

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR BOTSWANA

Second regular session 2021

Comments by the United States of America	UNFPA country/regional office response
<p>We encourage UNFPA to work with the U.S. to share lessons learned from the PEPFAR programming and identify opportunities to improve family planning access and use, especially for HIV affected populations.</p>	<p>UNFPA welcomes the invitation to work with the United States of America and will follow up as part of its partnership building.</p> <p>PEPFAR is among the key stakeholders that contribute to strengthening HIV prevention among adolescent girls and young women in the country. UNFPA will make deliberate efforts to enhance collaboration with PEPFAR to strengthen family planning for HIV affected populations by incorporating lessons learned from the PEPFAR programme.</p>
<p>i) We recommend that UNFPA utilize the Botswana Relationship Study, which presents information and analysis on the landscape of gender and gender-based violence (GBV) issues in Botswana.</p> <p>ii) We also suggest highlighting efforts by the government of Botswana to set up GBV courts as well as the sexual offenders register to show how Botswana has made progress in addressing GBV issues.</p>	<p>The Common Country Analysis (CCA) utilized the 2018 Botswana National Relationship Study as the main source of information on GBV. Since the CPD draws from the CCA, the GBV statistics provided in the programme are linked to the Study.</p> <p>The suggestions are well noted.</p> <p>The efforts by the Government of Botswana in addressing GBV issues have now been integrated into the document in paragraph 7.</p>
<p>The COVID-19 pandemic highlighted major gaps in Botswana’s emergency preparedness and response to shocks, health epidemics, and humanitarian disasters; these gaps had significant impacts on service delivery and resulted in adverse impacts on the continuity of SRH services. With vulnerabilities generally heightened during periods of crisis (especially among women/children, rural dwellers, informal sector workers) and exacerbated by weak policy frameworks, weak supply chain management and distribution systems, and weak capacity of lower-tier healthcare facilities (especially rural), the CPD calls for national strategies and systems to integrate SRHR into the essential services packages for emergencies. We commend UNFPA’s plan to develop two (up from current baseline of zero) national strategies and disaster preparedness/response plans that include the minimum initial service package. However, we encourage UNFPA to ensure that these national strategies</p>	<p>UNFPA welcomes this specific feedback.</p> <p>Indeed, the focus of the CPD is on building institutional capacity at national, subnational and district levels to improve service delivery, especially for left-behind groups. This approach will also seek to strengthen the readiness, functionality and resilience of health and protection systems, particularly within the context of emergencies. This will include a specific focus on rural and other hard-to-reach areas to ensure marginalised and vulnerable populations are not left behind, with a focus on the use of innovative solutions and digital technology where feasible.</p>

<p>specifically translate into strengthened capacity and improved service delivery at sub-national levels, especially in rural areas and among marginalized populations, where vulnerabilities to shocks remain highest.</p>	
<p><i>Regarding Programme Rationale</i></p> <p>i) We recommend UNFPA strengthen its description of the drivers of high unmet need for family planning among specific populations, particularly rural populations, adolescents and PLHIV. The inclusion of such health determinants in the draft CPD would more clearly establish how the proposed activities will directly contribute to achieving UNFPA’s objectives: 61% of women having their FP needs met; and 60% of health facilities having no stock-outs of modern contraceptives.</p> <p>ii) We encourage UNFPA to provide additional information on the program outcomes related to improving the supply chain system and general access to SRH services; in particular, it would be helpful to more clearly explain how these outcomes are sufficiently tailored to improve FP outcomes among the underserved populations.</p> <p>iii) In relation to Item 10, the Demographic and Health Survey has posed great challenges for Family Planning intervention designers. The ongoing Family Planning Investment Case is challenged by data gaps.</p>	<p>UNFPA welcomes the specific feedback on the Programme Rationale.</p> <p>Section 4 of the programme rational highlights the drivers of high unmet need for family planning, including gaps in access to information and services, weaknesses in adolescent responsive health services, limited access to comprehensive sexuality education and gaps in the legal and policy environment for promoting universal access to high-quality sexual and reproductive health and reproductive rights (SRHR). The CPD seeks to work at multiple fronts – normative-level policies, laws and standards, community engagement, youth engagement, and capacity development for duty bearers and rights holders - to address these root causal factors. During the implementation of the programme, interventions will be tailored to the needs of specific target specific populations.</p> <p>The programme outcomes will be delivered through a focus on providing technical assistance for the procurement of quality-assured reproductive health commodities, particularly for family-planning, including long-acting reversible contraceptives and female condoms, as well as capacity building for improved reproductive health commodity security, particularly family-planning commodity distribution and use through the UNFPA ‘last mile’ assurance system. Technology and digital solutions will be applied to ensure that life-saving commodities and products reach those who are underserved and left behind.</p> <p>The agencies of the UN system have identified the unavailability of adequately disaggregated data as a concern. Therefore, the UNSDCF has identified a specific output on: <i>Availability and use of high-quality, disaggregated data.</i></p> <p>UNFPA and other agencies continue to advocate for Botswana to undertake a Demographic Health Survey following the gold standard. UNFPA’s strong partnership with Statistics Botswana for the forthcoming population and housing census will add to this advocacy for enhanced generation, analysis, accessibility and use of high-quality, disaggregated data. At the same time, UNFPA has undertaken several key studies and assessments to inform the</p>

	<p>provision of family planning in Botswana. These include; Total Market Approach for Family planning; Condom Market research, Assessment of availability, accessibility and use of contraceptives in selected districts in Botswana. UNFPA is working with the Ministry of Health and Wellness, Statistics Botswana and other partners to use alternative methods to fill data gaps for the Family Planning investment Case. The methods and estimates have been validated by the multi-stakeholder working group.</p>
<p><i>Regarding Programme Priorities and Partnerships</i></p> <p>i) In response to Item 15’s reference to condom programming, we suggest ensuring that FSWs have access to a range of effective contraceptive methods in addition to condoms, due to the control male partners often exercise over the use of condoms.</p> <p>ii) Relatedly, Gloria K. Mayondi et al. in “Unintended pregnancy, contraceptive use, and childbearing desires among HIV infected and HIV-uninfected women in Botswana: a cross-sectional study” found that “The vast majority of women with an unintended pregnancy (81%), regardless of HIV serostatus, reported relying on the male condom for contraception. Our findings suggest that reliance on condoms for pregnancy prevention is not an effective strategy. This is supported by recent studies in areas of high HIV prevalence, which have shown that more effective methods of contraception are substituted for male condom-only use.</p> <p>iii) We recommend capturing key population disaggregation in the data reporting at the national level, mentioned in Item 17.</p> <p>iv) Regarding Item 22, we encourage UNFPA to include a category of support for those people who wish to but have problems conceiving.</p> <p>v) In response to the output on gender equality and women’s empowerment, we suggest including male involvement strategies for family planning, given that the male condom is an important part of the contraceptive method mix.</p>	<p>In the new country programme, FSW access to contraceptive methods is addressed under item 22 (h) <i>strengthening institutional capacity to implement HIV-prevention standard service packages for adolescent girls, young women and key populations</i>. Provision of contraceptives as part of the HIV service packages for key populations is prioritized. This is a niche programme to increase the use of female condoms and other methods of modern contraception.</p> <p>With a generalized HIV epidemic in Botswana, one of the effective HIV prevention strategies is the provision of high-quality male and female condoms, in addition to other contraceptives. While condoms are offered for triple protection (prevention of HIV, STIs and unintended pregnancies), the 2008 Sexual and Reproductive Health (SRH) Policy guidelines and service standards promote access to and use of effective contraceptives <i>Plus</i> condoms by all women and girls. The proposed programme has prioritized the provision of female condoms, a female-controlled method as an empowerment tool for women and girls to prevent HIV, STIs and unintended pregnancies.</p> <p>Key population disaggregation is part of 17(d) improving the availability and use of disaggregated data and demographic intelligence for policy formulation, programme implementation, monitoring and evaluation, and will be addressed in the programme.</p> <p>UNFPA acknowledges that appropriate treatment of infertility is an integral part of reproductive health care within primary health care as per the ICPD program of action. However, given the demographic profile of Botswana with a youthful population, the primary focus is on ensuring that young people have access to family planning services and information.</p>

	<p>Item 27 underscores the need to “engage with communities to reject harmful practices and gender stereotypes that adversely impact SRHR and build empowering social norms and positive masculinities that advance gender equality.”</p> <p>This includes promoting positive masculinity through male involvement strategies, including in condom programming interventions, which are also key to the provision of integrated services under item 22 (a).</p>
<p><i>Regarding Programme and Risk Management</i></p> <p>Regarding Item 33, we encourage UNFPA to consider migrants and non-citizen family planning support. A lesson from the HIV program is that a substantial number of migrants were not reached with HIV and AIDS prevention services. Botswana hosts a number of young women who serve as domestic workers, so it is important to include a policy targeting these populations.</p>	<p>This point is well taken.</p> <p>It will form part of the advocacy agenda under HIV prevention for adolescent girls and young women, with the Botswana Family Welfare Association (BOFWA), USAID and PEPFAR as partners. UNFPA has been collaborating with BOFWA as an implementing partner for several years on comprehensive sexuality education for out of school youth.</p>
<p><i>Regarding Results and Resources Framework</i></p> <p>We suggest including PEPFAR and BOFWA as partners under the first UNSDCF Outcome Involving UNFPA (By 2026, all people, particularly vulnerable and marginalized groups, have equitable access to high-quality education, health and social protection services).</p> <p>We suggest including USAID as a partner under the second UNSDCF Outcome Involving UNFPA (By 2026, gender inequality is reduced, and women and girls are empowered to enjoy their human rights and participate and benefit from inclusive development).</p>	<p>BOFWA, USAID and PEPFAR have been important stakeholders contributing to HIV prevention for adolescent girls and young women, and other key populations.</p>