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United Nations Population Fund

Country programme document for Botswana

Proposed indicative UNFPA assistance:	$5.9 million: $3.9 million from regular resources and $2.0 million through co-financing modalities or other resources
Programme period:	5 years (2027-2031)
Cycle of assistance:	Eighth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2027-2031

Note: The present document was processed in its entirety by UNFPA

I. Programme rationale

1. Botswana, a landlocked country in Southern Africa, bordered by South Africa, Namibia, Zambia and Zimbabwe, is at a critical juncture in its development. With a population of 2.36 million (2022)[1] and a moderate growth rate of 1.6 per cent, Botswana has historically been a regional model of political stability and resource management. However, the country now faces a "polycrisis" characterized by economic volatility from reliance on diamond mining, persistent socioeconomic inequalities, and rising climate vulnerabilities.

2. Botswana is pursuing Vision 2036 to transition to a high-income status, yet this goal is constrained by an estimated Gini coefficient of 53.3 (2024),[2] among the highest globally. While poverty has declined modestly (from 16.1 per cent in 2015/16 to 13.9 per cent in 2024),[3] deep inequalities, particularly in rural areas, persist. Female-headed households are especially vulnerable, highlighting the ongoing gender inequities. Structural challenges, including youth marginalization, entrenched poverty, rural-urban divides and gender disparities, limit opportunities in education, health and social protection. The Government has launched the Botswana Economic Transformation Programme under twelfth National Development Plan and Vision 2036 to promote economic diversification, sustainable prosperity and inclusive development.

3. Botswana has a significant window to harness a demographic dividend until around 2050. Over 62 per cent of the population is under the age of 35, with 32 per cent under age 15 and 30 per cent aged 15-34 years. Fertility has dropped (from 5.2 in 1991 to 2.7 in 2022),[4] offering potential for growth. Yet high youth unemployment (38 per cent, rising to 41.3 per cent for youth not in employment, education or training)[5] risks turning the dividend into a demographic burden. Youth remain economically dependent until an average age of 32. Early signs of population ageing, with those over 65 years projected to rise from 4 per cent to 6 per cent by 2030,[6] present a second demographic dividend opportunity but also a looming elder health crisis, driven by non-communicable diseases, threatening to divert resources from sexual and reproductive health and rights (SRHR) and youth investments unless preventative care is prioritized.

4. Despite a robust primary health care infrastructure, with 95 per cent of the population living within 8 kilometres of a health facility,[7] high per-capita health spending (nearly $490 in 2023)[8] and 99 per cent of institutional deliveries, progress in SRHR remains uneven and has plateaued in key areas.[9] The maternal mortality ratio remains unacceptably high, at 176.7 per 100,000 live births (2023),[10] significantly higher the Sustainable Development Goal (SDG) target of 70 per 100,000 live births. This figure has fluctuated significantly in the past two decades, peaking in 2011 (188), declining sharply to a low in 2017 (166) and rising again to 185.5 in 2021. This volatility points to systemic issues hindering progress towards zero preventable maternal deaths by 2030. Although skilled birth attendance is high, maternal mortality is largely driven by gaps in the quality of care, particularly for emergency obstetric services, septic abortion management and hypertensive disorders, as well as geographical disparities, where urban centres endure most of the mortality (73.5 per cent) due to cases originating from rural villages that face critical shortages of skilled personnel and delayed emergency transport. These challenges are compounded by broader health system performance gaps, reflected in a universal health coverage index of 55 (2023),[11] well below global and upper-middle-income benchmarks, reinforcing the urgency of the ongoing reforms, including on national health insurance, to improve equity, quality and financial protection. Achieving the SDG target will require an average annual maternal mortality reduction of 9.95 per cent, alongside sustained investment in high-quality maternal health services. Furthermore, persons with disabilities face acute, intersecting inequalities.

5. The national disability prevalence stands at 2.7 per cent, with higher rates among females (3.0 per cent) than males (2.3 per cent).[12] People with disabilities are often prevented from participating fully in society due to economic and social barriers despite the Government's efforts to address their needs. They continue to face discrimination and

[1] Statistics Botswana. (2022): 2022 Population and Housing Census Report. Government of Botswana.
[2] World Bank (WDI/macropoverty diagnostics): https://wdi.worldbank.org/
[3] Statistics Botswana (2024): Advancing Botswana Poverty Estimates. Government of Botswana
[4] Statistics Botswana (2022): 2022 Population and Housing Census Report. Government of Botswana.
[5] Statistics Botswana (2023): Quarterly Multi-Topic Survey: Labour Force Module Reports (2019–2024). Government of Botswana.
[6] Statistics Botswana (2022): 2022 Population and Housing Census Report. Government of Botswana.
[7] Statistics Botswana (2023): Botswana Maternal Mortality Ratio Report.
[8] Ministry of Health (2023): Botswana 2018/2019 and 2019/2020 Health Accounts Report. Gaborone, Botswana.
[9] Statistics Botswana (2023): Botswana Maternal Mortality Ratio Report. Government of Botswana.
[10] Statistics Botswana (2023): Botswana Maternal Mortality Ratio Report. Government of Botswana.
[11] Universal Health Coverage Dataset, World Health Organization (WHO) [WHO], uri: who.int/data/gho/data/indicators /indicator -details /GHO/uhc-index-of-service-coverage
[12] Statistics Botswana. (2022): 2022 Population and Housing Census Report. Government of Botswana.

exclusion as a result of social, physical and legislative barriers. Notably, women and girls with disabilities are up to two to three times more vulnerable to gender-based violence (GBV) than their male peers, compounding their risks for unintended pregnancies and HIV.[13] Despite progressive policies, the physical inaccessibility of health facilities and limited provider capacity in sign language and disability-friendly care remain critical barriers to SRHR access.

6. While Botswana's contraceptive prevalence rate is high, persistent unintended pregnancies highlight inequities and a skewed method mix (over 70 per cent reliance on condoms). Unmet need remains at 17.3 per cent (2020),[14] disproportionately affecting adolescents, young women and poorer populations. Adolescent fertility is a concern, with a birth rate of 51.8 per 1,000 for girls aged 15-19 years and 44 per cent of all pregnancies unintended.[15] Challenges include contraceptive stock-outs, limited access to long-acting reversible contraception, conditional abortion policies, geographic inequities and socio-cultural norms. Despite achieving the global 95-95-95 targets in 2025, HIV incidence remains high among adolescent girls and young women due to gender and power imbalances.

7. Gender inequality remains a systemic constraint to inclusive development in Botswana, with GBV representing one of its most severe manifestations. Over 37 per cent of women report experiencing violence in their lifetime, and 15 per cent of pregnant women report GBV, with adolescent girls, young women and women with disabilities facing elevated risks.[16] Rising rates of femicide and sexual violence reflect deeply rooted patriarchal norms, substance abuse, and women's economic dependence. Although women outperform men in tertiary education, they remain excluded from economic and political power, occupying only 8.7 per cent of parliamentary seats (2025)[17] and are underrepresented in the labour market, highlighting the failure of educational gains to translate into empowerment. Programming effectiveness is undermined by the absence of current national GBV data, continued reliance on the 2018 National Relationship Study, and widespread underreporting, leading to civil society calling for a declaration of GBV as a national emergency.

8. While below the regional average, child marriage persists in this upper-middle-income context. The 2022 Population Census indicates that 9.7 per cent of women aged 20-24 years were married before age 15 and 12.5 per cent before age 18. These challenges are compounded by Botswana's dual legal system, where customary and religious practices can undermine consistent application of statutory protections, alongside underreporting, the declining women's political representation and inadequate access to SRHR and justice.

9. Climate change acts as a threat multiplier. Droughts, rising temperatures and water scarcity disproportionately affect women and girls, with direct implications for SRHR. Water insecurity undermines adherence to antiretroviral therapy and compromises maternal health, while climate variability increases risks of stillbirth and preterm delivery among women living with HIV. Climate-induced migration to informal urban settlements increases exposure to GBV and strains urban SRHR services. Implementation of the 2024 Nationally Determined Contributions, integrating health and SRHR adaptation, is limited by weak climate-resilient health infrastructure and data gaps. Addressing these intersecting risks requires a resilience-focused, humanitarian-development continuum approach embedding SRHR, GBV prevention, clean water access and food security within climate adaptation and urban planning, specifically by addressing the resulting vulnerabilities in informal urban and peri-urban settlements.

10. A data-driven system is critical for maximizing impact and accountability in addressing Botswana's development priorities. While investments in routine data collection, analysis and dissemination have strengthened evidence-based policymaking, persistent gaps limit their full utility. Key challenges include delays in population data generation, insufficiently disaggregated analysis, limited use of geo-referenced information and underutilization of population data for decision-making. Addressing these gaps requires strategic adoption of innovative technologies, such as mobile data tools, artificial intelligence, real-time dashboards, big data analytics and the geographic information system (GIS), which can improve the timeliness, granularity and accessibility of data. Importantly, leveraging these solutions can expand equitable access to SRHR services for underserved populations in remote or vulnerable areas through virtual outreach, tele-health and targeted service delivery.

11. Based on the evidence from the evaluation of the previous country programme, several strategic and programmatic priorities emerge to inform the new country programme. At the strategic level, the findings highlight that while the previous programme was well-aligned with national priorities and strengthened policy frameworks, sustainability was undermined by the heavy donor dependence, inadequate domestic financing, weak inter-ministerial

[13] Ministry of Nationality, Immigration and Gender Affairs (2018): Botswana National Relationship Study Report. Gaborone, Botswana
[14] United Nations Population Fund (UNFPA) (2020): Investment Case Towards Ending Unmet Need for Family Planning. Gaborone, Botswana.
[15] Statistics Botswana/UNFPA (2025): Youth Health and Well-Being in Botswana, An Analytical Report Based on the 2022 Census and Supplementary Data Sources. Gaborone, Botswana
[16] Ministry of Nationality, Immigration and Gender Affairs (2018): Botswana National Relationship Study Report. Gaborone, Botswana.
[17] Statistics Botswana/UN-Women (2025): Botswana Gender Monograph - Insights Report. UN-Women East and Southern Africa Regional Office.

coordination and limited outcome-level monitoring. Accordingly, the key recommendations are: (a) strengthen decentralization and domestic resource mobilization to reduce donor reliance and ensure equitable access to SRHR and GBV services; (b) leverage the convening role of UNFPA to foster intersectoral and inter-ministerial collaboration across the health, education, gender and social protection sectors; (c) invest in dedicated monitoring and evaluation, and knowledge management personnel to enhance data quality, track transformative results and support adaptive programming; and (d) support broader health and social systems strengthening, including for primary healthcare and digital health, to deliver integrated, people-centred services resilient to shocks.

12. Botswana's transition to upper-middle-income status has reduced external and donor funding, which could increase new HIV infections over time. This underscores the urgency to shift toward sustainable domestic and innovative financing mechanisms to safeguard essential health services and prevent a catastrophic reversal of the country's development gains.

13. As underscored by the Common Country Analysis, Botswana is at a structural inflection point where its historical diamond-led development model has reached its limits, resulting in weak employment-intensive or 'jobless' growth. The analysis identified a reinforcing 'employment-poverty-inequality-human capital' link, demonstrating that despite the country's upper-middle-income status, persistent structural barriers severely constrain human development. Furthermore, it highlighted that female-headed households and rural communities bear a disproportionate burden of this poverty. Confronting these systemic bottlenecks, alongside the tightening fiscal space and climate-induced vulnerabilities, forms the foundational rationale of the country programme in shifting towards accelerating human capital investments, upstream policy reform and systemic resilience. The risk of jobless growth, evidenced by a 38 per cent youth unemployment rate, necessitates that the policy advocacy focuses on transitioning the economy toward labour-intensive sectors capable of absorbing the youth bulge to fully realize the demographic dividend.

II. Programme priorities and partnerships

14. The design of the new country programme was informed by a robust multi-stakeholder strategic visioning and foresight exercise utilizing the "Three Horizons" framework. This process evaluated plausible future scenarios for Botswana, ranging from stalled economic transition to an optimized demographic dividend. The visioning exercise revealed that achieving the Vision 2036 aspiration of a high-income, inclusive society requires an urgent transition from a resource-dependent, business-as-usual model to scaling innovative, diversified, and sustainable solutions. Consequently, this programme shifts away from direct service delivery towards upstream policy advocacy, systems strengthening, and harnessing 'weak signals' of disruption to future-proof Botswana's human capital and demographic dividend

15. The programme is fully aligned with the twelfth National Development Plan, the Botswana Economic Transformative Programme, Vision 2036 and within the context of the Decade of Action, SDGs 3, 5, 10, 16 and 17. It aims to accelerate human capital development to realize Botswana's demographic dividend. The programme is anchored in the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2027-2031 and contributes directly to the two UNSDCF Outcomes: (a) By 2031, Botswana has achieved inclusive, sustainable and resilient economic diversification and growth; and (b) By 2031, Botswana's institutions demonstrate improved capacity and accountability, evidenced by enhanced public sector performance, transparency, and effective implementation of plans and policies.

16. The programme addresses structural inequalities and critical challenges, including high adolescent pregnancy, high maternal mortality, elevated youth HIV prevalence and pervasive gender-based violence, which disproportionately affect adolescents, youth and persons with disabilities, particularly in underserved rural and peri-urban areas. Guided by the 'leave no one behind' principle and a human rights-based approach, it deliberately prioritizes those furthest left behind, tailoring interventions for indigenous communities, persons with disabilities and key populations in hard-to-reach districts, such as the Okavango, Kgalagadi and Kweneng districts, ensuring their active participation in rights-based service design and delivery. Building on Botswana's progressive policies and commitment to universal health coverage and utilizing its expertise in SRHR, GBV prevention and population data, the country programme leverages this foundation to advance the ICPD25 commitments and the renewed ICPD30 commitments.

17. The programme's strategic focus is to "future-proof" Botswana's demographic dividend by ensuring that all women, adolescents and youth, particularly those furthest left behind, can fully realize their sexual and reproductive health and rights within safe, inclusive and climate-resilient environments. Adopting an interconnected systems approach, rooted in the technical expertise, thought leadership and convening power of UNFPA, the programme addresses structural barriers through rights-based, gender-transformative and foresight-driven policy and institutional reform. To ensure a sharper prioritization and maximum impact, the programme will focus on a limited set of high-

impact, scalable and innovative interventions within each output, moving from isolated service delivery to systemic resilience.

18. Geographically, the programme has two dimensions: (a) at the national level, it will drive policy dialogue, evidence-informed advocacy and social accountability to influence legislation and resource allocation; (b) at the local level, it will prioritize vulnerable underserved rural and peri-urban populations by strengthening sustainable financing and high-quality, decentralized service delivery. The programme will also maximize Botswana's strategic location and role as host of the Southern African Development Community (SADC) Secretariat, which further positions UNFPA to contribute to knowledge exchange and South-South cooperation.

19. Strategic partnerships will be forged with national institutions, including the Ministry of Health, the Ministry of Finance, the Ministry of Basic Education and the Ministry of Youth and Gender Affairs, as well as civil society organizations, parliamentary portfolio committees, youth-led and women-led networks, and private sector actors engaged in social transformation, to strengthen oversight and accountability for SRHR, GBV and population policies. To accelerate the shift from funding to 'funding and financing', UNFPA will expand strategic partnerships with international financial institutions, multilateral development banks and the private sector to attract private capital (including through public-private partnerships or blended finance). By articulating a robust investment case for the demographic dividend and leveraging instruments aligned with the Botswana Sustainable Financing Strategy, the programme will mobilize catalytic resources to bridge domestic financing gaps. Strategic advocacy will be enabled through partnerships with Statistics Botswana, the National Planning Commission, the Office of the President, the Office of the First Lady, United Nations agencies and other development partners, regional bodies, independent institutions, academic institutions and social media influencers to amplify rights-based advocacy and knowledge dissemination.

20. UNFPA will collaborate with United Nations entities, including the World Health Organization (WHO) on health financing and SRH, UNICEF on youth empowerment, UNDP on climate resilience to deliver "delivering as one" results and UNAIDS on the prevention of HIV, especially among adolescents and young people. The comparative advantage of UNFPA lies in its targeted technical expertise, thought leadership and strong convening power across its core thematic areas of SRHR, gender equality, youth empowerment and population dynamics. Within the United Nations country team (UNCT), UNFPA provides critical strategic leadership by chairing the Gender Equality and GBV Results Group and co-chairing the Youth Thematic Group, ensuring synergies with other United Nations agencies (WHO, UNAIDS, UNESCO and UNICEF). Furthermore, the agency is recognized by its United Nations peers for its unique strength in demographic data collection and analysis, which enables evidence-based planning that benefits the broader United Nations development system. Its trusted standing with various sectors, including traditional leaders and parliamentarians, represents a comparative advantage that has proven to be instrumental for the UNCT in facilitating inter-ministerial coordination, particularly on gender equality issues.

A. Output 1. By 2031, strengthened national capacity for universal reproductive health and rights, ensuring equitable access to high-quality integrated youth-centred, disability-accessible SRHR and GBV services

21. This output contributes directly to UNSDCF Outcome 1 and aligns with UNFPA Strategic Plan Outcomes 1 and 2 (accelerating the reduction of preventable maternal deaths and unmet need for family planning) and Strategic Plan Outputs 2, 3, 5 and 6. It explicitly supports the 2030 Agenda for Sustainable Development by driving progress on SDG targets 3.1 (maternal mortality) and 3.7 (universal access to SRH and family planning). To directly address the systemic bottlenecks of the stagnating maternal mortality, rising youth HIV incidence and the tightening fiscal space (exacerbated by the upper-middle-income country donor transition), this output will transition from direct service delivery toward upstream policy advocacy and systems strengthening. It will focus on "future-proofing" the health system against climate-induced shocks, optimizing supply chains and securing sustainable domestic financing. These shifts toward upstream support will ensure the delivery of equitable, youth-centred and high-quality integrated SRHR services for those furthest left behind. The programme will also focus on fostering the sustainability of the comprehensive sexuality education initiative for in-school and out-of-school youth to enhance their knowledge to make informed decisions about their health and relationships.

22. To achieve this output, the programme will implement the following interlinked high-impact interventions: (a) sustainable health financing and universal health coverage integration – accelerate the shift from external donor funding to sustainable domestic financing by embedding comprehensive, youth-centred HIV and SRHR services into the emerging national health insurance scheme and aligning with the Botswana Sustainable Financing Strategy; (b) supply chain optimization and private sector engagement – shift from routine procurement support to optimizing end-to-end supply chain performance. This includes supporting the Government in formalizing a multisectoral SRHR

commodity security steering committee with private-sector actors to permanently mitigate chronic contraceptive stock-outs and expand access to long-acting reversible contraception; (c) climate-resilient health systems and quality of care – future-proof the health system by institutionalizing the Minimum Initial Service Package for SRHR into district disaster management frameworks, while concurrently advancing the midwifery scope of practice (focused on emergency obstetric care) to reduce preventable maternal deaths.

B. Output 2. By 2031, strengthened national and institutional capacities to accelerate the reduction in gender-based violence and harmful norms and advance gender equality

23. Output 2 contributes directly to UNSDCF Outcome 2 and aligns with UNFPA Strategic Plan Outcome 3 (accelerating the reduction of GBV and harmful practices). This output explicitly supports the 2030 Agenda by advancing SDG targets 5.2, 5.3 and 5.c. Responding to the pervasive crisis of gender-based violence, harmful practices such as child marriage and the structural barriers entrenched within Botswana's dual legal system, this output focuses on upstream legal reform and transformative social and behaviour change. The country programme will move beyond downstream response to foster an enabling, protective environment. By supporting traditional justice systems and advocating for a robust, domestically funded national gender and GBV accountability framework, the programme will help to dismantle patriarchal norms and enforce accountability for the most vulnerable women and girls. In the absence of UN-Women, UNFPA will intensify its role as the lead United Nations agency for gender equality advocacy, leveraging its national GBV expertise and convening power to champion accountability for eliminating harmful practices and GBV nationally and through regional platforms.

24. It will focus on the following strategic interventions: (a) legal harmonization and policy reform – providing upstream technical assistance to dismantle structural barriers in Botswana's dual legal system. This includes harmonizing customary and statutory laws to enforce the prohibition of child marriage, criminalize marital rape and explicitly mandate disability-accessible SRHR and GBV services across all delivery points; (b) transforming social norms and strengthening traditional justice – fostering community-led coalitions and implementing robust social and behaviour change interventions. This explicitly includes capacitating traditional leaders (Ntlo Ya Dikgosi) and the traditional justice system (Kgotla) to adopt survivor-centred, human rights-compliant restorative justice practices, as well as focus on GBV prevention and community-led coalitions to challenge patriarchal norms; (c) GBV investment case and economic inclusion –advocating for the establishment of a national gender and GBV accountability and financing framework. By integrating gender-responsive budgeting into national planning and linking GBV prevention with women's economic empowerment programmes, the country office will secure a long-term domestic fiscal space for a survivor-centred response to GBV.

C. Output 3. By 2031, strengthened national capacity to leverage population dynamics, including megatrends for sustainable development, and advanced data systems for evidence-based and rights-based policy development

25. Output 3 contributes directly to UNSDCF Outcome 2 and aligns with UNFPA Strategic Plan Outcomes 1 and 3. This output explicitly supports the 2030 Agenda by driving progress on SDG 10 and SDG target 17.18. This output focuses on strengthening national capacities to systematically collect, analyse and use high-quality disaggregated population data (including disability status data), integrating demographic trends, megatrends and scenario-based foresight into strategic development planning. By enhancing civil registration and vital statistics, leveraging digital technologies and GIS tools and promoting intersectoral coordination, the programme will ensure that population evidence informs policies and investments. This will support sustainable development outcomes, improve targeting of services and uphold the rights of all, particularly those of adolescents, youth and vulnerable populations. Most importantly, it will position demographic intelligence as a central driver of the Botswana Economic Transformation Programme by utilizing advanced data analytics to guide national labour market policies, ensuring the economy transitions toward education, health and skills employability, capable of absorbing the youth bulge and fully realizing the demographic dividend.

26. The achievement of this output will be driven by thought leadership in demographic shifts, data production, access and data utilization interventions: (a) data inter-operability and 'leave no one behind' intelligence – moving beyond basic data generation by conducting rapid assessments to harmonize administrative datasets into an inter-operable National Data Hub. This will enable real-time, subnational tracking of the SDGs, disaggregated by age, sex, disability and geography, to immediately identify climate-induced displacement and localized inequalities; (b) leveraging megatrends for economic transition – positioning demographic intelligence as a central driver of the Botswana Economic Transformation Programme under the twelfth National Development Plan and utilizing advanced analytics to guide

national labour market policies to absorb the youth bulge (addressing high rates of youth not in employment, education or training), while concurrently planning for the "second demographic dividend" driven by an aging population; (c) foresight and evidence-based accountability – strengthening the capacity of Statistics Botswana and the National Planning Commission to translate the 2031 e-Census and survey data into timely, disaggregated (geographic, age, sex) predictive analytical reports, focusing on tracking shifting nuptiality patterns, urban migration and climate risks to proactively inform sustainable development planning, geographic targeting and accountability mechanisms.

III. Programme and risk management

27. The country programme will be managed through a robust joint accountability model operationalized across government systems and UNSDCF structures. The Joint National-United Nations Steering Committee will govern strategic oversight and high-level decision-making, in close collaboration with the National Planning Commission and the Ministry of International Affairs and Cooperation. Roles and responsibilities across government systems, civil society organizations and United Nations agencies will be explicitly defined through joint annual workplans. This structure ensures mutual accountability and transparent decision-making across all levels of implementation. Delivery will be in collaboration with national partners, international organizations and the UNCT, leveraging expertise from UNFPA headquarters, the East and Southern Africa Regional Office, the Middle-Income Technical Hub and the Regional Operations Shared Service Centre.

28. To deliver on this upstream, policy-focused programme, the country office will optimize its human resource structure to ensure the appropriate skills mix. Moving away from reliance on short-term consultancies, the office will secure dedicated capacities in health systems, social policy, gender and social norms, youth empowerment, data analytics, knowledge management, communications, innovation and operations, This will be augmented by pooling technical expertise from within the UNCT, leveraging regional rosters and deploying United Nations Volunteers to support community-level engagement and youth initiatives. Technical support will be primarily drawn from the UNFPA regional office (especially the Middle-Income Technical Hub), technical advisors, the Regional Operations Shared Service Centre, UNFPA headquarters and UNCT expertise. Integration of human resources within the cluster of countries will enhance programme effectiveness and efficiency, in line with the UN80 initiative and the UNFPA business model review.

29. UNFPA will embed programme priorities within joint UNCT planning and monitoring frameworks, utilizing inter-agency coordination mechanisms to ensure alignment with the 'delivering as one' principle. By co-chairing the UNSDCF results groups (on gender equality and on GBV), UNFPA will ensure a clear division of labour, cohesive inter-ministerial coordination and shared accountability for results across the United Nations agencies and the government line ministries.

30. The programme is anchored in a structured risk management approach. Key risks include: (a) economic instability affecting health and social service investments and inconsistent domestic financing for SRHR, HIV, GBV and non-communicable disease services; (b) limited human resources for integrated service delivery; (c) geopolitical shifts impacting the SRHR agenda; (d) applying a "no-regrets" approach to mitigate possible climate-induced shocks such as droughts, floods, and epidemics; (e) persistent gender inequality limiting access to services; (f) inadequate investment in data and capacity; (g) complex coordination and varying subnational institutional capacity; and(h) potential pushback on rights-based issues.

31. Mitigation strategies are explicitly linked to each identified risk to ensure effective and comprehensive response with defined responsible actors, routine monitoring mechanisms and realistic budget allocations aligned to these risks. To meet accountability standards, risk monitoring will be formally integrated into the UNFPA enterprise risk management system and the internal control framework, and the country office will systematically track risk indicators and correct course, as necessary. The programme will engage the Ministry of Finance to secure sustained domestic financing, provide technical support to optimize grant funding and conduct evidence-based advocacy to strengthen confidence in the thought leadership of UNFPA. To close the $2.0 million resource gap, the country office will execute a robust, evidence-based resource mobilization strategy, which shifts from traditional ad-hoc fundraising to leveraging catalytic financing, prioritizing domestic resource mobilization and private capital. Innovative approaches, including artificial intelligence (AI) and digital platforms, will extend service reach and reduce costs. Partnerships with civil society and community organizations will decentralize service delivery and enhance sustainability. Health systems strengthening – embedding SRHR into national financing and policy reforms (including national health insurance) and integrating HIV into SRH services – will maintain essential services. Legal and policy gaps will be addressed through technical assistance and harmonization of the dual legal system. The country office will enhance agility, efficiency and

resilience by maintaining a business continuity plan for emergency preparedness, in collaboration with United Nations partners.

32. To address the identified risk of 'limited human resources for integrated service delivery,' the country office will execute its proposed human resources realignment, to ensure a fit-for-purpose structure. Specifically, the enhanced skill mix in data analytics and policy advocacy will mitigate the risk of varying subnational institutional capacity by substituting ad-hoc technical assistance with a dedicated, high-level policy engagement. This targeted skill set will enable evidence-based tailoring of support and targeted policy reform.

33. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

34. UNFPA is committed to developing and implementing a robust results-based management approach for the country programme, ensuring systematic monitoring, evaluation, quality assurance, knowledge management and adaptive learning. The country office will invest in dedicated monitoring, evaluation and knowledge management capacity to improve outcome-level tracking, moving beyond output reporting to capture the transformative impact of upstream policy interventions. Furthermore, innovative monitoring and evaluation approaches will include establishing community-led monitoring systems that integrate grassroots feedback into evidence-based decision-making. To directly address evaluative evidence highlighting past gaps in outcome-level tracking, the office will strictly align its monitoring and evaluation frameworks with the national monitoring and evaluation system. This will ensure the systematic tracking of transformative results, utilizing frequently updated, disaggregated administrative data rather than relying solely on periodic national surveys. A costed monitoring and evaluation plan that prioritizes disaggregated and gender-sensitive data collection and reporting will be developed and systematically track all indicators in the results and resources framework, subject to periodic review. This monitoring and evaluation framework will establish explicit feedback loops and adaptive management protocols to ensure continuous learning and timely programmatic course correction.

35. Key activities for programme oversight will include: (a) routine programme management – organizing annual and quarterly programme reviews with government counterparts and partners. These joint reviews will serve as formal feedback loops on work planning, including regular assessment of programme risks and assumptions, to assess real-time performance data, identify operational bottlenecks and trigger agile course correction mechanisms; (b) monitoring – conducting field visits and employing innovative remote monitoring approaches; (c) evaluations – undertaking (i) a midterm review to guide priorities for the rest of the cycle, (ii) a final country programme evaluation to assess relevance, effectiveness, efficiency, sustainability and transformative impact, and (iii) conducting baseline/endline surveys and thematic evaluations when significant non-core resources are mobilized; (d) knowledge management – synthesizing and disseminating findings from the country programme evaluation and other evaluations via interactive knowledge-sharing platforms to promote continuous learning and adaptation. Thematic and project-specific evaluations, documentation of innovation and sharing of good practices will also be undertaken; (e) innovation – employing innovative approaches and digital tools and community-led monitoring scorecards to provide direct feedback from marginalized rights-holders to enhance data quality, timeliness and utility for learning and accountability.

UNFPA will actively contribute to the UNSDCF by participating in the UNCT, the Programme Management Team, the Results-Based Management Group and other thematic groupings. UNFPA will provide strategic leadership in relevant UNSDCF outcome and results groups and joint programmes and contribute to reporting and quality assurance, including through the UN Info data portal. UNFPA is committed to supporting UNCT efforts to monitor and report on follow-up actions for the ICPD Programme of Action, the Universal Periodic Review, the Voluntary National Reports, the Convention on the Elimination of All Forms of Discrimination against Women and other international conventions. Furthermore, UNFPA will support national efforts to strengthen results-based monitoring , including community-led monitoring systems, youth-led and women-led networks, as part of its accountability mechanisms. By integrating these localized feedback mechanisms into the broader UNSDCF Results-Based Management Group, the programme ensures that joint accountability, shared learning and course-correction strategies are harmonized across the entire United Nations system and government structures.

RESULTS AND RESOURCES FRAMEWORK FOR BOTSWANA (2027-2031)

NATIONAL PRIORITIES: Transform Botswana's health system to match the global universal health coverage average by 2036 through stronger care, workforce and digital innovation; expanding the universal health coverage index to at least 75 by 2030, diversify financing beyond government budgets, and build a system that is more resilient, inclusive, and sustainable.				
UNSDCF OUTCOME(S): By 2031, Botswana has achieved inclusive, sustainable and resilient economic diversification and growth. By 2031, Botswana's institutions demonstrate improved capacity and accountability, evidenced by enhanced public sector performance, transparency, and effective implementation of plans and policies.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2029, the reduction in the unmet need for family planning has accelerated. 2: By 2029, the reduction of preventable maternal deaths has accelerated				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF Outcome indicator(s): • Universal health coverage index *Baseline: 55 (2021); Target: 75 (2031)* Related UNFPA Strategic Plan Outcome and SDG indicator(s): • Percentage of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods of contraceptives *Baseline: 76.1% (2021); Target: 80% (2031)* • HIV incidence rate (per 1,000 young people aged 15-24 years) *Baseline: 0.2 (2023); Target: <0.1 (2031)*	Output 1. By 2031, strengthened national capacity for universal reproductive health and rights, ensuring equitable access to high-quality integrated youth-centred, disability-accessible SRHR and GBV services.	• Number of innovative health technologies or climate-smart solutions successfully piloted and scaled-up *Baseline 1 (2026); Target 4 (2031)* • Functional electronic logistics management information systems for contraceptives, maternal health medicines and HIV-related drugs at all central-level warehouses, with explicit features to ensure 'last-mile' delivery *Baseline: No (2026); Target: Yes (2031)* • Integration of comprehensive youth-centred, disability-accessible SRHR and GBV services into the national health insurance benefits package services as part of the essential health service package *Baseline: No ; Target: Yes* • Operationalization of all seven elements of the midwifery acceleration plan *Baseline: No (2025); Target: Yes (2031)* • Percentage of service delivery points reporting no stock-out of at least 5 contraceptives and 3 essential key maternal health commodities *Baseline: 60% (2025); Target:75 % (2031)*	Ministries of: Health; Basic Education; Youth and Gender Affairs; National AIDS and Health Promotion Agency; central medical stores; Ministry of Communication and Innovation; Ministry of the State President; Statistics Botswana; youth serving organizations; civil society organizations; UN agencies and other development partners academic institutions; Ministry of Finance; Ministry of Local Government and Traditional Affairs; World Bank; organizations serving person with disabilities.	$2.2 million ($1.2 million from regular resources and $1.0 million from other resources)
NATIONAL PRIORITY: A socially protected Botswana that is empowered and community led, where every vulnerable citizen is sustainably supported, uplifted and equipped to thrive with dignity and purpose.				
UNSDCF OUTCOME(S): By 2031, Botswana has achieved inclusive, sustainable and resilient economic diversification and growth. By 2031, Botswana's institutions demonstrate improved capacity and accountability, evidenced by enhanced public sector performance, transparency, and effective implementation of plans and policies.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 3. By 2029, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF Outcome indicator(s): Universal health coverage index *Baseline: 55 (2021); Target: 75 (2031)*	Output 2: By 2031, strengthened national and institutional capacities to accelerate the reduction in gender-	• Comprehensive, evidence-based GBV legislation enacted, in line with regional and global standards for prevention and response to GBV *Baseline: No (2025); Target: Yes (2031)*	Ministries of: Health; Child Welfare and Basic Education; Ministry of Youth and Gender Affairs, Botswana Police Service, National AIDS and	$1.9 million ($1.2 million from regular resources and $0.7 million

● Related UNFPA Strategic Plan Outcome and SDG indicator(s):Percentage 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 age and place of occurrence *Baseline: 28.1*% (2017)*; Target: 5*% (2031) ● Percentage of women aged 20-24 years who were married or in a union before: *(a) age 15; (b) age 18:* *Baseline: (a) 1.2%; (b) 5.3 % (2022);* *Target: (a) 0%; (b) <1% (2031)*	based violence and harmful norms and advance gender equality.	● Number of economic empowerment programmes integrating GBV prevention and response *Baseline: 0 (2025); Target: 5 (2031)* ● Number of innovative national partnerships fostering social and behaviour norm change for prevention of GBV and child-marriage *Baseline: 0 (2025); Target 5 (2031)* ● Number of one-stop service points fully resourced to deliver integrated youth-focused, disability-accessible, SRHR/GBV response services *Baseline: 1 (2025); Target: 4 (2031)* ● Budget and expenditure analyses (gender-responsive budgeting) to advocate for and secure increased, sustainable domestic government spending related to GBV prevention and youth SRHR conducted and utilized *Baseline: No (2025); Target: Yes (2031)*	Health Promotion Agency; youth serving organizations; Youth networks; civil society organisations; UN agencies and other development partners; the private sector, traditional and faith-based leaders, organizations serving persons with disabilities.	from other resources)
NATIONAL PRIORITY: A high-income Botswana that is digitally-enabled, export-driven and economically diversified – where every citizen is employed, empowered and fulfilled.				
UNSDCF OUTCOME(S): By 2031, Botswana has achieved inclusive, sustainable and resilient economic diversification and growth. By 2031, Botswana's institutions demonstrate improved capacity and accountability, evidenced by enhanced public sector performance, transparency, and effective implementation of plans and policies.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 4. By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices				
UNSDCF Outcome indicator(s): Universal health coverage index *Baseline: 55 (2021); Target: 75 (2031)* Related UNFPA Strategic Plan Outcome and SDG indicator(s): ● Existence of a dedicated section on demographic change and its implications in national or sectoral development strategies in the National Development Plan *Baseline: No (2025);* *Target: Yes (2031)* ● Percentage of youth (aged 15-24 years) not in education, employment or training *Baseline: 41.3% (2024);* *Target: 22% (2031)*	Output 3: By 2031, strengthened national capacity to leverage population dynamics, including megatrends, for sustainable development, and advanced data ecosystems for evidence and rights-based policy development.	● Number of national and district development plans that systematically integrate population dynamics, address SRHR and gender equality, and incorporate disaster risk reduction strategies *Baseline: 8; Target: 15* ● Number of national and district data management systems strengthened to facilitate foresight analysis and profiling of demographic and geographic disparities, climate and socioeconomic inequalities, with a particular focus on sexual and reproductive health, gender equality and population dynamics *Baseline:0 (2025); Target: 5 (2031)* ● Number of analytical reports produced from census, survey or administrative data or qualitative or participatory analysis to inform the development or updating of plans, policies and programmes related to the four UNFPA Strategic Plan outcomes *Baseline: 3 (2025); Target: 10 (2031)*	National Planning Commission; Statistics Botswana; Ministries of: Health; Labour and Home Affairs; Finance; Local Government and Traditional Affairs; Youth and Gender; youth networks; civil society organizations; UN agencies and other development partners; academic and research institutions; parliamentary committees; National Council on Population and Development; Botswana Institute of Development and Policy Analysis; organizations	$1.3 million ($1.0 million from regular resources and $0.3 million from other resources)

		• Adolescents and youth-specific analysis using nationally representative data to map intersecting vulnerabilities to inform targeted labour market and health policies *Baseline: No (2025); Target: Yes (2031)*	serving persons with disabilities.	
Programme coordination and assistance				$0.5 million from regular resources