami District.
- c) Strengthened coordination towards implementation of the 2021 Population and Housing Census (PHC) achieved through technical and financial support to develop the 2021 PHC Project Document
- d) 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.
- e) Provided technical assistance for baseline assessment of domesticated SDGs. This assessment brought into sharp focus the data gaps and therefore serves to inform prioritization of data collection efforts

Output 4: Improved policy and programming for adolescents and young people's rights to access SRH information and service

Indicators	Baseline	Target	End-line data
Number of policies, guidelines and protocols mainstreaming ASRH	0	4	6
Existence of functional participatory platforms that advocate for increased investments for most at risk adolescents	No	Yes	Yes
Disaggregated information on most-at-risk adolescents available	No	Yes	Yes

- a) Successfully advocated for the protection of the SRHR of sexually active adolescents in the 2019 amendment of the Penal Code. The amended penal code includes the protective clauses (Romeo and Juliet clauses for sexually active adolescents. These efforts opened up national conversations on sexuality issues that are often not openly discussed in communities.
- b) Improved policy environment for adolescents and young people through technical support for the development of the Adolescent Health Operational plan and National Youth Friendly Health service standards aligned to global standards.
- c) Trained 210 primary and secondary school teachers to provide CSE as part of implementing the East & Southern Africa (ESA) Commitment on the implementation of CSE and provision of quality SRH services for adolescents and young people.
- d) In partnership with the Office of the First Lady created an annual Girls summit as a platform for adolescent girls to freely dialogue on SRHR issues. Over 300 adolescent girls participated in the summits

Output 5: 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

Indicators	Baseline	Target	End-line data
Existence of national CSE curriculum for out of school	No	Yes	Yes
Existence of national primary school CSE curriculum	No	Yes	No
Policy analysis framework to harness the demographic dividend in place	No	Yes	Yes

Key Achievements (*input also from the last CP evaluation*)

- 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.
- Finalized and disseminated the 2018 demographic dividend study which serves a key advocacy piece for mainstreaming the demographic dividend in national development and sectoral plans, and accountability mechanisms.

C. National Progress on Strategic Plan Outcomes ¹	Start value	Year	End value	Year	Comments
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					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	N/A	N/A	N/A	N/A	Data not available
Contraceptive prevalence rate (total)	53	2007	*67.4%	2017	*the CPR is for women of reproductive age who are married
Proportion of demand for contraception satisfied (total)			82%	2019	
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	N/A	N/A	N/A	N/A	Data not available
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	99.5%	2014	99.8%	2019	
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence			4	2019	RMNCAH strategy and associated M&E Framework; Comprehensive Condom Programming strategy & Costed Implementation Plan (2021 - 2023), National Family Planning Strategy National YFHS standards

¹ The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	81.9%	2013	N/A	N/A	Botswana AIDS impact survey is ongoing
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	N/A	N/A	N/A	N/A	Information not available

Summary of National Progress

Botswana is one of the countries across the world that experienced declines in new HIV infectionsthe adult population 15 years and above experienced 32% declines. However, while new HIV infections have declined, infections remain persistently high among adolescent girls and young women (AGYW), accounting for a quarter of all new infections. Profiling of HIV incidence among AGYW indicated shifting patterns for both AGYW and adolescent boys, from 16 districts with highest incidence (1.00 - 1.83) reducing to 6 districts. While new HIV infections have declined for both genders, HIV incidence among females is considerably high, ranging between 1.5 – 1.64 compared to 0.6 – 0.666 for males in six districts (Central Tutume, Northeast, Francistown, Central Bobonong, Central Serowe, and Central Mahalapye). However, new infections among adolescent girls and young women reduced by only 40% compared to the global target of 75% by 2020

There is a general decline in the maternal mortality ratio (MMR) over a five-year period (2014-2018) characterised by peaks and troughs. At 133 deaths per 100,000 live births, the MMR is almost twice the upper middle income country average and SDG target of 70 deaths per live births. This is despite the sustained high rates of skilled birth attendance. The Contraceptive Prevalence Rate (CPR) is estimated at 53% of women of reproductive age (2007), and 67.4% for married women of reproductive age. Contraceptive use is predominantly through short term modern methods of family planning, with the male condom the most widely. Data are not available on the proportion of service delivery points in the country that have had no stock outs of contraceptives in the last six months. However, anecdotal evidence from 2020 reveals frequent stock outs of contraceptives including male condom, oral contraceptives, and injectables at the Central medical Stores, the national distributor of medicines, drugs, medical supplies and commodities, possibly resulting in a negative impact on the proportion of women whose need for family planning is satisfied by modern methods. Botswana's Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy 2018 - 2022 translates existing national policies including the Health Policy, Integrated Health Services Plan and Vision 2036 into implementable priority actions to enhance maternal, newborn and child health outcomes. The strategy also enables a focus health issues that impact on the quality of life of men and women, newborns, children and adolescents wellbeing including gender based violence (GBV), non-communicable diseases (NCDs), reproductive organ cancers, sexually transmitted infections (STIs) and malnutrition.

UNFPA's Contributions *Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.*

UNFPA advocated and provided technical support for 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, ensuring that sexual, reproductive, maternal, newborn, child and adolescent health remained a high priority for the government of Botswana. Following the successful implementation of the integration of SRH/HIV/SGBV pilot in three health districts, UNFPA supported the scale up of the four integration models to 13 districts. UNFPA leveraged US\$10,244,838 from the Global Fund as well as resources from MOHW 2019/20 budget for the scale up of integrated services, 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. A positive unintended result of the Strategic Assessment was to catalyze dialogue among stakeholders around these sensitive SRHR issues. UNFPA supported the first ever national FP strategy and 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. As part of PreMDESA, UNFPA in collaboration with DFID, supported 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 & IUDs. The commodities were estimated to avert 36 maternal deaths, 45 635 unintended pregnancies and 10 040 unsafe abortions.

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

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual	54.8%(M) 52.9%(F)	2013	N/A	N/A	
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transmission of HIV and who reject major misconceptions about HIV transmission (female/male)					
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?					Yes, Sexual and Reproductive Health Policy Guidelines and Service Standards, 2008
<p>Summary of National Progress</p> <p>Early and unintended pregnancy (EUP) remains a public health concern in Botswana. Adolescent Fertility Rate is estimated at 39 births per 1,000 girls. This indicates a substantive gap in access to information and services to assist adolescents and young people to have the knowledge, skills and services to protect their sexual and reproductive health. Drop out of school due to pregnancies is high, with some schools losing up to 30 girls a year due to pregnancy. Many do not return to school following childbirth due to a weak policy environment. Knowledge and use of contraceptives among adolescents is low with less than half (45 per cent) of girls aged 15-19 years who know at least three methods of contraception, while 25% of sexually experienced adolescents have never used contraceptives.</p> <p>UNFPA's Contributions</p> <p>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 include 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. With inadequate 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.</p>					

D. Country Programme Resources						
SP Outcome	Regular Resource		Others		Total	
Choose only those relevant to your CP	(Planned and Final Expenditure)		(Planned and Final Expenditure)		(Planned and Final Expenditure)	
Increased availability and use of integrated sexual and reproductive health services					1,808,235	1,303,500
Youth policies and programmes, and increased availability of comprehensive sexuality education					2,777,754	2,235,776
Programme coordination and assistance					375,385	307,584
Total					4,961,374	3,846,860