



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

Distr.: General
6 July 2009

Original: English

UNITED NATIONS POPULATION FUND

Final country programme document for Botswana

Proposed indicative UNFPA assistance: \$13.6 million: \$5 million from regular resources and \$8.6 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2010-2014)

Cycle of assistance: Fifth

Category per decision 2007/42: B

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Population and development	0.9	5.7	6.6
Reproductive health and rights	3.0	2.4	5.4
Gender equality	0.6	0.5	1.1
Programme coordination and assistance	0.5	-	0.5
Total	5.0	8.6	13.6

I. Situation analysis

1. Since achieving independence in 1966, Botswana has enjoyed a stable political environment and rapid economic growth, largely fuelled by diamond export revenues. Nevertheless, poverty and income inequality are relatively high, due to an overreliance on the mineral sector and a failure to diversify the economy and create jobs. The HIV and AIDS scourge and the unfolding global financial crisis are eroding development gains. The Government, the main employer, has established welfare programmes to address the needs of the population.

2. The population of Botswana is 1.7 million and is growing at an average annual rate of 2.4 per cent. The total fertility rate was 3.3 children per woman in 2001. Life expectancy at birth declined from 65.3 years in 1991 to 55.6 years in 2001. According to the 2001 population and housing census, 70 per cent of the population is under the age of 29, and just 5 per cent is over the age of 65. Although socio-economic data are adequate, there are concerns about the timeliness, disaggregation and dissemination of such data.

3. The HIV prevalence rate is 17.1 per cent for the overall population. However, women are more affected than men. Disparities are especially evident in the 20- to 24-year-old age bracket, where 9.1 per cent of males and 26.2 per cent of females are infected. Multisectoral HIV prevention programmes targeting youth are creating positive results. The national HIV sentinel surveillance report shows a decline in the prevalence rate among pregnant women aged 15-19, from 28.6 per cent in 1992 to 17.2 per cent in 2007. The 2008-2011 operational plan of the National AIDS Coordinating Agency emphasizes scaling up prevention efforts through behaviour and social change interventions focusing on youth and men.

4. The main drivers of HIV transmission are multiple concurrent partners, alcohol abuse, intergenerational and commercial sex, gender-based violence, low and inconsistent use of condoms, and the stigma surrounding the disease. The epidemic is changing the economic

status of families in Botswana. Because women and girls provide the bulk of care for those living with HIV and AIDS, their participation in income-generating activities has been hampered, exacerbating poverty among women and female-headed households. The provision of anti-retroviral treatment is mitigating some of these effects, albeit at considerable cost to the Government. The epidemic has also burdened the public health system, diverting attention from other health programmes. Moreover, HIV and AIDS and reproductive health services are not well integrated, as agreed in the Maputo Plan of Action.

5. Access to basic health care is high, at 97 per cent. However, a number of health indicators are troubling. For example, the maternal mortality ratio, while declining, is relatively high at 193 deaths per 100,000 live births. Contributing factors include: (a) a lack of skilled personnel to manage obstetric complications; (b) stock-outs of essential equipment and drugs due to weak logistics management; (c) weak referral systems, especially in rural and geographically remote areas; (d) insufficient community mobilization and engagement; and (e) high teenage pregnancy and unsafe abortion rates.

6. In addition, the contraceptive prevalence rate is low, at 44 per cent. Contributing factors include: (a) inadequate information on the modes of contraception; (b) intermittent supply stock-outs; (c) cultural and religious beliefs; (d) gender disparities, specifically the lack of involvement of men in family planning and maternal and child health issues; and (e) the weak integration of HIV and AIDS and sexual and reproductive health services. The teenage pregnancy rate is high, due in part to the lack of comprehensive, adolescent-friendly reproductive health information and services.

7. Despite investments in youth development initiatives, young people face a number of challenges, including HIV and AIDS, teenage pregnancy, poverty, unemployment and gender-based violence. Feeling alienated and disempowered, some young people adopt risky behaviours such as alcohol abuse and unsafe sex. The coordination and integration of youth

programmes across sectors is weak, which limits their effectiveness.

8. Botswana has made progress with regard to gender equality since the 1995 Fourth World Conference on Women. In adherence to the Convention on the Elimination of All Forms of Discrimination against Women, the Government has revised discriminatory laws, providing women with equal access to education and health care. Nevertheless, women experience higher poverty and unemployment rates than men, are often victims of gender-based violence, and bear the brunt of the HIV and AIDS epidemic. Cultural norms, attitudes and practices are changing at a slower pace than the formal legal environment. Gender structures are still weak, and gender mainstreaming across key sectors lags behind. Women constitute only 5 per cent of the cabinet and 12 per cent of parliament, far below the target of 30 per cent set by the Southern African Development Community.

II. Past cooperation and lessons learned

9. UNFPA support to Botswana began in 1971. Since then, UNFPA and the Government have implemented four country programmes. UNFPA extended the fourth programme (2003-2007) by two years to align it with the cycle of the national development plan.

10. Past UNFPA support emphasized the development of national policies, strategies, and training manuals for service providers. In the area of population and development, achievements included the elaboration of a national population policy. In the area of reproductive health and rights, UNFPA helped to develop: (a) the national programme framework; (b) the adolescent sexual and reproductive health implementation strategy; (c) guidelines for antenatal care and the management of obstetric emergencies; (d) service standards and guidelines, (e) the national strategy and programme of action for male involvement; and (f) the reproductive health commodity security strategy. In the area of HIV and AIDS, the programme developed a national operational plan to scale up HIV prevention (2008-2011) and the youth strategic

plan (2008-2016). Although these instruments are in place, a number of factors hamper their implementation, including weak monitoring systems, a lack of skilled personnel, and gaps in the availability and use of reliable, timely and disaggregated data.

11. Lessons learned include the need to: (a) integrate HIV and AIDS and sexual and reproductive health programmes for maximum impact; (b) strengthen the capacity and coordination of youth organizations to scale up and streamline the provision of youth-friendly services; (c) build capacity for managing stocks of reproductive health commodities; (d) mainstream gender in policies and programmes, in particular the involvement of men in scaling up HIV prevention and in improving maternal health; (e) ensure the availability of reliable and timely statistics; (f) strengthen partnerships, sustain investments in catalytic areas, and adopt a multisectoral approach to scale up HIV prevention interventions; and (g) promote national ownership and coordination of development programmes.

III. Proposed programme

12. The fifth country programme builds on: (a) the lessons learned from the fourth country programme; (b) the common country assessment and the United Nations Development Assistance Framework (UNDAF), 2010-2016; (c) the priorities of the National Development Plan 10 (2010-2016); (d) the Programme of Action of the International Conference on Population and Development (ICPD); (e) the Millennium Development Goals and the Maputo Plan of Action; and (f) the UNFPA strategic plan, 2008-2011.

13. The expected results of the proposed programme derive from the following UNDAF outcomes: (a) effective and efficient delivery of services for the fulfilment of human rights; (b) national capacity to address health and HIV and AIDS challenges to achieve universal access to high-quality services is strengthened by 2016; and (c) increased empowerment and participation of children, youth and women at all levels.

14. The programme is gender-sensitive and human rights-based, and seeks to promote South-South cooperation and local and regional partnerships. UNFPA will implement the country programme through three programme components: (a) population and development; (b) reproductive health and rights; and (c) gender equality.

Population and development component

15. The outcome of the population and development component is: strengthened, accountable and responsive governing institutions, and evidence-based decision-making. There are two outputs within this component.

16. Output 1: Effective coordination of the collection, analysis and dissemination of high-quality disaggregated data. The programme will adopt the following strategies: (a) resource mobilization and technical support for the 2011 population and housing census results; (b) institutional and technical capacity-building of the national statistics office to plan, collect, process, analyse and disseminate data, and maintenance of an integrated database system; (c) setting up coordination mechanisms to improve the generation and utilization of data; and (d) facilitating the collection and use of reliable data in humanitarian response initiatives.

17. Output 2: Strengthened coordination of population policy and programme implementation, monitoring and evaluation at national and district levels. The programme will adopt the following strategies: (a) supporting the coordination and implementation of the national population policy; (b) advocating the integration of population issues into national policies and district plans; (c) building capacity to coordinate and implement population programmes; and (d) promoting and disseminating policy-oriented research on key population issues.

Reproductive health and rights component

18. The outcome of the reproductive health and rights component is: by 2014, access to and utilization of high-quality services for sexual and reproductive health and HIV and AIDS are enhanced. Two outputs fall under this component.

19. Output 1: Enhanced capacity of the Ministry of Health, the Ministry of Local Government and civil society organizations to implement the road map for maternal and newborn health, including logistics management of reproductive health commodities. Strategies will include: (a) capacity-building to plan, manage, monitor and coordinate the implementation of the road map for maternal and newborn health; (b) improving emergency obstetric care; (c) promoting and accelerating male involvement activities; (d) building the capacity of health facilities to manage reproductive health commodities; (e) promoting gender-sensitive and culturally sensitive behaviour change communication to increase the demand for reproductive health services and to scale up HIV prevention services; (f) ensuring the inclusion of reproductive health supplies and services in emergency responses; (g) increasing and consolidating partnerships through existing United Nations country team thematic groups and global health initiatives; and (h) promoting South-South cooperation and strengthening local and regional institutions.

20. Output 2: Strengthened evidence-based interventions to prevent HIV/AIDS and sexually transmitted infections, including their integration with sexual and reproductive health services, with a focus on young people and pregnant women. Strategies include: (a) designing and implementing a culturally sensitive and gender-sensitive behaviour and social change communication training curriculum; (b) promoting the integration of sexual and reproductive health and HIV and AIDS programming and services; (c) building capacity in life skills, social and community mobilization, and the integration of family life education in school curricula; (d) encouraging partnerships and networking with civil society, media, parliamentarians and religious groups; and (e) building the capacity of the National

AIDS Coordinating Agency and youth organizations.

Gender equality component

21. The outcome of the gender equality component is: gender is mainstreamed into laws, policies, plans and programmes, and gender-based violence is reduced. There are two outputs in this component.

22. Output 1: Strengthened institutional and technical capacity of key gender institutions in the Government and civil society to accelerate gender mainstreaming and gender-responsive programming. Strategies will include: (a) advocating the positioning of gender concerns among National Development Plan 10 priorities; (b) capacity-building for gender analysis and gender programming; (c) helping civil society organizations to mobilize communities and sensitize the public about gender rights; (d) promoting the generation of data disaggregated by gender; and (e) encouraging partnerships and networking with media, parliamentarians, and religious and community groups.

23. Output 2: Strengthened institutional mechanisms to accelerate the prevention of and response to gender-based violence. Achieving this output will require: (a) social and community mobilization against gender-based violence, emphasizing behaviour and social change; (b) capacity-building for the effective prevention of gender-based violence and support to victims of such violence, including in humanitarian situations; and (c) capacity-building for recording and managing data on gender-based violence.

IV. Programme management, monitoring and evaluation

24. To enhance programme coherence and the efficiency and effectiveness of the United Nations system in Botswana, UNFPA and the Government will implement the fifth country programme in the context of the 'delivering as one' framework. A national steering committee, composed of government representatives and United Nations organizations, will measure and monitor results, based on the principles of results-based management. The programme will follow UNFPA and United Nations Development Operations Coordination Office procedures and guidelines. UNFPA will collaborate with other United Nations organizations to develop a resource mobilization strategy. UNFPA will also collaborate with the World Bank and the European Union to prevent HIV and to strengthen data systems.

25. The UNFPA country office in Botswana consists of a representative, an assistant representative, an operations manager, three national programme officers and several support staff. The country office will employ the services of national project personnel, junior professional officers and support staff, as required. UNFPA headquarters and the regional and subregional offices will provide technical and programme assistance, working with the country office to optimize the use of available expertise and resources. The country office will also pursue cooperation with other UNFPA country offices.

RESULTS AND RESOURCES FRAMEWORK FOR BOTSWANA

National priority (National Development Plan 10): (a) affordable and high-quality health care; and (b) prevention of new HIV infections				
Millennium Development Goals: (a) reduce child mortality; (b) improve maternal health; and (c) combat HIV/AIDS, malaria and other diseases				
UNDAF outcome: national capacity to address health and HIV and AIDS challenges to achieve universal access to high-quality services is strengthened by 2016				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome: By 2014, access to and utilization of high-quality services for sexual and reproductive health and HIV/AIDS are enhanced</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • HIV incidence <p>Baseline: 2.5% Target: 75%</p> <ul style="list-style-type: none"> • Maternal mortality ratio <p>Baseline: 193 deaths per 100,000 live births Target: 150 deaths per 100,000 live births</p>	<p>Output 1: Enhanced capacity of the Ministry of Health, the Ministry of Local Government and civil society organizations to implement the road map for maternal and newborn health, including logistics management of reproductive health commodities</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of health facilities with basic and comprehensive emergency obstetric care <p>Baseline: 14; Target: 60</p> <ul style="list-style-type: none"> • Number of districts with community programmes on sexual and reproductive health <p>Baseline: 5; Target: 7</p> <ul style="list-style-type: none"> • Number of health facilities submitting timely and accurate stock status reports <p>Baseline: 5; Target: 50</p> <p>Output 2: Strengthened evidence-based interventions to prevent HIV/AIDS and sexually transmitted infections, including their integration with sexual and reproductive health services, with a focus on young people and pregnant women</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of organizations using behaviour and social change communication techniques <p>Baseline: 0; Target: 4</p> <ul style="list-style-type: none"> • Number of youth-focused HIV/AIDS prevention strategies and programmes <p>Baseline: 2; Target: 4</p> <ul style="list-style-type: none"> • Key government partners adopt integrated planning, implementation and monitoring of sexual and reproductive health and HIV/AIDS programmes <p>Target: integrated sexual and reproductive health and HIV/AIDS programmes</p>	<p>Ministries of: Education; Health; and Local Government; National AIDS Coordinating Agency</p> <p>Civil society organizations</p>	<p>\$5.4 million (\$3 million from regular resources and \$2.4 million from other resources)</p>

National priority (National Development Plan 10): (a) transparency and accountability in all public and private institutions; (b) reduced corruption; (c) enhanced and sustained participatory democracy; and (d) rule of law UNDAF outcome: effective and efficient delivery of services for the fulfilment of human rights				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome: Strengthened, accountable and responsive governing institutions, and evidence-based decision-making</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Government effectiveness index <p>Baseline: 73.9% Target: 76%</p> <ul style="list-style-type: none"> Poverty rate <p>Baseline: 30% Target: 23%</p>	<p>Output 1: Effective coordination of the collection, analysis and dissemination of high-quality disaggregated data</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Master plan for census and all surveys in place <p>Baseline: No master plan Target: Master plan in place</p> <ul style="list-style-type: none"> 2011 census and survey reports related to the ICPD <p>Baseline: 0; Target: 5</p> <p>Output 2: Strengthened coordination of population policy and programme implementation, monitoring and evaluation at national and district levels</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ICPD+20 report in place <p>Baseline: 0; Target: report in place</p> <ul style="list-style-type: none"> Population issues incorporated into poverty strategy <p>Target: Poverty strategy has incorporated population issues</p>	Central Statistics Office; District councils; Ministry of Finance and Development Planning	\$6.6 million (\$0.9 million from regular resources and \$5.7 million from other resources)
National priority (National Development Plan 10): (a) adequate social protection; and (b) strong national unity and identity Millennium Development Goals: (a) promote gender equality and empowerment; and (b) improve maternal health UNDAF outcomes: (a) effective and efficient delivery of services for the fulfilment of human rights; and (b) increased empowerment and participation of children, youth and women at all levels				
Gender equality	<p>Outcome: Gender is mainstreamed into laws, policies, plans and programmes, and gender-based violence is reduced</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Botswana Gender Development Index in place Gender-based violence prevalence rate 	<p>Output 1: Strengthened institutional and technical capacity of key gender institutions in the Government and civil society to accelerate gender mainstreaming and gender-responsive programming</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Number of ministries with gender-sensitive policies and programmes <p>Baseline: 5; Target: 10</p> <ul style="list-style-type: none"> Number of institutions with a comprehensive response to victims of gender-based violence <p>Baseline: 1; Target: 3</p> <p>Output 2: Strengthened institutional mechanisms to accelerate the prevention of and response to gender-based violence</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Indicators and tools for monitoring and evaluating gender policies available <p>Baseline: 0; Target: Indicators and tools in place</p> <ul style="list-style-type: none"> Number of institutions with gender-based violence prevention programmes at the community level <p>Baseline: 2; Target: 5</p>	Ministry of Health; Ministry of Labour and Home Affairs; Office of the President Civil society organizations	\$1.1 million (\$0.6 million from regular resources and \$0.5 million from other resources) <hr/> Total for programme coordination and assistance: \$0.5 million