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UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Botswana

Proposed indicative UNFPA assistance: \$7.5 million: \$3.4 million from regular resources and \$4.1 million through co-financing modalities or other resources

Programme period: Five years (2022-2026)

Cycle of assistance: Seventh

Category per decision 2017/23: Yellow

Alignment with the UNSDCF Cycle United Nations Sustainable Development Cooperation Framework, 2022-2026

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.4	2.7	4.1
Outcome 3	Gender equality and empowerment of women	0.7	1.2	1.9
Outcome 4	Population dynamics	1.0	0.2	1.2
Programme coordination and assistance		0.3	-	0.3
Total		3.4	4.1	7.5

I. Programme rationale

1. Botswana has a youthful population, with 30.3 per cent of the population of 2.25 million young people aged 10-24 years. Two-thirds of the population is of working age (15-65 years), and the older population (above 65 years) is projected to increase from 4 per cent to 6 per cent by 2030. In 2019, 70 per cent of the population lived in urban areas; this figure is projected to reach 80 per cent by 2026, underscoring the need for timely investments to improve the quality of life for an increasing number of urban residents. With the decline in total fertility rates (from 5.2 children per woman in 1991 to 2.7 in 2019) and the corresponding declines in mortality, Botswana is at an advanced stage of its demographic transition, placing the country within a window of opportunity to harness the demographic dividend before 2050. Vision 2036 and the National Development Plan 11 (2017-2023) recognize the need for sustained investments in young people, including expanding potential returns in the education and health sectors and creating economic opportunities for youth as key mechanisms to facilitate harnessing the demographic dividend and contributing to Botswana's transformation from an upper-middle-income country to a high-income country by 2036.

2. Botswana ranks as the eighth most unequal society in the world, with a Gini coefficient of 53.3; approximately 16 per cent of the population lives below the poverty line. The unemployment rate is high (24.5 per cent), and youth and women are the most affected. The youth unemployment rate was 32.4 per cent (fourth quarter of 2020), with a higher rate for females (35 per cent) than males (29.9 per cent). The Botswana Demographic Survey (2017) estimates the disability prevalence at 4.2 per cent, with a higher prevalence rate for females (4.7 per cent) compared to males (3.7 per cent). While 69 per cent of persons with disabilities are employed within the labour force, many face challenges in navigating the employment space. With the disruption of livelihoods and the limited access to social services due to the COVID-19 pandemic, women, young people and persons with disabilities face increased multi-dimensional inequalities based on income, gender and disability; this has further compounded their vulnerabilities. The COVID-19 pandemic has led to a contraction of the gross domestic product by 24 per cent (second quarter of 2020); this means that 'building back better' will require targeted investments to strengthen social protection, ensure inclusive growth and reduce inequalities, with particular emphasis on groups more vulnerable to being left behind, particularly women, young people and persons with disabilities.

3. The Botswana Demographic Survey (2017) indicates that unintended pregnancies are common among women and girls; less than two-thirds (58 per cent) of women of reproductive age (15-49 years old) are using modern contraceptives. Contraceptive use is less than 1 per cent among women with non-formal education, compared to 89.5 per cent for women with secondary education and higher. Contraceptive use is higher for women residing in urban areas (48.8 per cent) compared to rural areas (28.8 per cent); this correlates with higher age-specific fertility rates recorded for rural areas compared to urban areas. Estimates from the *State of World Population Report 2019* place the unmet need for family planning at 14 per cent. Moreover, half of the HIV-infected pregnant women report that their last pregnancy was unintended. The adolescent birth rate was estimated at 39 births per 1,000 girls aged 15-19 years in 2019; while lower than the global average of 44, it remains high. Pregnancy is also a major factor in the high rates of school dropout and grade repetition, especially among girls from poor and rural communities.

4. Gaps in access to information and services, weaknesses in adolescent responsive health services and limited access to comprehensive sexuality education remain barriers to adolescent sexual and reproductive health. Meanwhile, gaps in the legal and policy environment for promoting universal access to high-quality sexual and reproductive health and reproductive rights (SRHR), gaps in data and evidence to monitor key sexual and reproductive health indicators, limited access to method mix of modern contraceptives arising from persistent stock-outs associated with a weak supply-chain management system, and disruptions in the distribution of commodities to the 'last mile', impede the country's efforts to ensure access to high-quality and sustainable family-planning services.

5. Botswana is one of the countries with the highest HIV prevalence in the world. The HIV prevalence in the general population is 25.2 per cent among 15-49-year olds and is higher among females (20.8 per cent) than males (15.6 per cent). Adolescent girls and young women accounted for 24 per cent of the 8,700 new HIV infections in 2020; this is linked to early sexual debut, gender-based violence, limited access to sexual and reproductive health information and services, unequal power relations from economic, social and cultural factors that fuel age-disparate relationships and transactional sex and decreases the already inconsistent condom use. Among key populations, condom use declined between 2011 and 2017 – down from 61.7 per cent to 47.9 per cent among sex workers and down from 77.5 per cent to 59.4 per cent among men who have sex with other men. Stigma and discrimination are key barriers to accessing SRHR services for key populations.

6. The Common Country Analysis (CCA) notes that Botswana's maternal mortality ratio is almost double the average for upper-middle-income countries, with an estimated 133.7 deaths per 100, 000 live births (Statistics Botswana 2019). About one in 12 maternal deaths (8 per cent) occur among adolescent girls aged 15-19 years; hospitals located in urban areas contribute about half (49 per cent) of preventable maternal deaths, which is disproportionately higher among women aged 25-29 years and 30-34 years, respectively. Maternal deaths result from the poor quality of care standards and delivery mechanisms within the facilities, limited availability of skilled providers, lack of commodities and equipment, unsafe abortion practices, poor management of obstetric complications, and referral delays.

7. According to the CCA, one in three women has experienced gender-based violence (GBV) in their lifetime (36.5 per cent perpetrated by intimate partners) and 15 per cent experienced GBV during pregnancy. Women who had not worked in the past twelve months experienced higher rates of violence (22 per cent) compared to women who worked during the same period (15 per cent). Adolescent girls and young women are exposed to harmful social and cultural norms that place them at greater health risk as well as a higher risk of violence and sexual exploitation and limit their access to education and learning. Women with disabilities are up to three times more vulnerable to GBV than men; 22 per cent of adolescents in school had a forced first sexual experience, particularly girls under the age of 15. Underpinning GBV are deep-rooted negative social norms and harmful practices, reinforcing inequalities, patriarchal attitudes and gender stereotypes that promote negative masculinity and normalize gender-based violence. Gaps in the harmonization and implementation of inclusive legislation and legal literacy for rights holders further compound the vulnerability of girls and women to gender-based violence.

8. Botswana is committed to achieving universal health coverage; the Government has aligned national health strategies to the 2030 Agenda for Sustainable Development. However, sustainable financing for SRHR is insufficient to accelerate progress towards ending the unmet need for family planning, ending gender-based violence and harmful practices, ending maternal mortality and ending sexual transmission of HIV. The Government allocates 12 per cent of its total health expenditure to SRHR; of the nine essential SRHR elements, three are comprehensively covered in the essential health services package: (a) detection, prevention and management of reproductive cancers; (b) prevention and treatment of HIV and other sexually transmitted infections; and (c) counselling and services for sexual health and well-being. Disparities exist in coverage by geographic location, age, sex, income group and other forms of marginalization (including persons with disabilities), exacerbated by weak capacities at lower-tier healthcare facilities, such as health posts and rural clinics, compared to urban facilities. Universal access to essential SRHR services with financial risk protection will require the full integration of the nine SRHR interventions into the essential health services package, along with an associated financing strategy.

9. Botswana has experienced prolonged droughts and long-term change in rainfall patterns due to climate change, which has adversely affected livelihoods, particularly among rural populations. The COVID-19 pandemic has also highlighted gaps in the country's emergency preparedness and response to shocks, health epidemics and humanitarian disasters; this has

weakened the health system resilience with an adverse impact on the continuity of SRH services. The CCA notes that the national lockdown due to COVID-19 (April/May 2020) heightened the vulnerabilities among women and young people, restricting their access to contraceptives; this underscored the need for national strategies and systems to integrate SRHR into the essential services packages for emergencies. The National Social Protection Recovery Plan notes that the COVID-19 pandemic disrupted social services and that poverty is likely to increase and deepen in the medium term, especially for the elderly, those with disabilities or chronic illnesses, rural dwellers and those employed within the informal sector (estimated at nearly 200,000 by the Informal Sector Recovery Plan). In the aftermath of the COVID-19 pandemic, a new social contract will be required, representing a paradigm shift from the current set of emergency-driven programmes focusing on alleviating current poverty to one reflecting a more inclusive concept of social protection that helps all citizens overcome the various vulnerabilities they face throughout their lives.

10. The availability of timely high-quality disaggregated data remains a challenge, with limited statistical analysis capacity at national and subnational levels. The CCA notes that a significant proportion of data are not adequately disaggregated by gender, socio-economic status, disability and other relevant categories. Only 34 per cent of national Sustainable Development Goal (SDG) indicators (including eight of the 17 UNFPA-prioritized indicators) have baselines; these gaps will hinder monitoring and accountability for tracking progress on sustainable development indicators, including the four national commitments made at the Nairobi Summit on ICPD25. However, the Population and Housing Census (scheduled for 2022) is expected to strengthen data availability in key areas.

11. Key achievements of the previous country programme included (a) integration of sexual and reproductive health, HIV and gender-based violence service delivery into key national development planning and programme strategies, including the Reproductive Maternal Newborn Child and Adolescent Health Strategy; (b) revision of the Penal Code to protect the rights of sexually active adolescents; (c) leveraging technical expertise through South-South cooperation on the COVID-19 pandemic response; (d) strengthened institutional capacity for undertaking the Population and Housing Census; and (e) development of standard HIV prevention service packages for adolescent girls, young women and key populations.

12. The new country programme will apply lessons learned from the previous UNFPA country programme: (a) the shift from provision of services to catalytic investment at the normative level (policies, laws, standards) and integration of interventions into national programmes has enhanced impact; (b) prevailing inequalities at the system, community and household levels continue to limit the equitable access to high-quality integrated rights-based SRH, HIV, sexual and gender-based violence information and services, with uneven effect on vulnerable populations; (c) more effective leadership, participation and youth-led accountability is required to achieve the transformative development aspired by the people and the Government of Botswana; and (d) capacity development of duty bearers and rights holders remains a key priority for the success of the programme.

II. Programme priorities and partnerships

13. The seventh country programme contributes to the national Vision 2036, the eleventh National Development Plan, and, within the context of the Decade of Action, SDGs 3, 5, 10, 16 and 17. The programme is anchored in the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026 and contributes directly to three of five UNSDCF outcomes by 2026: (a) gender inequality is reduced, and women and girls are empowered to enjoy their human rights and participate in and benefit from inclusive development; (b) all people, particularly vulnerable and marginalized groups, have equitable access to high-quality education, health and social protection services; and (c) Botswana is a more equal, just, and open society, with reduced corruption, where the public is empowered to avail the opportunities and equally participate in decision-making at all levels, and where leaders are accountable, transparent, and responsive.

14. The UNSDCF has prioritized improving equitable and high-quality social services, health systems strengthening, addressing GBV and other forms of discrimination, reducing vulnerability and addressing the lack of disaggregated data; the new country programme will contribute directly to these results. To effectively support the delivery of UNSDCF results, UNFPA will bring technical leadership and expertise in advancing a rights-based and people-centred approach to SRHR, drawing on its comparative advantage in gender-based violence prevention and support and the generation and analysis of data and demographic intelligence.

15. The programme aims to achieve universal sexual reproductive health and reproductive rights, with an emphasis on vulnerable women, adolescents and youth (particularly adolescent girls and young women), and persons with disabilities. Specifically, the country programme will increase the proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (up from 58 per cent to 61 per cent by 2026). Reducing the unmet need for family planning in Botswana is central to achieving the other two transformative results and the East and Southern Africa region-specific transformative result on ending sexual transmission of HIV. This will be achieved by (a) reducing unintended pregnancies, thereby reducing the incidence of unsafe abortions, one of the top three causes of preventable maternal mortality; (b) preventing unplanned pregnancies from sexual violence; (c) reducing HIV infections, particularly among adolescent girls, young women and key populations, as condom programming is central to HIV prevention among these groups.

16. The programme will contribute to the country's efforts in achieving the four national ICPD25 commitments on reducing preventable maternal deaths, ending gender-based violence and harmful practices, increasing access to family planning, and generating adequately disaggregated data, with a special focus on ensuring that no one is left behind. By focusing on strengthening capacities at institutional, community and individual levels to provide high-quality, rights-based integrated SRHR, HIV and sexual and GBV information and services across the life cycle, the country programme will improve equitable access to these services by vulnerable and marginalized groups, specifically adolescent girls and young women, people with disabilities, and key populations – resulting in improved health outcomes and reduced inequality. Further, gender inequality can be reduced if Botswana adopts and implements policy and legal frameworks that advance gender equality and human rights consistent with national, regional and international frameworks.

17. A detailed understanding of population characteristics and needs enabled by the availability of disaggregated data and data analysis capacity is critical for the design of effective policies and programmes. Accordingly, programme priorities include (a) strengthening health system resilience and capacity to improve coverage and equitable access to high-quality integrated, rights-based SRH, including GBV services, particularly for women, adolescents and young people; (b) advocacy for financial risk protection and integration of SRHR into essential health services for universal health coverage; (c) strengthening national accountability mechanisms and creating an enabling environment for reducing gender inequalities, including by addressing GBV; and (d) improving the availability and use of disaggregated data and demographic intelligence for policy formulation, programme implementation, monitoring and evaluation. The programme will leverage the national digitization agenda and innovation ecosystem to improve equitable access to services, especially for populations left behind. It will also support the integration of the essential services package into policies, strategies and programmes to better support emergency preparedness, including early warning and response to climate shocks.

18. Based on Botswana's classification as an upper-middle-income country, the programme will tailor its approach to address the unfinished ICPD Agenda and accelerate progress towards the SDGs and the transformative results of UNFPA. This includes an increased focus on leaving no one behind and reaching those furthest behind first, including vulnerable women, adolescents and youth (particularly adolescent girls and young women at risk of violence), persons with disabilities, people living with HIV, and key populations. As its modes of engagement, the programme will seek to improve multisectoral coordination;

leverage expanded strategic partnerships with academia, the private sector, civil society and other interest groups, including through South-South and triangular cooperation; and advance innovation, digitization, data curation and knowledge management. Building on the achievements of the previous country programme, advocacy and policy dialogue will continue to be critical in fostering an enabling and inclusive environment for accelerating progress towards achieving SRHR for all.

19. The programme was formulated under the leadership of the Government and in collaboration with the United Nations system, with extensive consultations with relevant government ministries, civil society, young people, persons with disabilities, people living with HIV and key populations. In line with the 2020 quadrennial comprehensive policy review of operational activities for development of the United Nations system, UNFPA will actively participate in joint programming and leverage the United Nations Human Rights and Gender Equality Theme Group, the Joint United Nations Programme on HIV/AIDS and upcoming joint programme on strengthening the national statistics system to deliver on the various programme components. It will also leverage dedicated SDG financing initiatives for rights-based actions across the humanitarian and development nexus.

A. Sexual and reproductive health

20. Output 1. Strengthened national capacities to provide equitable access to high-quality, rights-based integrated sexual and reproductive health, including HIV and gender-based violence information and services across the life course.

21. This output contributes to UNSDCF Outcome 2 (ensuring that all people, particularly marginalized groups, have access to high-quality health services). Interventions will contribute to health system strengthening to deliver equitable access to integrated SRHR, including family planning, maternal health, gender-based violence, management of sexually transmitted infections and HIV, with an emphasis on revitalizing HIV prevention for young people. It also focuses on improving financing for sexual and reproductive health.

22. To achieve this output, UNFPA will support (a) capacity building at the institutional level to strengthen adherence to quality-of-care guidelines for non-discriminatory and respectful integrated SRHR services; (b) technical assistance to the Ministry of Health for integration of the Minimum Initial Services Package into national disaster preparedness and response strategies and plans and in implementation frameworks for health systems resilience; (c) strengthening national and subnational coordination and accountability mechanisms for improved provision of integrated SRHR services (including revitalizing the combination of HIV prevention for young people and sexual and gender-based violence information and services); (d) strategic alliances to identify and scale up sustainable, evidence-based and innovative solutions to increase uptake of SRH, sexual and gender-based violence and HIV prevention services, particularly in hard-to-reach areas and among vulnerable populations; (e) advocacy for increased sustainable domestic financing towards delivery of high-quality, rights-based integrated SRHR services, including responsive financial risk protection mechanisms, particularly for women and girls; (f) provide technical assistance for the efficient and timely procurement of quality-assured reproductive health commodities, particularly for family-planning, including long-acting reversible contraceptives and female condoms; (g) capacity building for improved reproductive health commodity security, particularly family-planning commodity distribution and use through the UNFPA 'last mile' assurance system; (h) strengthening institutional capacity to implement HIV-prevention standard service packages for adolescent girls, young women and key populations; (i) scale-up of innovative climate-smart solutions and technology to expand access to SRH services, particularly family planning.

23. Output 2: Strengthened national capacities to design and implement policies and programmes that are responsive to the sexual and reproductive health needs and well-being of adolescents and young people.

24. The programme will promote an enabling environment for adolescent sexual and reproductive health, contribute to empowering young people with information to make

informed decisions, and support their ability to access integrated SRHR, HIV and gender-based violence services. Key interventions will include (a) advocating for legal and policy reforms, including on re-entry for pregnant adolescents and adolescent mothers, and ensuring equitable access to contraceptives services for all adolescents; (b) advocating for an adolescent-responsive health system to enable access to integrated SRHR, HIV and GBV services, including a pilot programme on self-care; (c) strengthening partnerships to advance the implementation of the East and Southern Africa Commitment 2030 on comprehensive sexuality education through innovative approaches and provision of high-quality youth-friendly health services; (d) supporting youth participation and engagement in policy and legislative processes and other accountability mechanisms, particularly those that promote youth health, leadership and well-being; (e) advocacy for integration of costed programming for disability in SRHR policies and services; and (f) strengthening GBV prevention through a survivor-centred approach, improving referral pathways and supporting strategies to address social norms.

B. Gender equality and women empowerment

25. *Output 1: Strengthened policy and legal frameworks and institutional capacities to reduce gender inequality and address gender-based violence, in line with national and international commitments.*

26. The country programme seeks to ensure that an enabling environment is established at policy, legal and community levels to facilitate women's and girls' increased access to GBV prevention and support services. The output responds to UNSDCF Outcome 1 (reducing gender inequality and empowering women and girls to exercise their human rights and benefit from inclusive development).

27. It will focus on the following strategic interventions: (a) advocate for and support review and alignment of key national laws, policies, and legal reforms to protect the rights of women and girls; (b) expand strategic partnerships to promote client-centred, quality-assured services for survivors of gender-based violence, including by strengthening SRHR services and referral pathways to other essential services (police, justice, social services) for victims and survivors of sexual and gender-based violence; (c) 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; and (d) build the capacities of women, adolescent girls and young women to exercise their bodily autonomy and demand access to SRHR, HIV and gender-based violence information and services, particularly family planning.

C. Population dynamics

28. Output 1. Strengthened national capacities to generate, utilize and mainstream evidence on population dynamics, data, policy and megatrends into national development plans and monitoring and accountability mechanisms for improved sexual and reproductive health and reproductive rights.

29. This output contributes to UNSDCF Outcome 5 (strengthening accountability, transparency and access to information) and is an accelerator for UNSDCF outcomes 1 and 2. To achieve this, UNFPA will advocate for and monitor inclusive multisectoral policy actions for the realization of the demographic dividend, including the integration of the demographic dividend agenda into sectoral and district-level plans and monitoring and accountability mechanisms. It will also provide technical support to (a) the development and implementation of a successor to the current national population policy; (b) joint vulnerability assessments and risk profiling efforts to map inequalities, identify those furthest left behind and guide targeted investments in SRHR; (c) implementation of the Population and Housing Census 2022, including thematic data analysis and development of population projections; (d) institutional capacity building of Statistics Botswana to monitor the national SDG indicators; (e) monitoring progress on the national commitments on ICPD25 and their domestication in development frameworks; and (g) strengthening South-South and triangular

cooperation on the generation, analysis, dissemination and use of data to support progress towards universal access to sexual and reproductive health and reproductive rights.

III. Programme and risk management

30. The Ministry of Finance and Economic Development, through its Population and Development Unit, will coordinate the country programme through the National Programme Steering Committee, which coordinates the implementation of the UNSDCF.

31. The programme will be delivered in collaboration with national and international partners and United Nations agencies, with support from UNFPA headquarters divisions and the East and Southern Africa Regional Office, including its Middle-Income Technical Hub and Regional Operations Shared Service Centre, to optimize the use of available expertise and resources. UNFPA will identify opportunities to leverage critical expertise within the United Nations country team, and through national partners, regional technical institutions, including academia and development partners. The current office structure comprises eight staff, with a non-resident country representative. A comprehensive human resources alignment will be conducted to ensure the availability of an appropriate mix of skills for the effective delivery and management of the programme.

32. The country programme will be implemented primarily through the national execution modality, and implementing partners will be selected through a competitive process, based on a risk and capacity analysis, taking into account their strategic and comparative advantage and their ability to effectively deliver the programme. The harmonized approach to cash transfers will be applied in a coordinated fashion with other United Nations agencies to strengthen the management of financial risks. Towards building forward better, the programme will leverage innovations emerging from the United Nations system strategy on the future of work for programme delivery and business practices, including the business operations strategy and common back offices

33. Several risks may emerge during the country programme implementation: (a) opposition to sexual and reproductive health and reproductive rights, particularly in targeting specific populations; (b) climate change, natural disasters and health-related pandemics threatening system resilience, with impacts on programme delivery; (c) limited institutional capacity and accountability to deliver the programme at all levels; (d) paper-based data collection systems across sectors, with limited progress towards digitization and innovation, adversely affecting timely actions to leave no one behind; and (e) failure to mobilize adequate resources due to the challenging donor environment in an upper-middle-income country, where the few existing donors prefer direct implementation modalities. To mitigate these risks, UNFPA will develop an advocacy strategy for the country programme to provide the Government and other stakeholders with evidence-based information on SRHR and mobilize support for the priority areas. UNFPA will also expand partnerships with civil society organizations, the media and parliamentary committees to increase alliances for support to the ICPD agenda.

34. A business continuity plan will be developed to support programme and operational continuity during the event of an emergency, in collaboration with the United Nations agency partners. Institutional capacity building is a deliberate strategy of the programme, which seeks to strengthen systems and structures to facilitate the effective delivery of results. To mitigate the risk of gaps in financial resources, a resource mobilization and partnership plan has been developed by the country office to guide efforts in leveraging strategic partnership opportunities with the Government, the private sector and other United Nations agencies. Within this context, the income projection for the programme is fairly conservative, recognizing the constrained fiscal space following the COVID-19 pandemic. The country office will also collaborate with other United Nations agencies in joint resource mobilization efforts, including the Sustainable Development Initiatives Fund.

35. This country programme document outlines UNFPA contributions to national development 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 for country

programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

36. UNFPA will collaborate with the Government, United Nations agencies and development partners to strengthen and leverage national and subnational capacities for monitoring and evaluation of the country programme, including the collaborative use of information management systems. This will support follow-up and tracking of progress towards the Sustainable Development Goals and national development aspirations, as articulated in the national monitoring and evaluation frameworks and the UNSDCF. These will include rights-based review and reporting through voluntary national reviews to the high-level political forum. Simultaneously, and as guided by the results-based management frameworks, the mechanism will be harnessed to monitor UNFPA contributions towards sustainable development and the country programme results framework. UNFPA will actively participate in the joint UNSDCF monitoring mechanisms, including those that will track progress on joint workplans and reporting on achievements. The evidence from these mechanisms will be used to take corrective action and ensure that the resources used to deliver results.

37. To promote financial accountability, and generate evidence to facilitate effective decision-making in programme implementation, UNFPA will implement the monitoring and evaluation plan in collaboration with the United Nations system and the Government. A comprehensive evaluation of the programme will be conducted to identify lessons learned and recommendations for the next country programme. Mid-year and annual programme review meetings will be conducted to assess progress towards the planned results and to inform course corrections towards accelerated programme implementation and progress towards the transformative results.

RESULTS AND RESOURCES FRAMEWORK FOR BOTSWANA (2022-2026)

NATIONAL PRIORITY: Human and social development – Botswana will live long and healthy lives; marginalized population groups will be empowered to positively contribute to the country’s development; people living with disabilities and the elderly will have equal access to services and socio-economic opportunities				
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				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Sexual and reproductive health				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>Related UNFPA strategic plan outcome indicator(s):</p> <ul style="list-style-type: none"> Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 58%; Target: 61%</i> Maternal mortality ratio <i>Baseline: 133.7; Target: TBC</i> 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 <i>Baseline: 47.9%; Target: 65%</i> Number of East and Southern African countries providing comprehensive HIV and sexual and reproductive health package for at least one key population <i>Baseline: 0; Target: 1</i> 	<p>Output 1. Strengthened national capacities to provide equitable access to high-quality, rights-based integrated sexual and reproductive health information and services, including on HIV and gender-based violence, across the life course</p>	<ul style="list-style-type: none"> Percentage of health facilities that experienced no stock-outs of modern contraceptive methods during the previous year <i>Baseline: 0; Target: 60%</i> Number of financing frameworks that support an increase in financial flows for SRHR and implementation of effective risk pooling <i>Baseline: 0; Target: 3</i> Number of national SRHR/HIV strategies and disaster preparedness and response plans that integrate the minimum initial service package <i>Baseline: 0; Target: 2</i> Number of essential SRHR elements integrated into national essential health services <i>Baseline: 3; Target: 6</i> Availability of health-sector guidelines that integrate response to GBV, in line with the essential services package for women and girls <i>Baseline: No; Target: Yes</i> 	<p>Ministries of Health and Wellness; Basic Education; Nationality, Immigration and Gender Affairs; National AIDS and Health Promotion Agency; central medical stores; Statistics Botswana; youth organizations; Sisonke Botswana; Botswana Network on Ethics, Law and HIV/AIDS; Men for Health and Gender Justice; civil society organizations; UNICEF; UNDP; WHO; UNAIDS; UNESCO</p>	<p>\$4.1 million (\$1.4 million from regular resources and \$2.7 million from other resources)</p>
	<p>Output 2. Strengthened national capacities to design and implement policies and programmes that are responsive to the sexual and reproductive health needs and well-being of adolescents and young people</p>	<ul style="list-style-type: none"> Number of SRHR policies and strategies that engaged adolescents and youth in the formulation, particularly marginalized adolescents and youth <i>Baseline: 1; Target: 2</i> Existence of policy to facilitate girls’ return to school after pregnancy <i>Baseline: No; Target: Yes</i> Existence of national framework to manage early and unintended pregnancies among adolescent girls <i>Baseline: No; Target: Yes</i> 		
NATIONAL PRIORITY: Human and social development – Botswana will be a society where all men and women have equal opportunity to actively participate in the economic, social, cultural and political development of their country				
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				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality and women’s empowerment				

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF Outcome indicator(s):</p> <ul style="list-style-type: none"> 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 the form of violence and by age <i>Baseline 67%; Target: TBC</i> 	<p>Output 1. Strengthened policy and legal frameworks, and institutional capacities to reduce gender inequality and address gender-based violence, in line with national and international commitments</p>	<ul style="list-style-type: none"> Number of national laws and policies reviewed and revised following international standards to prevent and address gender-based violence <i>Baseline: 2; Target: 4</i> Existence of functional platform engaging civil society, including faith-based organizations and non-state actors to advance gender equality and reproductive rights, with support from UNFPA <i>Baseline: No; Target: Yes</i> Existence of a coordinated multisectoral response to GBV (including the accessibility of services for persons with disabilities) <i>Baseline: No; Target: Yes</i> 	<p>Ministries of Health and Wellness; Basic Education; Nationality, Immigration and Gender Affairs; Defence, Justice and Security; National AIDS and Health Promotion Agency; Statistics Botswana; youth networks; civil society organizations; UN-Women, WHO, UNAIDS; UNICEF; UNDP; academic institutions; parliamentary committees</p>	<p>\$1.9 million (\$0.7 million from regular resources and \$1.2 million from other resources)</p>
NATIONAL PRIORITY: Human and social development – Botswana will have made relevant investments in its youthful population to reap the demographic dividend				
UNSDCF OUTCOME INVOLVING UNFPA: By 2026, Botswana is a just society, where leaders are accountable, transparent and responsive, corruption is reduced, and where people are empowered to access information, services and opportunities and participate in decisions that affect their lives and livelihoods				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Population and development				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>Related UNFPA strategic plan outcome indicator</p> <ul style="list-style-type: none"> Proportion of sustainable development indicators produced at the national level, with full disaggregation when relevant to the target, following the Fundamental Principles of Official Statistics <i>Baseline: 34%; Target 50%</i> 	<p>Output 1. Strengthened national capacities to generate, utilize and mainstream evidence on population dynamics, data, policy and megatrends into national development plans and monitoring and accountability mechanisms for improved SRHR</p>	<ul style="list-style-type: none"> Number of UNFPA-prioritized SDG indicators integrated into population-based surveys and sectoral information management systems <i>Baseline: 8; Target: 17</i> Number of national development plans and policies plans that explicitly integrate demographic dynamics <i>Baseline: 2; Target: 4</i> Number and type of knowledge products that synthesize evidence for SRHR and population and development programming <i>Baseline: 5; Target: 10</i> Number of analytical reports developed on population dynamics and SRHR based on 2022 Population and Housing Survey and other surveys that inform policymaking and programme planning <i>Baseline: 0; Target: 3</i> 	<p>Ministries of Finance and Economic Development; Health and Wellness; Local Government and Rural Development; Youth Empowerment, Sport and Culture Development; academic institutions; Statistics Botswana; National Council on Population and Development; Botswana Institute of Development and Policy Analysis; World Bank</p>	<p>\$1.1 million (\$1.0 million from regular resources and \$0.1 million from other resources)</p>