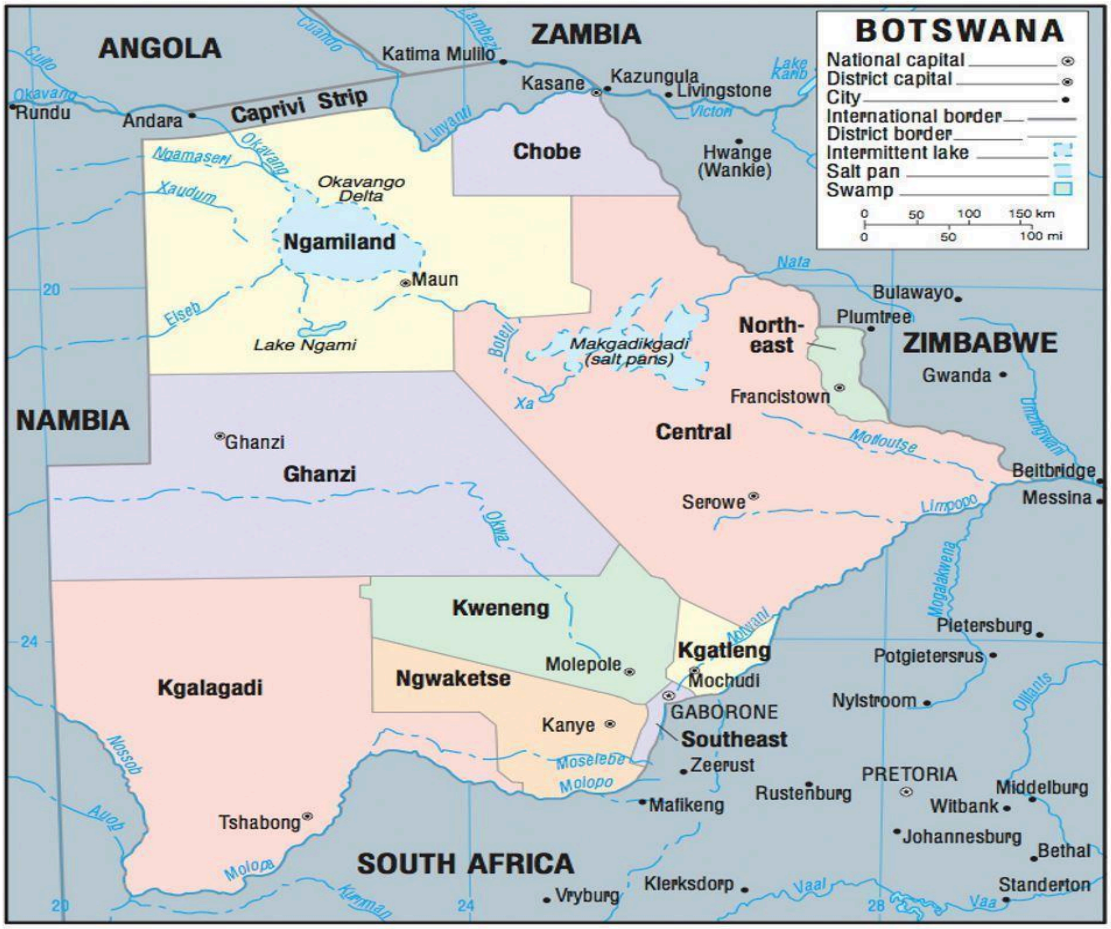
COUNTRY PROGRAMME EVALUATION OF UNFPA BOTSWANA

7TH COUNTRY PROGRAMME (2022 – 2026)

FINAL EVALUATION REPORT

DECEMBER 2025

Map of Botswana by Administrative Regions[1][2]



[1] Source: https://images.app.goo.gl/pqhjm9ByT8Q8bGZFA

[2] The boundaries, names shown and the designations used on the map on this site do not imply official endorsement or acceptance by the United Nations Population Fund

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The CPE Consultants hope that the evaluation findings and recommendations will contribute to the further development of the UNFPA programme in Botswana, particularly the design of the following programme cycle, as well as national development plans and the UNSDCF in Botswana.

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ACRONYMS AND ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
AGYW	Adolescent Girls and Young Women
ASFR	Age-Specific Fertility Rate
CO	Country Office
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
EQ	Evaluation Question
ERG	Evaluation Reference Group
ESARO	East and Southern Africa Regional Office
ETP	Economic Transformation Programme
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GEWE	Gender Equality and Women's Empowerment
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
KII	Key Informant Interviews
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer or Questioning
M&E	Monitoring and Evaluation
OOP	Out-Of-Pocket
P&D	Population and Development
RRF	Results and Resources Framework
SDG	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
ToC	Theory of Change
ToR	Terms of Reference

UHC	Universal Health Care
UMIC	Upper Middle-Income Country
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Framework
WHO	World Health Organisation
YEE	Young and Emerging Evaluator

Key Country Facts

POPULATION	STATUS	YEAR/SOURCE
Total estimated (in million)	2,359,609 million	2022/Statistics Botswana
Annual growth rate	1.4%	2022/Statistics Botswana
Population aged below 15 years	31.3%	2022/Statistics Botswana
Population aged 15 – 29 years	34.7%	2022/Statistics Botswana
Average Household size	3.3	2022/Statistics Botswana
Life expectancy at birth in years(males/female)	70.1/76.2	2022/Statistics Botswana
Total age dependency ratio	56.7	2022/Statistics Botswana
HEALTH AND FAMILY PLANNING		
Infant mortality Rate (deaths per 1000 live births)	21.9	2022/Statistics Botswana
Under 5 mortality rate (deaths per 1000 live births)	28.4	2022/Statistics Botswana
Maternal mortality (per 100,000 live births)	176.7	2022/Statistics Botswana
Skilled birth attendance	99.8%	2022/Statistics Botswana
Contraceptive demand among married women	75.4 – 79.8%	2018/BMJ Data
Contraceptive Prevalence Rate (CPR)	67.4%	2020/UNFPA
Net contraceptive demand	67.4%	2020/UNFPA
Unmet family planning needs	9.6	Statistics Botswana
Total Fertility Rate	2.75%	2022/Statistics Botswana
HIV Prevalence	20.8%	Statistics Botswana
INEQUALITY, GBV, AND HARMFUL PRACTICES		
Women aged 20-24 years, married aged <18 years	10.0%	2023/World Bank
Adolescent Birth Rate (15-19 years)	54/1000	2023/Gender Data Portal
Intimate partner violence of all types	67%	2024/UNFPA
Gender parity index (secondary school enrolment)	1.02	2024/UNICEF
Gender parity index (tertiary school enrolment)	1.36	2023/UNICEF
Parliament seats held by women	8.7%	2024/World Bank
SOCIAL DEVELOPMENT INDICATORS		
Human Development Index	0.731	2023/UNDP
Literacy rate	88.5%	2022/Statistics Botswana
Net enrolment in primary school	96.4%	2022/Statistics Botswana
Net enrolment in secondary school	73.7%	2022/Statistics Botswana

ECONOMY		
GDP, current US$	260.7 BWP Million	Bank of Botswana, 2024
Gross domestic product (GDP) per capita, current US$	$7,820	2023/World Bank
GDP growth rate	2.7%	2023/World Bank
Total expenditure on health (in US$)	10,866.780 BWP million	2019/UNICEF
Government expenditure on health as % of total government expenditure	12%	2019/UNICEF
Unemployment rate	23.6%	2024/World Bank
Youth unemployment rate	43 – 44%	2024/World Bank

Table 1: Key Country Facts

EXECUTIVE SUMMARY

Purpose, Scope, and intended audience: The Country Programme Evaluation (CPE) serves four primary purposes, namely: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; (iii) aggregating and sharing good practices and credible evaluative evidence to support organisational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders. The intended audience for the CPE are; (i) The UNFPA Botswana CO; (ii) the Government of Botswana; (iii) implementing partners of the UNFPA Botswana CO; (iv) rights-holders involved in UNFPA interventions and the organisations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA East and Southern Africa Regional Office (ESARO); and (vii) donors, in addition to wider UNFPA stakeholders, including (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organisations and international NGOs.

The objectives of the CPE were to provide the UNFPA Botswana CO, national stakeholders and rights-holders, the UNFPA ESARO, UNFPA Headquarters, as well as a wider audience with an independent assessment of the UNFPA Botswana 7th country programme (2022 - 2026), and to broaden the evidence base to inform the design of the next programme cycle. Specifically, the CPE's objectives were to; (i) provide an independent assessment of the relevance, effectiveness, and sustainability of UNFPA support; (ii) provide an assessment of the role played by the UNFPA Botswana CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results; and (iii) draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

The CPE's geographical scope covered national, with some specific focus on some district-level interventions in the Ghantsi, Okavango, Ngami, and Kweneng regions, where UNFPA supported implementation. Thematically, the CPE covered (i) Strengthened national capacities to provide equitable access to high-quality, rights-based integrated SRH, including HIV and GBV information and services across the life course; ii) Strengthened national capacities to design and implement policies and programmes that are responsive to the SRH needs and well-being of adolescents and young people; iii) Strengthened policy and legal frameworks and institutional capacities to reduce gender inequality and address GBV, in line with national and international commitments; and iv) Strengthened national capacities to generate, utilise and mainstream evidence on population dynamics, data, policy and megatrends into national development plans and monitoring and accountability mechanisms for improved SRH and reproductive rights, Policy and accountability. Additionally, the CPE covered cross-cutting issues, such as [human rights; gender equality; disability inclusion, etc.], and transversal functions, such as coordination; Monitoring and Evaluation (M&E); innovation; resource mobilisation; strategic partnerships, etc. The temporal scope covered interventions planned and/or implemented during the 7th CP period: 2022 to August 2025.

The Programme Context: With a population of 2.3 million, 30.3 per cent of the citizens is aged 10–24, while two-thirds are of working age of between 15 and 65 years. Botswana's economic gains have not been evenly distributed, with pockets of poverty persisting, placing it among the ten most unequal countries globally despite its transition to an upper-middle-income country (UMIC). Unemployment is a leading contributor to persistent inequality in Botswana, with the Government/Public Administration continuing to be the single largest employer, accounting for 20.3 per cent of total employment as of the first quarter of 2024, according to the Bank of Botswana. While the country achieved HIV and AIDS epidemic control (95:98:98) and earned gold-tier recognition for

having the lowest rate of mother-to-child HIV transmission globally, health disparities remain among the vulnerable groups,

especially among women, as they continue to be marginalised due to intersecting vulnerabilities. Comprehensive sexuality education is still inadequate; the age-specific fertility rate (ASFR) for adolescents aged 15–19 was at 51.8 live births per 1,000 women. Both HIV and GBV incidence remain high among adolescents at 4,066 among 10 - 19-year-olds, and an alarming number of 1,531 young women aged 16 - 18 report experiencing sexual violence before 18.

There is minimal progress in Maternal Mortality Ratio (MMR) with the figures ranging from 127 deaths per 100,000 live births (lowest) in 2015 to 240 deaths per 100,000 live births (highest) in 2021. The availability and accessibility of reproductive health commodities, including family planning, remain a challenge, evidenced by high incidences of early and unintended pregnancies, particularly amongst adolescents and young women, in addition to them facing inequalities in access to quality healthcare, early childhood development, and educational opportunities. Healthcare financing has declined significantly due to Botswana's reliance on mining revenue, with the revised 2025/26 health budget lower than the previous year, which could affect progress toward the SDGs despite its continued commitment to the 2030 Agenda. GBV is entrenched in the country's social fabric, with 67 per cent of women reporting experiencing sexual, physical, emotional, or economic violence from a partner or non-partner. Most of the harmful gender-related practices, especially among indigenous/minority groups are rooted in culture and reinforced by social norms, with widespread forms of sexual gender-based violence against women and children among indigenous people, and compounded by limited access to services for GBV, especially for those who live in rural and remote regions in the country.

The 7th UNFPA Botswana Country Programme: The 7th CP (2022 – 2026) was designed in alignment with the National Vision 2036, National Development Plan (NDP) 11, United Nations Sustainable Development Cooperation Framework (2022 - 2026), and UNFPA Strategic Plan (2022 - 2025). The programme was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organisations, the private sector, and academia, programme beneficiaries, particularly women and girls, persons with disability, and young people. The overall goal/vision of the UNFPA Botswana 7th CP is to increase the proportion of women of reproductive age (aged 15-49 years) whose need for family planning is satisfied with modern methods (from 58 per cent to 61 per cent by 2026). The programme has four thematic areas of programming with four interconnected outputs: (i) policy and accountability; (ii) quality of care and services; (iii) gender and social norms; (iv) population change and data; and (v) adolescents and youth. All outputs contribute to the achievement of the UNFPA Strategic Plan 2022-2025 outcomes, UNSDCF outcomes, and national priorities; they have a multidimensional, 'many-to-many' relationship with these outcomes.

Methodological Approach to the CPE: The CPE design was guided by the UNFPA Evaluation Handbook and based on the Evaluation Policy. The CPE was theory-based and non-experimental using a contribution analysis based on the 7th CP's theory of change. It was mainly guided by a set of eight questions that addressed the evaluation criteria of relevance, coherence, effectiveness, efficiency, and sustainability. Both purposive and convenience sampling methods were employed to select participants for the CPE based on the stakeholders' mapping provided by the CO. The sampling frame included partners from government and civil society organisations (CSOs), United Nations agencies, and direct and indirect beneficiaries. The CPE also adopted mixed methods using four main data collection techniques, namely, i) document review; ii) key informant interviews at group and individual levels with the selected stakeholders and CO staff, and iii) focus group discussions with beneficiaries (reaching a total of 70 people); and iv) site visits and observations. The data were collected both virtually and in person, depending on the stakeholders and their locations at the time of the fieldwork.

Data from the different sources were triangulated using both qualitative and quantitative analysis to generate the CPE report. The consultants adhered to ethics and quality control requirements, and the

Evaluation Manager assured compliance. No significant challenges were encountered during the field phase, and the CPE's purpose and objectives were fully met with support from the CO team.

Main Findings

Relevance: The 7th UNFPA Botswana CP was strategically aligned with the national development frameworks as contained in the Vision 2036 and the National Development Plan 11. Designed and implemented in consultation with and engagement of country stakeholders, the 7th CP addressed existing gaps in SRHR, gender equality, data systems, and youth empowerment, which are key pillars of Botswana's human and social development agenda. It enhanced access to family planning, contributed to reduced maternal deaths, and strengthened HIV prevention. The 7th CP's Gender Equality and GBV component strengthened women's empowerment and social justice, while its investments in population data strengthened evidence-based policymaking and inclusive growth. The CP also enhanced institutional capacity, governance, and partnerships through financial and technical assistance. Similarly, the 7th CP aligns closely with UNFPA's *Strategic Plan (2022–2025)* and international frameworks such as the ICPD Programme of Action, SDGs, Africa's Agenda 2063, and CEDAW. It directly contributed to the three UNFPA transformative results of ending unmet need for family planning, preventable maternal deaths, and GBV. The programme contributes directly to SDGs 3, 5, 10, and 17, advancing health, gender equality, and partnerships for sustainable development. Its emphasis on youth empowerment, women's rights, and demographic data also supports Africa's Agenda 2063 aspirations for inclusive growth and strong institutions. While resource limitations and inequitable service access persist, the programme's alignment, evidence-driven approach, and sustainability focus make it a key enabler of Botswana's and UNFPA's shared development goals.

Coherence: UNFPA CO demonstrated strong coherence through partnerships, coordination, and collaboration with government institutions, UN agencies, and CSOs. The CO also aligned its interventions with national policies, development frameworks, and SDG commitments, ensuring complementarity in SRHR, gender equality, and youth empowerment. Partnerships with umbrella bodies such as BOCONGO, BCD, and LEGABIBO enhanced inclusivity, yet engagement remained uneven, with smaller, rural CSOs less involved, particularly those supported by and collaborating with UNFPA. While UNFPA's support and operation in Botswana is upstream, there was confirmation of collaborative efforts with the community-based organisations filling in the gaps where necessary, including faith-based organisations fostering trust and social changes in the CP focus areas. UNFPA also provided a comparative advantage in the Gender and GBV Results Group and Youth Thematic Group, which reinforced joint delivery and coordination under the UNSDCF. However, there were reported instances of overlaps in technical assistance, fragmented engagement with government counterparts by the United Nations agencies, and limited inter-ministerial coordination, which occasionally weakened collective efficiency. There was also more concentration in the urban centres, inadequate resource mobilisation strategies, and weak integration of demographic data into broader policy frameworks.

Effectiveness: The 7th CP's SRHR component significantly strengthened Botswana's health system by advancing integrated SRHR service delivery. It provided technical and financial support to the MoH in revising key RMNCAH+N, HIV, and GBV guidelines and enhanced health worker capacity through the ToT model. UNFPA also enhanced evidence-based advocacy, leading to a national FP budget line and improved efforts towards effective supply chain management in 17 of 18 districts. Innovative initiatives like the Drones for Health project and support for MPDSR and PAC improved service accessibility, accountability, and resilience. Coordination through SRHR TWGs enhanced national ownership and policy coherence. However, challenges persisted, including RH commodity stockouts, dependence on donor funding, and emerging limited domestic financing. Shortages of skilled midwives, weak emergency obstetric services, and inconsistent maternal death audits constrained quality improvements. Coordination inefficiencies within TWGs, limited data sharing, and weak

monitoring further reduced effectiveness. Sociocultural barriers, restrictive abortion laws also hindered contraceptive uptake and access to safe abortion care, limiting the full impact of SRHR interventions.

The Adolescent and Youth component significantly advanced SRHR for adolescents and youth through strong policy advocacy, capacity building, and empowerment initiatives. UNFPA's collaboration with government ministries, traditional leaders, and CSOs created a more enabling policy environment for adolescents and young people to access SRH services without discrimination. The programme strengthened youth participation in policy processes, including in the development of the National Youth Policy supported ESA commitments on CSE, and enhanced youth leadership, including among young people with disabilities. However, challenges persisted, including discriminatory attitudes among healthcare providers, limited coverage of youth-friendly services, and resource constraints affecting service delivery. Youth engagement was concentrated in urban areas, leaving rural youth, including those with disability underrepresented. CSE content remained insufficiently adapted to cultural and disability contexts, where it was not always clear that various forms of disability were considered for implemented interventions, and short-term funding cycles undermined the continuity and sustainability of youth-led initiatives, limiting equitable access and long-term impact.

The GEWE component of the 7th CP made significant progress in advancing gender equality and combating GBV through legal reforms, institutional strengthening, and inclusive advocacy. Key achievements included supporting the review of the Domestic Violence, Marriage, and Human Trafficking Acts, enhancing protection for women and girls. UNFPA's coordination role within the UN System and national platforms improved GBV referral systems, especially within the health sector and law enforcement through review of the national guidelines for prevention and management of GBV SOPs, and stakeholder collaboration. At the same time, engagement with traditional leaders, CSOs, and faith groups promoted community ownership of GBV prevention. Evidence generation through studies and policy reviews also strengthened data-informed advocacy; however, limited government ownership and funding for CSO partnerships affected sustainability. Uneven institutional capacity, particularly in rural areas, constrained the quality of GBV response, while outdated data hindered effective planning. Resistance from conservative groups slowed progress on sensitive issues like marital rape, and funding shortages delayed initiatives such as the SRH Service Package for Men and Boys.

The Population and Development component of Botswana's 7th UNFPA CP achieved significant strides in strengthening national data systems and promoting evidence-based planning. UNFPA's support for the first fully digitised 2022 Population and Housing Census contributed to enhanced data quality and analysis on fertility, mortality, gender, disability, and youth. It also strengthened national analytical capacity, informed the 2023–2038 population projections, and supported the review of the National Population Policy to integrate demographic trends into planning. Strengthening the CRVS system improved registration, legal frameworks, and inclusivity, while contributions to SDG monitoring and ICPD@25 reinforced data-driven development. However, gaps persisted, including delays in census dissemination, sub-optimal analysis and use of various available administrative data, weak coordination, and limited government financing. Under-registration in rural areas, poor connectivity, and cultural barriers continued to affect CRVS completeness. At the same time, reliance on outdated and limited national data limited the use of evidence in policymaking.

Efficiency: The review of UNFPA Botswana's 7th Country Programme found that the Country Office exhibited strong technical expertise and effective delivery across SRHR, GEWE, youth, and population dynamics. Staff demonstrated high competence and alignment with corporate priorities; however, the small team size created capacity gaps, particularly in M&E, GEWE, and youth programming, leading to heavy workloads and reduced technical specialisation. Dependence on short-term consultants and

prolonged vacancies in key roles, while providing temporary relief and in line with the UNFPA Strategic Plan's business model for UMIC, affected institutional continuity and overall efficiency. Financial management was sound and transparent, with a moderate budget utilisation rate of 79%, though administrative bottlenecks and delays from government partners occasionally slowed implementation. Strategic partnerships supported coordination and cost-sharing, but limited resource mobilisation—linked to Botswana's upper-middle-income status—constrained expansion in areas such as CSE and GBV. Persistent weaknesses in national data systems and insufficient disaggregation of data impeded evidence-based planning, while inconsistent indicator reporting and limited M&E capacity hampered tracking of transformative outcomes.

Sustainability: UNFPA Botswana's 7th CP effectively integrated sustainability mechanisms through strong collaboration with government, policy alignment, and institutional capacity-building. Strategic partnerships and co-financing with ministries enhanced national ownership of SRHR and gender equality initiatives, with notable achievements such as integrating MISP for SRH into disaster management plans, securing government funding for the Drones for Health project, and developing key frameworks like the Botswana SRH Service Package for Men and Adolescent Boys; National Youth Policy review and the Gender and Development Policy. Engagement with traditional leaders under Ntlo Ya Dikgosi further advanced socio-cultural sustainability, while capacity-building initiatives and collaboration with Statistics Botswana and CRVS strengthened institutional and data systems. The continued approach to capacity strengthening of the ToT model also promoted sustainability, with trainers cascading knowledge and skills through sub-national-level training and mentorship. Nonetheless, sustainability is constrained by limited domestic financing, weak inter-ministerial coordination, and continued dependence on donor support. High staff turnover across line ministries supporting 7TH CP-related efforts, low CSO capacity, and slow legal reforms in sensitive SRHR areas also pose risks to long-term gains. Despite these challenges, the programme established a solid basis for national ownership and system resilience beyond the 7th CP.

Conclusions

1. The 7th CP is strategically and strongly aligned with national priorities, addressing expressed needs, particularly the vulnerable and marginalised populations, through advancing SRHR, gender equality, and data-driven planning. However, gaps persist in domestic financing, service reach in remote areas, inadequate capacities, and socio-cultural barriers.
2. The CO demonstrated strong coherence with national policies, UN frameworks, and civil society partnerships, effectively advancing SRHR, gender equality, inclusion, and GBV prevention and response. However, coherence is weakened by fragmented local engagement, limited grassroots co-creation, and uneven policy implementation, especially in underserved areas.
3. The 7th CP, through strong technical capacity, strategic partnerships, and efficient resource use, used leadership innovations to enhance visibility and service delivery. However, staff shortages, reliance on short-term consultants, though they augmented the technical assistance and support required by the CO, and limited domestic financing, M&E weaknesses, and inconsistent capturing and reporting the CP indicators hindered outcome-level tracking.
4. UNFPA effectively and strategically promoted and integrated a sustainability mechanism through policy alignment, institutional capacity building, and national ownership during the 7th CP. However, weak inter-ministerial coordination and staff turnover within the collaborating line ministries threaten continuity. Dependence on donor funding also undermines the sustainability of CSOs and youth networks.
5. UNFPA's 7th Country Programme substantially strengthened Botswana's SRHR system through policy reform, capacity building, and integration of quality, rights-based services across maternal health, family planning, GBV, and emergency preparedness. However, persistent financing, supply chain, legal, and rural access challenges continue to constrain equitable and sustainable impact.

6. The 7th CP significantly strengthened innovation and coordination for SRH in Botswana through the successful piloting of drone-assisted supply delivery and leadership in national coordination platforms. However, sustainability remains constrained by resource gaps, coordination inefficiencies, and dependence on donor support.
7. The 7th CP significantly strengthened Botswana's national capacity to design and implement adolescent- and youth-responsive SRHR policies and services through sustained advocacy, systems strengthening, and youth engagement. However, geographic inequities, resource constraints, and inconsistent continuity of youth initiatives limited their equitable national impact.
8. The 7th CP greatly improved the review, alignment, and implementation of laws, policies, and guidelines that promote the rights of women and girls in Botswana. Legal reforms, standardised GBV guidelines, and coordinated institutional responses enhanced survivor-centered service delivery and accountability. However, uneven funding, limited district-level reach, and sustainability issues limited the full national impact.
9. The 7th CP markedly enhanced advocacy efforts at the national and community levels to abolish harmful social norms and prevent GBV through strategic partnerships, particularly with traditional leaders and community actors. However, resource limitations, uneven geographic coverage, and ongoing social resistance continue to impede sustainable, nationwide behavior change.
10. The UNFPA CO made a transformative contribution to Botswana's population data ecosystem through the digitised census, strengthened demographic analysis, and enhanced CRVS systems. However, delays in dissemination, coverage gaps, and systemic capacity constraints limit the full utilisation of demographic evidence.
11. UNFPA's efforts during the 7th CP played a vital catalytic role in strengthening Botswana's population policy review, SDG monitoring, ICPD commitments, and demographic dividend programs through evidence generation and capacity building. However, resource constraints, delays in finalising the population policy, outdated data, and weak data utilisation continue to limit the full impact of policies.

Recommendations

1. Strengthen the country's decentralisation efforts, fostering self-reliance to accelerate innovations towards improving domestic resource mobilisation to guarantee resilient, equitable, and inclusive access to comprehensive SRHR and GBV services.
2. Leverage UNFPA CO's coordinating capability to foster intersectoral and inter-ministerial coordination and collaboration, promoting inclusivity and sustainability for SRHR, gender equality, and GBV initiatives.
3. Strengthen results-based management, monitoring and evaluation, and knowledge management systems to improve outcome-level tracking, data quality, and evidence utilisation for adaptive programming.
4. Support strengthening of health and other social systems towards a broader national and international transformative agenda for SRHR/HIV, gender equality and GBV, adolescents and youth.
5. Strengthen National Mechanisms for Quality Assurance and Accountability in SRHR Service Delivery.
6. Strengthen National Stewardship and Sustainable Financing for SRHR Commodities and Innovation Systems.
7. Advocate for the institutionalisation of Multi-Sectoral Advocacy for Legal and Policy Reforms to Advance Adolescent and Youth SRHR Rights and Access.
8. Advocate for the establishment and institutionalisation of a National Gender and GBV Accountability and Financing Framework to Sustain Legal, Policy, and Systemic transformations for Gender Equality and GBV prevention.
9. Strengthen intersectoral coordination, data dissemination, and policy integration mechanisms to ensure effective use of population data, projections, and CRVS outputs for national planning.

CHAPTER 1: INTRODUCTION

1.1 Purpose and objectives of the CPE

The Country Programme Evaluation (CPE) aligns with the 2024 UNFPA Evaluation Policy and outlined four main evaluation purposes as (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organisational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

The main audience and primary intended users of the evaluation are the following: (i) the UNFPA Botswana CO; (ii) the Government of Botswana; (iii) implementing partners of the UNFPA Botswana CO; (iv) rights-holders involved in UNFPA interventions and the organisations that represent them (in particular women, adolescents, youth and PWDs); (v) the United Nations Country Team (UNCT); (vi) East and Southern Africa Regional Office (ESARO); and (vii) development partners. The evaluation results are also of interest to a broader group of stakeholders, including: (I) UNFPA headquarters divisions, branches, and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local and international CSOs.

The primary **objectives** of the CPE were to provide the UNFPA Botswana CO, national stakeholders and rights-holders, the UNFPA ESARO, UNFPA Headquarters, as well as a wider audience with an independent assessment of the UNFPA Botswana 7th country programme (2022 - 2026), and to broaden the evidence base to inform the design of the following programme cycle. Specifically, the CPE objectives were;

i. To provide an independent assessment of the relevance, effectiveness, and sustainability of UNFPA support.
ii. To provide an assessment of the role played by the UNFPA Botswana CO in the coordination mechanisms of the UNCT, to enhance the United Nations collective contribution to national development results.
iii. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking, and actionable recommendations for the next programme cycle.

1.2 Scope of the evaluation

i. **Geographic Scope:** Noting the 7th CP's mandate to be upstream, the CPE evaluation covered national level interventions, while district level interventions were considered when inequalities and vulnerable populations are more prevalent, ensuring that "no one is left behind. The CPE also made a specific focus on some district-level interventions in the Ghantsi, Okavango, Ngami, and Kweneng districts, where UNFPA supported implementation.

ii. **Thematic Scope:** This will entail targeting the following thematic areas of the 7th CP; i) 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; ii) 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; iii) Strengthened policy and legal frameworks and institutional capacities to reduce gender inequality and address gender-based violence, in line with national and international commitments; and iv) Strengthened national capacities to generate, utilise 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 policy and accountability. In addition, the evaluation will cover cross-cutting issues, such as [human rights; gender equality; disability inclusion, etc.], and transversal functions, such as coordination, monitoring and evaluation (M&E); innovation, resource mobilisation, strategic partnerships, etc.

iii. **Temporal Scope:** Where the CPE: 2022 - 2025 seeks to cover the interventions planned and or implemented during the period of the CP.

1.3 Evaluation approach

1.3.1 Contribution analysis and theory of change

The CPE assessed the 7th CP's contribution to Botswana's National Vision 2036, targeting the strategic gaps identified in the National Transformation Strategy, as contained in the National Development Plan 11 and 12, and in international frameworks. The CPE, therefore, analysed the extent to which the UNFPA 7th CP contributed to responding to the country's development challenges in SRHR, adolescent and youth, GEWE, and PD. The CPE Consultants reviewed and assessed the existing challenges and analysed the extent to which the 7th CP contributed to changes across its thematic areas during the period of implementation. The assessment and analysis of its contribution covered all the frameworks within which the 7th CP is implemented, including its alignment with the UNFPA Strategic Plan, UNSDCF result areas (including SDGs), and other international frameworks, in addition to the ICPD.

For clarity on the extent of the contributions to the various frameworks, the CPE Consultants assessed the 7th CP's theory of change (ToC) by utilising the evaluation questions across the programme's results chain to assess how well it performed, contributing to the changes emanating from the implementation of its interventions. This entailed assessing the programme's intervention logic through conceptualising its design, implementation, and the results, based on the implementation constraints, risks and assumptions. This further considered the emerging issues within the implementation context and how that influenced the programme results.

The CPE Consultants reviewed the existing 7th CP for its adequacy in measuring its performance across the results chain establishing that it is grounded in the UNFPA Strategic Plan (SP) 2022 – 2025 and the UNSDCF, and aligned to the thematic SDGs, with an overall goal of increasing the proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods. The 7th CP's ToC specify three outcome areas: SRHR (includes adolescent and youth), GEWE, and PD, which are all split into four output areas which correspond to the UNFPA thematic areas. The outputs further align with four UNSDCF outcome areas. From the analysis of the 7th CP ToC, the indicators as contained in the CPD Results and Resources Framework (RRF) are relevant to capture the performance of the CPD across the output areas, as they largely relate to the thematic area interventions. The assumptions and risks for the 7th CP under the ToC relate to the implementation framework and reflect their relevance.

The CPE Consultants redesigned the 7th CP ToC to adjust the linkages across the result chain. This adjustment was informed by the fact that there were interrelationships among the respective results of the 7th CP. This was done through linking the results, assuming an interactive relationship among the components of the intervention logic. The redesign realigns the 7th CP ToC, from activities to the national development vision. Towards the interrelationships across the results, the CPE Consultants also adjusted the causal links across the results chain. The interlinking arrows entail linking the result areas to reflect integration within the programme and the contribution that implementation of the interventions and achievement of the results at both output and outcome levels result in the strategic goal. The reconstructed 7th CP ToC is represented in Figure 2 below. The realignment also made assumptions supporting the delivery of the programme across the results chain. In addition, the refinement of the 7th CP ToC assumed that achieving the strategic goal contributes to the

transformative goals of the SP. In assessing the relevance of the CP, the CPE Consultants also examined its alignment with the SP (2022 – 2025).

Analysis of the 7th CP ToC established the mechanisms of change, considering the risks, critical assumptions, and the implementation context underlying the programme logic. The interpretation of the causation process guided CPE Consultants in understanding the programme's contribution to the observed results and in gathering evidence to validate the programme's performance during implementation. The analysis of the 7th CP ToC also entailed testing the validity and adequacy of the outputs in contributing to achieving the results, amid constraints within the implementation context. The process also assessed the validity of the assumptions and risks in the 7th CP ToC relative to those in the evaluation matrix. It reflected on the consideration in the analysis of the contextual implementation framework.

1.3.2 Methods for data collection and analysis

1.3.2.1 Evaluation Design

The design and implementation of the CPE were in line with the UNFPA Evaluation Handbook 2024. They conformed to the UNFPA standards and principles of evaluation, including utility, credibility, independence, impartiality, ethics, transparency, human rights, and gender equality. Further, implementation of CPE was by the Norms and Standards, and Ethical Guidelines for Evaluators in the United Nations system, and the Code of Conduct, established by the United Nations Evaluation Group (UNEG). Notably, the Evaluation Consultants ensured that the CPE methodology and process considered ethical issues, including respect for dignity and diversity, fair representation, confidentiality, and avoidance of harm. Further, all respondents provided verbal consent to participate in the CPE, were assured of confidentiality throughout the process, and were guided by the data collection tools. The sampling criteria considered the needs of the most vulnerable groups.

The design of the CPE was non-experimental, given the expected descriptive and non-normative nature of the objectives and the related evaluation questions. This design was also relevant due to the time and resource constraints. It allowed the evaluators to analyse the contributory relationship between the programme interventions and their effects on the UNFPA programme's strategy within the Botswana context. The theory-based approach was based on the 7th CP's ToC depicting the intervention logic for the programme as presented in Annex 5, showing the expected changes across the results chain and through the identification of the causal links between the results as well as considering the critical assumptions and the contextual factors likely to hinder or facilitate the implementation of the programme for achievement of the desired changes. The approach was fundamental for generating insights about what works, what does not, and why. It focused on analyzing causal links between changes at different levels of the results chain that the ToC describes, exploring how the assumptions behind these links and contextual factors affect the achievement of intended results.

Participatory approach: The CPE implementation was also inclusive, transparent, and participatory, involving a broad range of partners and stakeholders at the various geographical locations where the programme was implemented, based on the Stakeholders' mapping shared by UNFPA. These stakeholders provided insights and information, as well as referrals to data sources needed to assess the contribution of UNFPA and answer the evaluation questions. Particular attention was paid to ensuring the participation of women, adolescent girls, and young people, especially those from vulnerable and marginalised communities, during FGDs. Further, the Evaluation Reference Group (ERG) established by the UNFPA Botswana CO for the CPE, which comprises key stakeholders of the Country Programme, also contributed to the process. The ERG also ensured quality assurance from a technical perspective by providing inputs on evaluation deliverables at different stages of the evaluation process, including validation of initial findings during a stakeholders' review session, and

consultation on the recommendations. In addition, the ERG's engagement facilitates knowledge-sharing and ensures the use of evaluation results.

The consultants used innovative approaches to enhance the quality of the evaluation process and deliverables. A participatory approach was used to enhance inclusion and participation in the evaluation process, including the inclusion of young people in the ERG. Artificial Intelligence (AI) was ethically utilised to proofread and improve the report's readability.

1.3.2.2 Mixed Methods of Data Collection

The CPE Consultants employed a mixed-methods approach, collecting and analysing both quantitative and qualitative data. The key methods targeted for employment were documentary review, key informant interviews, focus group discussions, and observation (site visits). On-site visits were organised in consultation with the Botswana CO, with particular attention to stakeholders' offices for data collection. Quantitative data were extracted from documentation to substantiate the qualitative data. The strengths of the qualitative aspect of the CPE include providing contextual data to explain complex issues and complementing quantitative data by explaining the "why" and "how" behind the "what." The qualitative component provided stories of success and failure, as well as stories of change in implementation communities. It also offers narrative accounts (based on focus group discussions and key informant interviews) of how the 7th CP contributed to the targeted result. This choice of methods was made based on the nature of UNFPA interventions in Botswana, the size and type of target groups, the timeframe available for the CPE, and the accessibility of the intervention locations. Surveys were not used as a data collection method for this CPE due to the programme's policy-level focus, which limited clarity and reach to end-users, as well as time constraints.

To ensure a practical and feasible way to collect the data and information required to answer the evaluation questions presented in this report fully, the following data collection techniques were used for the evaluation, including the rationale:

i. **Document Review:** This entailed, but was not limited to, review of programme-related documents and analysis of their content to elicit the 7th CP design, implementation, and management, and monitoring and evaluation. The CPE Consultants conducted a rigorous review of programme documents to triangulate the evidence documented in the report. This was a continuous process as it enriched the quality and content of the report. Over the course of the evaluation, the CPE Consultants identified and obtained additional key documents, with the support of UNFPA Botswana, as well as related documents from other stakeholders, to inform the evaluation process. Documentary evidence was a significant source for the CPE, given the importance of generating data on the performance of the CP, which necessitated data capture, particularly for reports on the indicators, and provided evidence where information may not be accessible from the primary sources. Some of the documents reviewed included the CPD (2022-2026), Annual Reports 2022, 2023, and 2024, UNFPA Global Strategy 2022 – 2025; monitoring and evaluation reports, programme activity reports, government policy and strategy documents, and relevant secondary data, including webpages. These have been referenced as appropriate in the report to support the reliability of the evidence on programme performance.

ii. **Key Informant Interviews (KII):** This entailed conducting interviews with individuals or groups as key informants from a range of stakeholders identified. This technique helped gather feedback and input on the processes and results of the 7th CP from those who interacted with the programme, at both field and policy levels, in line with the CPE's objectives. The respondents included key stakeholders of the 7th CP, including government institutions and other strategic partners. Those interviewed include UNFPA Botswana CO staff, officials from the government line ministries, representatives of UN agencies, strategic partners, and national and international NGOs, among others (refer to Annex 3 for the list of respondents). Where possible, group interviews were also conducted with key informants to

collect information on progress towards the intended outputs and outcomes of the 7th CP.[3] The CPE Consultants prepared interview guides for KIIs with stakeholders (UNFPA staff, government counterparts, other UN agencies, and national and international implementing partners) in the various thematic areas of programming. Informed consent was sought for each of the sessions, with no respondent declining their participation in the CPE.

iii. **Focus Group Discussion (FGD) -** The FGDs were designed to gather information among primary programme beneficiaries, including those benefiting from UNFPA capacity building interventions in the period of coverage. These were targeted government staff and CSO beneficiaries who directly benefited from the UNFPA CP support, including adolescents and youth, supported by UNFPA CP. The discussion guides were designed thematically to gather information on the extent to which the programme achieved its intended results and to identify emerging needs or unintended results. This technique was used to quickly and effectively collect data from a large number of programme beneficiaries. It also provided further insights into data from other respondent categories. To enrich data on the programme's performance, the evaluators used purposive sampling to identify participants for the FGDs and ensured that specific performance issues were captured, as guided by the evaluation questions. The CPE Consultants ensured a balanced representation of respondents from diverse socio-economic backgrounds, including PWDs, key populations, and genders. The CPE Consultants ensured sensitive topics like those on LGBTIQ+ and female sex workers were handled confidentially and separately. The respondents provided informed consent in both sessions.

iv. **Site Visits:** Based on the resource constraints, the CPE Consultants conducted site visits in various stakeholder offices, collecting data while at the same time ensuring experiential evidence, as well as conducting interviews with the stakeholders for clarification of evidence.

Distribution of Respondents by Gender				
Respondent Category	**Number of Participants**			**Sessions**
	Male	**Female**	**Total**	
Government Agencies	10	31	**41**	**22**
Implementing Partner NGO/CSOs	8	7	**15**	**9**
UNFPA CO	2	8	**10**	**10**
UN Agencies	3	4	**7**	**6**
Beneficiaries (Included PDWs, FSW and LGBTIQ+)	3	7	**10**	**2**
Total	**26**	**57**	**83**	**49**

Table 2: Summary of data collected, stakeholders, and sessions

Data Validation and Analysis:

The data analysis was based on a synthesis and triangulation of information and data gathered through various methods from diverse sources. The evaluation matrix guided the analysis of the data to document the evidence for the CPE results. In addition to a systematic triangulation of data sources and data collection techniques, data validation was pursued through consistent interactions with the UNFPA programme staff. Given that the data collected for this evaluation is predominantly qualitative,

[3] Groups interviews will be conducted in situations where various contributions from members of an office or entity will be collected during an interview session, for example sessions with the CO thematic members can include more than one person during the interviews.

it forms the primary technique employed for data analysis. Content analysis has been utilised to examine documentary evidence and qualitative data, using themes and concepts pertinent to the evaluation questions, associated assumptions, and indicators in the Evaluation Matrix. Contribution analysis has been used to assess the extent to which the 7th CP contributed to the anticipated results. The CPE Consultants leveraged the ToC, focusing on the interventions that contributed to the expected outputs and, subsequently, the outcomes. Furthermore, financial data have been analysed to provide quantitative details on the CO's performance in financial management. The financial analysis statistics have been presented graphically. As per the design, data analysis was conducted throughout the evaluation phases: design, field, and reporting. While the documentary review during the design phase offered a critical examination of the programme and its implementation processes, during the field phase, the Evaluators periodically held consultations on the key findings, providing insights into the programme's performance. Additionally, data validation will be pursued through regular exchanges with the UNFPA Staff, ERG, and other stakeholders.

1.3.3 Stakeholders consulted and sites visited

The evaluators adopted a participatory approach in selecting the stakeholders to participate in the evaluation as respondents. Based on the stakeholders' map provided by the UNFPA Botswana CO and a review of the list of interventions and relevant programme documents, the evaluators selected stakeholders to participate in the CPE. The stakeholders map provided a list of stakeholders who were involved in the design, implementation and monitoring of the 7th CP, and those partners who did not work directly with UNFPA, yet played a key role in a relevant thematic area of programming or specific outcome area of the 7th CP. The CPE Consultants employed a non-probability sampling design, implying that certain members of the programme participants had a greater likelihood of being included in the response than others, based on their involvement and expertise in the programme implementation. Purposive and Convenience sampling were utilised. **Purposive Sampling** was instrumental in attracting individuals who provided comprehensive information on the programme evaluation topic under investigation. It also aided the CPE in clustering evaluation targets by the 7th CP components relevant to respondents, including individuals representing a diverse range of opinions and who participated in programme implementation. On the other hand, the **Convenience Sampling** technique was employed to target participants and cases that were easily accessible and readily available.

An analysis of UNFPA 7th CP documents, and in consultation with the UNFPA CO team during the design phase, identified and clustered the main evaluation stakeholders into the following groups:

- **UNFPA Botswana CO staff:** This included the technical specialists and associates in the thematic areas of programming of the CP, and staff of operations and cross-cutting units.
- **Government counterparts:** Officials of relevant line ministries and institutions and other government institutions in the supported districts, as appropriate. Particularly, given that the programme was highly focused on policy-level engagement, the CPE consultants were deliberate in engaging the Government of Botswana line ministries and agencies to capture the extent of collaboration and the 7th CP contribution.
- **Direct beneficiaries:** These included the direct beneficiaries, be it through capacity building and development or service delivery support, including adolescents and youth, and key populations, among others.
- **Indirect beneficiaries**: These included adolescents and youth in communities at programme implementation sites of UNFPA and its implementing partners, as well as family planning services; adolescents and youth participating in youth-led programmes. The CPE also deliberately targeted the people with disabilities, LGBTIQ+ community members, female sex workers, marginalised populations in Okavango area, among other indirect beneficiaries and the data collection process specifically incorporating their interests and details, including benefits from the programme.

- **United Nations agencies**: The United Nations Resident Coordinator and representatives of relevant United Nations agencies participated in the CPE, targeting the system-wide development coordination mechanisms (GBV Results Group and SRH working group), and included their respective contributions in the 7th CP-supported interventions.

As stated earlier, the purposive sampling technique was used to select key informants for KIIs and group interviews from the final stakeholders' map. Selection of stakeholders for KIIs and group interviews was made based on the following selection criteria:

- All types of main stakeholders for each output/outcome of the Country Programme - i.e., UNFPA Botswana CO staff, Government counterparts, partners, direct and indirect beneficiaries, and other United Nations agencies.
- For each output/outcome, stakeholders who are associated with ongoing activities, as well as with activities (AWPs) that had been completed.
- Stakeholders operating and/or located in the various geographic areas of the country where UNFPA and its partners provide support.
- Stakeholders collaborating with UNFPA on the areas of the mandate
- Stakeholders based on the related interventions targeting vulnerabilities

1.3.4 Limitations and mitigation measures

Types of Risk /Challenges	Potential Limitation	Mitigation Measure
Timing Delays	• Delays in scheduling meetings and field visits because of other competing priorities	• The CPE Consultants worked closely with the CO to ensure prior communication of the plans and the scheduling of the interviews with the stakeholders before field work. In instances where competing priorities led to scheduling conflicts, arrangements were made to reschedule.
Reports/ Data Availability	• Some of the stakeholders/ Actors were not in a position to provide data or information due to their being new in their respective positions or failed to provide quality data against the expected results from the CPE • There was also a limitation on the currency of data in the 7th CP intervention areas. For example, the GBV data being used is based on a 2018 survey, which is outdated, given that it was more than 7 years since it was conducted	• The CPE consultants utilised different sources of data from various stakeholders and documentary evidence, and triangulated to ensure reliability and validity in the evidence documented. • Former staff in ministries and UNFPA were interviewed to share insights into the performance of the programme based on their length of interaction and engagement with the 7th CP interventions. • The CPE Consultants corroborated the evidence with different sources, including interviews and a literature review, to conclude the project's contribution.
Contextual/ CP Contribution constraints	• As per the design of the CP, the CO only contributes to the various needs along its thematic interventions. There are also many other actors in the same thematic areas of focus by UNFPA. This limited the extent of contribution of results to UNFPA Interventions,	• As a mitigation measure, the CPE Consultants ensured clarity on the interventions by the 7th CP and selected relevant stakeholders to provide feedback on the performance of the programme. The consultants further employed probing techniques with the relevant stakeholders, triangulated findings, and reviewed documents of other actors working in the area with similar modalities to validate the results.

Table 3: Limitations and Mitigation Measures

CHAPTER 2: COUNTRY CONTEXT

2.1 Development Challenges and National Strategies

2.1.1. Country Profile, Macroeconomic Imbalance, and Shocks

Botswana is a landlocked country with a population of 2.3 million (Botswana Population Census, 2021). Projections for 2024 indicate that 77.6 per cent of the population lived in urban areas, a figure expected to reach 80 per cent by 2026 (Statistics Botswana, Botswana Population Projections 2011-2026). The country enjoys political stability as a democratic state, with a new ruling party taking office after 58 years under a single-party government, in the last national elections in 2024. The power shift in Botswana occurs amid significant economic challenges, including stagnating growth and rising youth unemployment. Numerous reports continue to show a troubled fiscal space for the new administration, characterised by significant budget deficit and rising debts. It is an entrenched understanding that the country's reliance on diamonds and failure to adequately/sufficiently/effectively diversify its revenue streams have yielded a somewhat unstable economic model, especially under prevailing conditions, such as declining global demand for diamonds and competition from synthetics. (IFC, 2022). The country's Vision 2036 has thus prioritised reducing mining dependency – a vision that the newly elected administration has highly adopted through its Economic Transformation Programme (ETP). The Botswana ETP (BETP) seeks to prioritise development and investment efforts in agriculture, tourism, manufacturing, and digital services to build towards a more inclusive growth and reduce over-reliance on diamonds.

Often hailed as an 'African success story' brought on by long-standing political stability, strong functional institutions, and prudent economic policies, Botswana continues to present a development paradox. Despite its transition to an upper-middle-income country, economic gains have not been evenly distributed, with pockets of poverty persisting, placing Botswana among the ten most unequal countries globally (World Population Review, Gini Coefficient by Country, 2025). The country's economic growth has been deteriorating: Gross Domestic Product (GDP) slowed from an average of 3.2 per cent in 2009-2014 to 2.4 per cent in 2015-2021 (World Bank Group, Botswana Systematic Country Diagnostic Update). Thus, economic reliance on diamonds remains a concern, with slow progress in diversification and fiscal deficits since 2015 (2025 Environmental Scan for Botswana). A semi-arid country, it also faces critical climate vulnerabilities such as drought and water scarcity.

Unemployment is a leading contributor to persistent inequality in Botswana, which is also affecting mainly the youth, where the country is also experiencing a youth bulge with two-thirds in working age but prolonged dependency. Statistics Botswana's recent survey reveals that, in the first quarter of 2024, total employment (in both formal and informal sectors) stood at 754,146 persons, compared to 788,616 in the third quarter of 2023 (Statistics Botswana, 2024). It is worth noting that Government/Public Administration remains the single largest employer, accounting for 20.3 per cent of total employment in the first quarter of 2024 (Bank of Botswana, 2024). While formal-sector employment increased by 2.8 per cent between Q3 of 2023 and Q1 of 2024, the percentage of unemployed persons rose by 4.3 per cent over the same period. The survey further reports that the youth labour force decreased by 2.1 per cent between Q3 2023 and Q1 2024, from 520,582 to 509,683, while the youth unemployment rate increased by 3.8 percentage points over the same period. The Youth not in education, not in employment or training (NEET Rate %) went up from 38.5 to 41.3 per cent between Q3 of 2023 and Q1 of 2024.

A significant portion of job creation is concentrated in informal and urban service sectors, which offer limited formal employment opportunities, especially for the youth. Human capital outcomes, despite substantial spending, remain insufficient. In Q1 2024, the unemployment rate among those aged 18 years and above stood at 27.1 per cent, with 0.1 percentage points higher among women than among men (Statistics Botswana, 2024).

2.1.2 Demographic, Health Trends and Challenges

The country has a notably youthful population: 30.3 per cent of its 2.25 million citizens aged 10–24. Two-thirds are of working age (15–65 years), and the proportion of those over 65 is projected to rise from 4 per cent to 6 per cent by 2030. Youth unemployment was high at 38.2 per cent in Q1 2024 (Statistics Botswana, 2024). Given the large youth demographic, both Botswana Vision 2036 and the National Development Plan 11 (2017–2023) prioritised investing in young people, including improving education, creating economic opportunities, and providing the requisite governance structures for their participation.

Although Botswana has made substantial investments in the health sector, achieving HIV/AIDS epidemic control (95:98:98) (BAIS V, 2021) and earning gold-tier recognition for having the lowest rate of mother-to-child HIV transmission globally, health disparities remain, especially among women. According to UNFPA country reports, vulnerable groups including children, adolescent girls and young women (AGYW), women, youth, rural populations, the elderly, indigenous communities, persons with disabilities, the LGBTIQ community, migrants and refugees, and incarcerated individuals continue to be marginalised due to intersecting vulnerabilities. AGYW, in particular, face harmful social and cultural norms that increase their risk of poor health outcomes, violence, and sexual exploitation. BAIS V (2021) highlights a high incidence of HIV among AGYW and older men aged 30–55, pointing to transgenerational sexual relationships. Comprehensive sexuality education is still inadequate; although the Ministry of Education revised its 2011 Life Skills Curriculum in 2019, implementation has stalled. The lack of data on most indicators limits a comprehensive analysis of adolescent health. According to the Vital Statistics Report (2023), the age-specific fertility rate (ASFR) for adolescents aged 15–19 was recorded at 51.8 live births per 1,000 women. Fertility rates were highest among young women in the 20–24 and 25–29 age groups, with rates of 110 and 104 per 1,000 women, respectively. Both HIV and GBV incidence remain high among adolescents at 4,066 among 10 - 19-year-olds, and an alarming number of 1,531 young women aged 16 - 18 report experiencing sexual violence before 18 (Ministry of Health, 2023). This underscores the urgent need for adolescent protection services and GBV prevention programs.

Botswana has made minimal progress towards the WHO target for Maternal Mortality Ratio (MMR) of 70 deaths per 100,000 live births by 2030 over the recent years. The country's MMR has ranged from 127 deaths per 100,000 live births (lowest) in 2015 to 240 deaths per 100,000 live births (highest) in 2021, although it has steadily decreased to 175.5 maternal deaths per 100,000 live births in 2022 (Statistics Botswana, 2022). In the meantime, the availability and accessibility of reproductive health commodities, including family planning, remain a challenge, as evidenced by high incidences of early and unintended pregnancies, particularly amongst adolescents and young women. Younger children face inequities in access to quality healthcare, early childhood development, and educational opportunities, leaving them vulnerable to violence and exploitation. Neonatal mortality rate (at 13 per 1000 live births) remains 'off track' towards the country's target (Statistics Botswana, 2022). Fewer than half of HIV-positive children aged 0 - 14 are on antiretroviral therapy. Children in remote areas often endure multiple disadvantages, being young, geographically isolated, and disproportionately affected by multidimensional poverty, school dropout, and poor sanitation.

Healthcare financing has declined significantly due to Botswana's reliance on mining revenue. Recognising the unsustainability of this model, the country has begun shifting toward non-mining sectors, including agriculture and a knowledge-based economy. However, the revised 2025/26 health budget is lower than the previous year, implying that Botswana will need to achieve more, including progress toward the SDGs, with fewer financial resources. Despite these hurdles, the country remains committed to the 2030 Agenda. Vision 2036 and National Development Plan 11 are aligned with the Sustainable Development Goals (SDGs), promoting development-oriented budgeting. A significant challenge, however, lies in monitoring progress, as current SDG monitoring capacity stands at only 34.8%.

Botswana has demonstrated its commitment to SDG target 3.8, which aims to achieve Universal Health Coverage. One of the UHC key indicators, out-of-pocket (OOP) spending, accounts for only around 4% of total health expenditure, implying that the population in Botswana do not face financial barriers in accessing health services and does not face financial hardship for having to pay directly for the health services they need (Cali, Jonathan; Carlos Avila, 2016). However, there are challenges in achieving other dimensions of UHC, including coverage of essential services. These challenges include a lack of essential medicines, shortages of the health workforce at health facilities, and disparities in the availability of services at different facilities, particularly those in the most remote areas of the country. The COVID-19 pandemic and resulting lockdowns disrupted many developmental gains, particularly those related to sexual and reproductive health. Lockdowns undermined livelihoods, forcing many informal businesses, especially those employing women and youth, to shut down. Access to healthcare and information declined, limiting the availability of family planning services and contraceptives. GBV cases surged, contributing to a rise in early, unintended pregnancies.

GBV is deeply entrenched in Botswana's social fabric: 67 per cent of women report experiencing sexual, physical, emotional, or economic violence from a partner or non-partner (Ministry of Labour and Home Affairs, 2012). Many harmful gender-related practices, especially among indigenous/minority groups, are rooted in culture and reinforced by social norms. Practices such as defilement, incest, marital rape, and other forms of sexual gender-based violence against women and children are widespread among indigenous people (Ramabu, 2020). Compounding these challenges for women and girls in such communities is the limited access to available services, because they also tend to live in rural and remote regions in the country. The government of Botswana has contextualised SDG5 from Ending Gender Inequality to Gender Equality and Poverty. The Botswana Agenda 2030 Report notes that the majority of poor households in Botswana are single, female-headed, thus making gender and poverty intersecting categories that impede women’s progress and success.

The SADC Gender Protocol 2018: Barometer reports that Botswana has made significant progress in uplifting the status of women in society and enhancing their access to economic opportunities through various policy instruments and programmes. In 2008, Botswana passed the Domestic Violence Act and would later develop a National Strategy for Ending Gender-Based Violence (2016-2020). In addition, the Government of Botswana implemented a multilateral approach to violence against women and girls with the Dikgosi (Chiefs) Action Plan for Mainstreaming Gender into Customary Justice Society; National Policy, Strategy and Operational Plan on Gender and Development was also developed to address GBV, specifically aiming to provide policy direction, strategic orientation, and establish linkages with other strategic frameworks. Today, matters about gender have been elevated from the departmental level to the ministerial level and mandate. Despite all these historic efforts, effecting radical changes and responses to the epidemic of violence against women and children remains at a snail’s pace.

It is therefore critical that emphasis to promote development for Botswana must continue focusing on harnessing the demographic dividend through investments in sexual and reproductive health and rights (SRHR), education, targeted economic diversification and empowerment especially for women, adolescent youth and people with disability, as one of the top drivers for the country’s development. Understanding and responding to the country’s climate change vulnerabilities also represent some of the critical areas for interventions to address climate related social challenges such as poverty and poor health.

2.2. The Role of External Assistance

Donors continue to play a crucial role in supporting Botswana’s pursuit of the Sustainable Development Goals (SDGs), providing vital funding, technical assistance, and capacity-building support. For instance, Botswana’s healthcare system, especially the HIV/AIDS program and related services, has received donor funding for service delivery through civil society organisations, as well as

technical support. The major donors are the Global Fund (USD 12 million) and the U.S. President's Emergency Plan for AIDS Relief, PEPFAR (USD 55 million)[4]. In February 2025, with the new United States administration, certain services previously provided through PEPFAR-supported agencies, such as USAID, ceased following the closure of USAID. This has mainly affected the HIV/AIDS program across all age groups, including sexual and reproductive health (SRH) services.

While Botswana has transitioned into an upper-middle-income country, leading to a reduction in external funding, mechanisms such as development assistance, concessional loans, and guarantees continue to enable Botswana's committed investment in key sectors, including education, health, infrastructure, and social protection (Ministry of Finance, 2023). For instance, in June 2021, Botswana secured a US$250 million loan from the World Bank to bolster its post-COVID-19 economic recovery. Thus, external assistance enhances Botswana's alignment with global commitments, including the 2030 Agenda and the Paris Climate Agreement, as well as UNAIDS global commitments, among others, primarily through sector-focused initiatives and resilience-building programs.

It is recognised that the country faces structural challenges in optimising external finance. To address these gaps, ongoing reforms prioritise strengthening public financial management (PFM) systems, improving debt sustainability, and broadening fiscal space through coordinated multi-year planning. To deepen the impact of external assistance, the country has adopted a comprehensive framework for national development cooperation to promote triangular cooperation, leveraging complementary resources, especially within the region and beyond, which helps ensure that financing aligns with national priorities and other commitments. There are potential risks if reforms are not implemented and if external finance flows are not fully integrated into national strategies. Therefore, sustaining donor engagement and ensuring that international finance mechanisms serve as levers for inclusivity and resilience remains a pressing imperative.

It is worth noting, however, that net Official Development Assistance (ODA) for Botswana remains modest (Table 4), where much of the external financing is debt-based rather than grant-based (OECD, 2023; Ministry of Finance).

Sector	Time period				
	2019	**2020**	**2021**	**2022**	**2023**
All sectors	68.159	80.790	83.259	69.633	171.938
Health	4.849	8.712	15.023	14.024	5.465
Health, general	0.833	2.363	7.997	5.030	3.930
Basic health	4.015	6.349	7.026	8.973	1.518
Non-communicable diseases (NCDs)	..	..	..	0.022	0.017
Population policies/Programmes & reproductive health	44.894	54.773	48.469	39.622	46.817
Family planning	..	..	0.067	0.004	0.111
STD control, including HIV/AIDS	44.889	54.764	48.171	39.493	46.597
Personnel development for population and reproductive health	..	..	..	..	0.003

Table 4: Official Development Assistance: 2019 – 2023

[4] https://www.unaids.org/en/resources/presscentre/featurestories/2025/february/20250209_pepfar-impact-Botswana

CHAPTER 3: THE UNITED NATIONS AND UNFPA RESPONSE

3.1. United Nations and UNFPA strategic response

UNFPA in collaboration with the Botswana government developed the 7th country program to support the government towards enhancing sexual reproductive health and rights (SRHR) which focused on populations left behind in areas of gender equality, realising the rights and choices for young people and the generation and use of population data for sustainable development which drew from the UNFPA strategy for the SADC 2019-2030 region, which provide a scorecard mechanism to help member states to monitor progress in SRHR, as well as the global strategy 2022-2025. The 2022-2025 strategic plan offers a vision of how UNFPA will lead the way forward in addressing equality, equity, and non-discrimination, empowering women and girls, and pursuing the realisation of sexual and reproductive health and rights. The goal of the program under review was to increase access to high-quality, youth-friendly SRHR services to prevent maternal mortality, reduce HIV infections, and eliminate gender-based violence and harmful practices. This entire proposed collaborative program was aligned with the UNFPA strategic plan 2022-2025, the Botswana National Plan of Action, Vision 2036, and the Sustainable Development Goals 3, 5, 10, 13, 16, and 17.

3.2. UNFPA Response through the 7th Country Programme

3.2.1. The 7th Country Programme

UNFPA Botswana is currently implementing the 7th country programme for 2022-2026, which focuses on high-quality, integrated sexual & reproductive health services, the empowerment of adolescents and young people, and the generation of strategic information.

The strategy was meant to deliver its 7th country Program through the following modes of engagement: 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 (Government of Botswana/UNFPA, 7th Country Programme 2022-2026). The overall goal of the UNFPA Botswana 7th CP (2022-2026) is universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality, as articulated in the UNFPA Strategic Plan 2022-2025. The proposed country programme contributes to national priorities as outlined in the National Development Plan, the Sustainable Development Goals, and the United Nations Development Assistance Framework (2019-2023). It builds on the recommendations of the evaluation of the sixth country programme. It is designed to address the three transformative results in the UNFPA Strategic Plan (2022-2025), ensuring that 'building forward better', from the COVID-19 pandemic and accelerating progress towards the transformative results, the ESA regional programme will contribute to the UNFPA strategic plan, 2022-2025 goal. It will also directly contribute to SDGs 1, 3, 5, 10, 13, 16, 17 and the three UNFPA strategic plan, 2022-2025, outcomes: (a) by 2025, the reduction in the unmet need for family planning has accelerated; (b) by 2025, the reduction in preventable maternal deaths has accelerated; and (c) by 2025, the reduction in gender-based violence and harmful practices has accelerated. Therefore, the country programme contributes to the following outcomes of the UNFPA Strategic Plan 2022-2025, through the outputs described below:

Outcome 1: Sexual and reproductive health

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

UNFPA intended to support this output by ensuring that all people, particularly marginalised groups, have access to high-quality health services. Interventions will contribute to health system strengthening to deliver equitable access to integrated SRHR, including (a) family planning, (b) maternal health, (c) gender-based violence, (d) management of sexually transmitted infections and HIV, with an emphasis on revitalising HIV prevention for young people. It also focuses on (e) improving financing for sexual and reproductive health. 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 revitalising 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.

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.

The programme planned to support: (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.

Outcome 2: Gender Equality and Women's Empowerment

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.

UNFPA intended to support the: 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) 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.

Outcome 3: Population dynamics

Output 1: Strengthened national capacities to generate, utilise 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.

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 realisation 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 (f) 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.

3.2.2. The 7th Country Programme Financial Structure

The financial structure for the 7th CP is broadly categorised into (1) Regular Core resources and (2) Other Non-core or Co-financing resources. The total planned budget for the UNFPA Botswana 7th Country Programme at design stage was estimated at about USD 7.5 million over a five-year period 2022-2026. The budget allocation is structured around three Strategic Plan Outcome areas aligned with national priorities, including SRH, GEWE, and PD. The plan was to mobilise an amount of USD 3.4 million from UNFPA regular resources while the balance of USD 4.1 million was to be mobilised through co-financing modalities[5] At the time of the CPE, the CO had mobilised a total of US $2,535,139, which is 34% of the anticipated total for the five years. The various sources of funds for the 7th CP by year are presented in Figure 1 below.

[5]Botswana 7th Country Programme, UNFPA

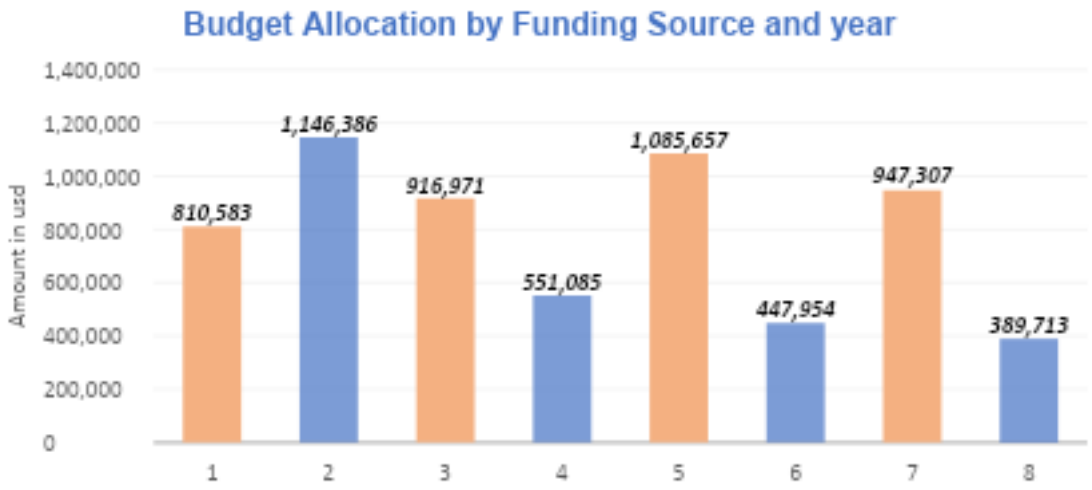

Figure 1: Budget Allocation by Funding Source and Year

From the financial data, Output 1 received the largest share of the total budget at 39%, while Output 3 received the lowest allocation at 2% among the 7th CP outputs. The UNFPA financial data also shows a fluctuation, not a steady decrease, in the annual allocated budget amounts. The total budget was USD 1.96 million in 2022, decreased to USD 1.63 million in 2023, to USD 1.53 million in 2024, and to USD 1.34 million in 2025. This significant decline, amounting to 29.1% over the period (from 1,956,969 to 1,337,020), reflects growing constraints on resource mobilisation, which consequently limited the programme's scale and scope as the CP progressed.

In terms of strategic prioritization, Output 1 consistently received the most significant annual budget allocation, confirming its role as the cornerstone of the country programme. However, its funding decreased by 37.4% from USD 830,247 in 2022 to USD 519,539 in 2025. A key highlight is the significant shift shown by Output 4, which started at USD 285,447 in 2022 but surged to become the single largest allocation in 2024 at USD 676,175, underscoring a mid-cycle strategy prioritizing data and evidence generation. Output 2 maintained a significant overall share 25%, but experienced sharp funding fluctuations, dropping significantly in 2024 before a modest recovery in 2025. Output 3 had the smallest share (2%) but saw increased investments in 2023 and 2024 compared to its 2022 baseline. The phasing out of the Programme Coordination and Assistance (PCA) allocation after 2023 signals a move toward resource tightening for operational support, focusing funds strictly on core thematic outputs as the programme advances.

Financial data on distribution of resource by output area and Year

7th CP Output	7th CP Year Budget Amount in USD (in million)				Total	% Share
	2022	2023	2024	2025		
Output 1	830,247	558,591	576,619	519,539	2,484,996	39
Output 2	601,381	516,188	228,213	295,873	1,641,655	25
Output 3	9,613	53,060	52,604	15,628	130,905	2
Output 4	285,447	358,741	676,175	505,980	1,826,344	28
PCA	230,281	138,722	-	-	369,003	6
Total Budget	**1,956,969**	**1,625,302**	**1,533,611**	**1,337,020**	**6,452,903**	**100**

Table 5: Financial data on the distribution of resources by output area and Year

From the UNFPA CO financial data, the 7th CP mobilised resources from regular sources and other sources, with expenditure rates of 68% for Outcome 1, 89% for Outcome 3, 71% for Outcome 4, and 83% for Programme Coordination and Assistance. The overall budget expenditure across the 7th CP is 70.3%, and utilisation rates vary by year and outcome, with the highest expenditure rates recorded in GEWE activities and Programme Coordination, while SRHR shows the lowest utilisation rate.

Table 6 presents in-depth financial data from the 7th CP analysis, showing that Output 1 (SRH) dominates the budget over the four years, with an allocation of USD 4.13M. Despite its substantial budget and given the fiscal challenges by the government, the UNFPA CO's overall budget utilization rate is 70% and is also significantly weakened by a sharp decline in the utilization of regular resources, which dropped to a low of 25% in 2024 and only slightly recovered to 51% in 2025. Conversely, Output 3 (GEWE) was the most efficient outcome, with an overall utilization rate of 89%, closely followed by PCA, which had a high 83% overall burn rate before its funding was phased out after 2023. The moderate utilization rate (71%) for Output 4 (PD) was mainly due to very low utilization of non-core funding, with expenditure rates hitting 31% in 2022 and a notable dip to 16% in 2023. A similar pattern of unspent funds was also observed in Output 3, which showed only a 44% utilization for core funds in 2025.

Year	Source	Outcome 1: SRH			Outcome 3: GEWE			Outcome 4: PD			Programme coordination and assistance		
		Budget	Expenditure	Rate (%)	Budget	Expenditure	Rate (%)	Budget	Expenditure	Rate (%)	Budget	Expenditure	Rate (%)
2022	**Regular resources**	361,092	335,788	93	9,613	5,444	57	217,597	188,339	87	222,281	176,554	79
	Other resources	1,070,536	884,478	83	-	-	-	67,850	21,152	31	8,000	6,412	80
2023	**Regular resources**	586,075	463,219	79	53,060	49,416	93	296,360	260,057	88	138,722	123,358	89
	Other resources	488,704	275,789	56	-	-	-	62,381	9,705	16	-	-	-
2024	**Regular resources**	429,823	106,314	25	42,604	42,596	100	613,230	444,109	72	-	-	-
	Other resources	375,009	306,750	82	10,000	4,671	47	62,945	29,097	46	-	-	-
2025	**Regular resources**	470,974	241,856	51	2,378	1,039	44	473,955	332,400	70	-	-	-
	Other resources	344,438	198,820	58	13,250	13,247	100	32,025	13,823	43	-	-	-
Total		**4,126,651**	**2,813,014**	**68**	**130,905**	**116,413**	**89**	**1,826,344**	**1,298,682**	**71**	**369,003**	**306,324**	**83**

Table 6: Budget Utilization of the CP by outcome, year, source of funds

Figure 2 presents a comparison of annual budget allocations and expenditures, showing volatile funding and significant execution challenges throughout the programme cycle. While 2024 reflects incremental budget allocations that demonstrated the CO's strong efforts in resource mobilization and the headway made in response to identified needs, the subsequent and sustained reduction in available resources highlights significant funding constraints.

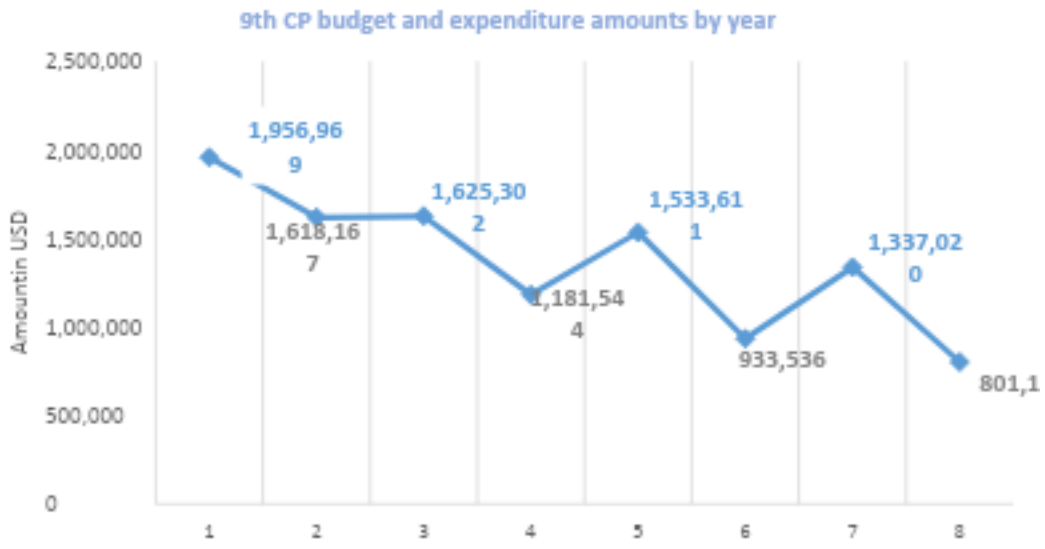

Figure 2: 9th CP Budget and Expenditure Amounts by Year

CHAPTER 4: COUNTRY PROGRAMME EVALUATION FINDINGS

4.1 Introduction

This chapter addresses the eight evaluation questions and related assumptions considered during the evaluation design phase in compliance with the Evaluation Handbook. As stated in the Design Report for the 7th CPE, particularly in the Evaluation Matrix, the findings in this section are primarily based on document reviews, interviews with various stakeholders, and observations made during the CPE. The analysis has also been guided by the Evaluation Matrix, assessing the assumptions made at the design stage. The results have been triangulated using multiple data sources, as elaborated in the methodology design and cited in the text. The section also includes key lessons learned, including best practices and areas for implementation. The effectiveness criterion also captures the unintended results.

4.2 Answer to Evaluation Questions on Relevance

Summary of Findings:

The UNFPA Botswana 7th CP presents a strong strategic alignment with national development frameworks, notably *Vision 2036* and *National Development Plan 11 (NDP 11)*. Designed through extensive stakeholder consultations, it focuses on SRHR, gender equality, data systems, and youth empowerment—key pillars of Botswana's human and social development agenda. The programme advanced national priorities by expanding access to family planning, reducing maternal deaths, and strengthening HIV prevention through support to the National AIDS and Health Promotion Agency (NAPHA). Its gender and GBV initiatives reinforced women's empowerment and social justice, while investments in population data strengthened evidence-based policymaking and inclusive growth. UNFPA also enhanced institutional capacity, governance, and partnerships, positioning itself as both a technical and policy partner in driving sustainable development.

Equally, the 7th CP aligns closely with UNFPA's *Strategic Plan (2022–2025)* and international frameworks such as the ICPD Programme of Action, SDGs, Africa's Agenda 2063, and CEDAW. It operationalises UNFPA's three transformative results—ending unmet need for family planning, preventable maternal deaths, and GBV—through policy dialogue, capacity-building, and south–south cooperation. The programme contributes directly to SDGs 3, 5, 10, and 17, advancing health, gender equality, and partnerships for sustainable development. Its emphasis on youth empowerment, women's rights, and demographic data also supports Africa's Agenda 2063 aspirations for inclusive growth and strong institutions. While resource limitations and unequal service access persist, the programme's alignment, evidence-driven approach, and sustainability focus make it a key enabler of Botswana's and UNFPA's shared development goals. However, it is worth noting that gaps persist in domestic financing, service reach in remote areas, limited capacities, and socio-cultural barriers.

4.2.1 Strategic Alignment

EQ 1: To what extent was the UNFPA Botswana country programme adapted to (i) Botswana's national development strategies and policies; (ii) UNFPA's strategic direction and objectives; and (iii) international commitments such as the ICPD Programme of Action and the Sustainable Development Goals (SDGs), African Agenda 2063?

4.2.1.1 7th CP alignment and contribution to the National Development Strategies and Policies

Interviews and reviews of documents indicate a strong alignment of the UNFPA's 7th CP with Botswana's national development objectives, as set out in Vision 2036 and the National Development Plan 11 (NDP 11). Its interventions span health, gender, data systems, inclusive growth, and governance.[6] Interviews confirmed that UNFPA conducted consultations with key stakeholders to

[6] Vision 2036 and NDP 11

gather evidence for the development of the 7th CP. Notably, the government stakeholders were consulted on key priority areas, where the country office aligned its priorities with those outlined in the national development strategies.

The 7th CP's SRHR component directly contributes to the human and social development pillar of Vision 2036, which prioritises improving population health, reducing maternal and child mortality, and strengthening education and social protection, through supporting government efforts by expanding access to quality reproductive, maternal, newborn, child, and adolescent health services in the targeted locations. This was achieved through scaling up family planning to reduce unintended pregnancies and maternal deaths, improving reproductive health commodity security, and strengthening youth-friendly sexual and reproductive health (SRH) services to lower rates of teenage pregnancies and HIV. At the time of designing the programme, the HIV prevalence in the country was among the highest in the world at 20.8%[7] among adults aged 15-64 in Botswana, with the prevalence among new infections at 24%. HIV risk factors that were identified included association with early sexual debut, GBV, limited access to SRH information and services, unequal power relations from economic, social, and cultural factors that fuel age-disparate relationships and transactional sex, and inconsistent condom use among the target populations, including key populations. The 7th CP's contribution in supporting the National AIDS and Health Promotion Agency (NAHPA) on profiling of the adolescent and young people to identify their risks to inform programming, supporting condom programming, and the development of the National HIV Prevention Roadmap confirms the contribution of the programme to the National development strategies and priorities. These contributions directly reinforce Botswana's national goals of enhancing human capital and well-being.

Under Gender Equality and Women's Empowerment, UNFPA's contributions to GBV prevention and response, policy strengthening, and community engagement resonate strongly with Botswana's objectives of promoting women's empowerment and social justice, which are both national priorities and cross-cutting commitments in Vision 2036.[8] Through supporting and collaborating with various partners for GBV survivors, fostering male involvement in reproductive health, and helping eliminate harmful practices, UNFPA aligns its gender-focused interventions with the state's broader agenda of inclusive human development.

UNFPA's role in strengthening data systems and evidence-based planning also reflects the vision of a knowledge-driven economy outlined in Vision 2036 and NDP 11. Through technical support for national assessments, demographic surveys, and civil registration and vital statistics systems, UNFPA helps build robust data foundations for national planning and development[9]. These efforts enhance government capacity to design and monitor policies informed by population dynamics, fertility trends, and demographic dividend opportunities. UNFPA also contributes to reducing inequality and ensuring equitable access to services by targeting adolescents, women, and marginalised groups with integrated health, empowerment, and skills development interventions. Notably, by linking health services with youth empowerment and enhancing their participation in policy-making processes, the Country Programme supports Botswana's drive to harness its demographic dividend and achieve poverty reduction objectives.

Further, UNFPA aligns with Botswana's national priorities of accountable and effective institutions as well as citizen participation through its work in strengthening institutional capacities for policy implementation, enhancing government–civil society partnerships, and promoting transparency in data and monitoring, which reinforces Botswana's governance frameworks.[10] By embedding reproductive health, gender equality, and population dynamics into national development planning, UNFPA acts not

[7] Government of Botswana (2023). Botswana AIDS Impact Survey V 2021 (BAIS V): Report. National AIDS & Health Promotion Agency, Gaborone, Botswana.
[8] Interviews with UNFPA CO, CSO, Government and Partner Staff, and CP and Government strategic document reviews
[9] Interviews and document review.
[10] Ibid

only as a technical partner but also as a catalyst for policy coherence and accountability. Further reviews and interviews with UNFPA staff revealed that the 7th CP design and implementation highly benefited from the results of experiences from the 6th CP as documented in the 6th CPE.

4.2.1.2: 7th CP alignment to the UNFPA's Strategic direction and objectives

The UNFPA Botswana 7th CP is closely aligned with the UNFPA Strategic Plan (2022–2025) and adapts its priorities to Botswana's status as an upper-middle-income country (UMIC). It adopts policy dialogue, knowledge management, capacity development, partnerships, and south-south cooperation as its mode of engagement.[11] Within the framework of Output 1, the Programme supports universal access to SRHR by strengthening FP, maternal health, HIV prevention, and supply chain systems. It emphasises policy coherence and sustainability over donor-driven service delivery, aligning with the delivery modes outlined in the Strategic Plan. The 7th CP's Output 2 prioritises adolescents and youth, particularly girls, through comprehensive sexuality education (CSE), youth-friendly health services, and empowerment platforms that address early pregnancy, HIV risks, and barriers to SRHR. This reflects the Strategic Plan's focus on ensuring young people have the tools and opportunities to exercise their rights, which is Outcome 2.

The 7th CP advances Outcome 3 of the Strategic Plan by addressing GBV and harmful practices through strengthened laws, improved case management services, and enhanced community engagement. This aims to shift norms and align with the global goal of eliminating GBV and harmful practices. Under Outcome 4, it enhances Botswana's capacity to generate and use high-quality population data through Statistics Botswana and related institutions, ensuring that inequalities and demographic dynamics inform development planning. With the above alignment with the Strategic Plan's results areas, the Programme advances its three transformative results of ending unmet need for family planning, ending preventable maternal deaths, and ending GBV and harmful practices, within the realities of a UMIC context, where emphasis lies on national ownership, capacity-building, and addressing persistent inequalities despite overall development progress.[12]

4.2.1.3: 7th CP alignment to the International Frameworks

i. ICPD Programme of Action

Interviews and reviews of programme documents showed that the 7th CP is strongly aligned with the International Conference on Population and Development (ICPD) Programme of Action (PoA), as it places sexual and reproductive health and rights (SRHR), gender equality, population data, and youth empowerment at the core of its interventions. The country programme operationalises universal access to quality reproductive health services, including family planning, maternal health, and the prevention of STIs, as well as the elimination of harmful practices and the advancement of women's rights in line with the ICPD PoA priorities.[13] The CO supported the country in the implementation of its commitment to sustainable development, including pledges to significantly reduce preventable maternal deaths and work towards zero tolerance for sexual and gender-based violence, which have also been integrated into the new 10-year vision for the country.[14] This is achieved through supporting national systems to expand access to family planning commodities, skilled birth attendance, emergency obstetric care, and CSE. Further, the 7th CP also aligns with the country's own commitments made under the ICPD framework, such as reducing maternal mortality, closing gaps in access to contraceptives, eliminating GBV and harmful practices like child marriage, and investing in adolescent and youth health and empowerment through supporting health systems strengthening,

[11] CPD and Annual reports reviews, and Interviews with CO, Government, and Partners staff
[12] UNFPA Strategic Plan RRF and Interviews with CO staff
[13] Interviews with Staff and document reviews
[14] Interviews with Staff and review of CP documents and Vision 2036.

including policy translation into practice.[15] Additionally, the use of population data for evidence-based planning and monitoring through evidence generation so that the government can make informed decisions about resource allocation and policy priorities, in line with ICPD PoA.[16]

ii. Sustainable Development Goals

During the period of coverage, the 7th CP made significant contributions to the SDGs across its thematic areas of focus, by placing SRHR, population data, gender equality, and youth empowerment at the centre of its interventions. Its targeted interventions drive progress on SDGs 3, 5, 10, and 17 most directly, while also contributing to SDGs 4 and 16 through education, data, and institutional strengthening. The programme makes a significant contribution to SDG 3 (**Good Health and Well-being**) through its efforts to expand access to quality SRH services, including family planning, maternal and newborn care, and HIV prevention. This is critical for reducing maternal mortality and ensuring that preventable deaths related to pregnancy and childbirth are eliminated. The programme also advances SDG 5 (**Gender Equality**) by addressing the structural and social barriers that undermine the rights of women and girls, including its focus on ending harmful practices such as GBV and child marriage, while simultaneously. UNFPA's interventions focus on empowering women and girls to make informed choices about their health and futures[17].

In promoting SDG 10 (**Reduced Inequalities**), the programme aims to ensure that RH services are accessible to all, particularly marginalised groups, rural communities, and young people. By emphasising equity and universal access, it reduces disparities in health outcomes and guarantees that no one is left behind in Botswana's development. Additionally, the CO also facilitated the reduction in inequalities through strengthening the capacities of various stakeholders both at national and provincial levels to map, analyse and use disaggregated data on SRH, HIV, gender and youth to improve targeted response to pockets of inequalities.[18] The 7th CP implementation fosters partnerships by establishing robust collaborations with government, civil society, development partners, and the private sector, thereby supporting SDG 17 (**Partnerships for the Goals**). It also promotes resource mobilisation for SRHR and advances knowledge exchange through South–South cooperation.[19]

Beyond these core areas, the programme contributes indirectly to SDG 4 (**Quality Education**) through its support for comprehensive sexuality education in schools and communities. This not only equips young people with the knowledge and skills to make informed choices but also helps reduce teenage pregnancies and keeps girls in school. It also reinforces SDG 16 (**Peace, Justice, and Strong Institutions**) by strengthening the generation and use of quality population data, ensuring that development planning is evidence-based and inclusive. Additionally, the programme also strengthens national data systems, enabling the production and use of disaggregated population data for policy and planning, which further contributes to inclusive governance and accountability.[20].

iii. African Agenda 2063

The UNFPA Botswana 7th CP is strongly aligned with multiple aspirations of Africa's Agenda 2063, particularly those that emphasise inclusive growth, human development, health, gender equality, and strong institutions through promoting healthier populations, empowering youth, advancing gender equality, strengthening data systems, and supporting inclusive governance**.** At the heart of the programme is the commitment to ensuring universal access to SRHR, reducing maternal mortality, meeting the demand for family planning, and addressing GBV and harmful practices. These priorities

[15] Interviews with UNFPA, Government and partner staff and review of documents
[16] Ibid
[17] Interviews with the 7th CP stakeholders and document review
[18] Ibid
[19] Ibid
[20] Ibid

directly support Agenda 2063's aspiration for a healthy and well-nourished population, recognising that the health of women, girls, and young people is fundamental to achieving sustainable development and prosperity across the continent. The 7th CP prioritised adolescents and youth, strengthening Botswana's ability to harness the demographic dividend, a key driver of Agenda 2063. The 7th CP also links health outcomes to broader social and economic transformation, ensuring that Botswana's young population becomes a powerful engine for the nation's progress and, by extension, Africa's collective vision[21][22].

The programme also advances the agenda of inclusive growth and inequality reduction by placing gender equality and the empowerment of women and girls at the centre. The programme also promotes gender equality and empowerment by combating gender-based violence (GBV), increasing access to essential services, and challenging harmful social norms, aligning with Agenda 2063's inclusive development vision. The programme significantly contributes to the country's governance and accountability dimensions of Agenda 2063 by investing in population data and demographic intelligence, strengthening institutional capacity, and improving the availability and use of disaggregated data, thereby grounding decisions in accurate demographic realities. These further contribute to the aspiration of capable institutions, participatory governance, and respect for human rights and dignity, which are central to Agenda 2063's vision of *the Africa we want*[23].

iv. Other Frameworks

The 7th CP directly contributed to advancing the implementation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which Botswana ratified in 1996. The programme prioritised universal access to SRHR, and it directly supports CEDAW's provisions on women's rights to health, bodily autonomy, and family planning, which address critical areas where women and girls often face systemic discrimination. The 7th CP supports the reduction of maternal mortality, expansion of family planning, and strengthening of reproductive health systems. The programme ensures that women's health rights are protected, as envisioned under Article 12 of CEDAW. The 7th CP also contributes to the efforts to prevent and respond to GBV, coupled with initiatives to shift harmful social norms, creating an environment where women and girls can live free from violence, coercion, and harmful traditional practices such as child marriage. Additionally, the 7th CP contributes to strengthening women's participation, empowerment, and access to services through its focus on adolescent girls and young women, addressing structural and systemic barriers. The 7th CP's emphasis on population data and evidence-based policymaking also reinforces the accountability provisions of CEDAW, enabling the country to monitor progress toward eliminating discrimination and to fulfil its reporting obligations to the CEDAW Committee.

4.2.2 Responsiveness of the CO to changes in national priorities, emerging health and demographic challenges

EQ 2: How effectively did UNFPA Botswana respond to changes in national priorities, emerging health and demographic challenges, and external factors such as the COVID-19 pandemic, climate change, economic shifts, and political changes, particularly in addressing the needs of vulnerable populations?

[21] Review of the UNFPA 7th CP reports and CPD, Reviews of Agenda 2063, accessed from https://au.int/en/agenda2063/overview
[22] Interviews with GoB, UNFPA CO and United Nations staff
[23] Review of the UNFPA 7th CP reports and CPD, Reviews of Agenda 2063, accessed from https://au.int/en/agenda2063/overview

Summary of Findings: Analysis of documents and interviews with key stakeholders reveals that UNFPA Botswana's 7th CP was highly responsive to emerging national priorities and contextual changes, particularly during and after COVID-19. The Country Office supported the integration of the Minimum Initial Service Package (MISP) for SRHR into crisis response systems through assessments, capacity-building, and advocacy, which strengthened district preparedness and promoted SRHR inclusion in national frameworks. However, integration at the district level remained inconsistent, with some disaster response plans lacking alignment with MISP standards. While targeted training and third-party procurement helped address skilled birth attendance and stock-out challenges, these measures were often reactive and not fully institutionalised. Persistent gaps included limited local ownership, dependence on donor support, and weak coordination between health and disaster management sectors.

Interviews and documentation reviewed confirmed that UNFPA was responsive to the arising national priorities and needs through varied mechanisms. During the evaluation period, interviews with government stakeholders indicated that the CO was responsive to changes in national priorities, emerging health and demographic challenges, as well as other external factors, in the context of implementing the 7th CP. Lessons from COVID-19 where access to services was limited, given the limited movement due to the pandemic motivated the CO to identify the need for integrated health service provision and supported the government on integration of Minimum Initial Service Package (MISP) for SRHR in crisis, ensuring building of resilience in the health system for continued access to life-saving health services during the crisis. To inform the integration process, UNFPA supported the MoH to conduct a MISP readiness assessment, which led to dedicated support to health districts, including capacity building and advocacy for inclusion of minimum initial service package (MISP) for SRH needs in cases of emergencies or crisis situations. [24] These targeted six districts that were selected based on their susceptibility to both cyclical natural disasters, public health emergencies and outbreaks. UNFPA also utilised South-South Triangular Cooperation and facilitated MoH and Government of China to ensure service continuity during COVID-19 Pandemic contributing to the achievement of the results. This included procurement of PPE's and FP products for vulnerable women and girls. This was also documented as a good practice with publication by UNFPA HQ.[25]

The CPE confirmed that the CO provided critical support for monitoring activities to ensure the integration and implementation of the MISP for SRHR in emergencies. The evaluation found that the 7th CP strengthened district-level disaster preparedness in trained districts by supporting the development of disaster management plans through district disaster committees, thereby promoting the inclusion of health services in local preparedness frameworks. At the national level, UNFPA's support advanced capacity on integrating MISP for SRH within broader preparedness and response policy-making processes.[2627] The CO was also instrumental in facilitating MISP Readiness and Vulnerability Assessments, which generated valuable evidence on needs and informed both national and district preparedness strategies. Notably, the CO's support on MISP has highlighted the need for a national level support to reach all the districts with the capacity in emergency response. However, the evaluation identified that, despite this progress, integration at the district level remained limited. Several disaster response plans were either insufficiently aligned with MISP for SRHR or remained generic, thereby constraining their potential to translate into concrete, actionable measures. At the time of the CPE, efforts were underway to bring the Office of the President's Department of Disaster Management on board to ensure a national approach to disaster management.[28]

The CPE found that the CO demonstrated strong responsiveness to emerging needs during the 7th Country Programme. Evidence shows that capacity-building initiatives were introduced for maternal mortality reduction coordinators in direct response to the identified gap in skilled birth attendance. The

[24] MISP Readiness Assessment Report, 2022
[25] Interviews with UNFPA and MoH Staff and review of documents
[26] ibid
[27] https://botswana.unfpa.org/en/news/integrating-minimum-initial-service-package-misp-sexual-and-reproductive-health-srh-sub
[28] Interviews with UNFPA and MoH Staff and review of documents

evaluation also established that UNFPA made a meaningful contribution to the review of national SRH strategic documents and policies addressing key gaps in SRH service delivery, including integration of services, eliminating the stand-alone service delivery, reflects its ability to adapt to the need for integrated service delivery. Furthermore, the decision to support third-party procurement of essential drugs, including family planning commodities, was assessed as a timely and relevant intervention, mitigating procurement delays on the government's side that had resulted in stock-outs at the facility level.[29] Collectively, these actions illustrate the programme's adaptability and its strategic role in sustaining access to critical SRH services in Botswana.

4.2.3 7th CP Integration of the needs of the vulnerable and marginalised groups

EQ 3: To what extent did UNFPA Botswana ensure that the needs of marginalised groups, including adolescents, youth, persons with disabilities, and indigenous communities, are integrated into the planning and implementation of all UNFPA-supported interventions under the country programme?

Summary of Findings: The evaluation showed that UNFPA Botswana's 7th CP effectively focused on vulnerable and marginalised populations by committing to the Leaving No One Behind (LNOB) principle. The CP addressed disparities by customising interventions for indigenous communities, PWDs, youth, refugees, and key populations at risk of HIV. It supported multiple assessments and vulnerability mapping, which led to targeted SRHR investments such as the MISP for SRH in emergencies and innovative projects like the Drones for Health in hard-to-reach areas. The programme also strengthened inclusive policy frameworks, encouraged youth participation in decision-making, and integrated SRHR, FP, GBV, and HIV services. However, gaps remained in providing equitable service coverage, as efforts were mainly focused on urban areas, leaving rural populations underserved. Additionally, limitations in disaggregated data, weak coordination across sectors, and delays in national reporting hindered evidence-based programming and timely advocacy.

The evaluation revealed that the 7th CP played a crucial role in ensuring that the needs of vulnerable and marginalised populations were effectively targeted and integrated into the planning and implementation of UNFPA-supported interventions. During the evaluation period, UNFPA upheld the principle of Leaving No One Behind (LNOB) by aiming to end discrimination and exclusion, reducing inequalities and vulnerabilities, and ensuring that the benefits the 7th CP reach everyone, with a particular focus on ensuring that the most vulnerable and marginalised populations are targeted and reached with services.

The 7th CP, under SRHR, was designed and implemented based on multiple assessments and engagements with affected populations to identify needs and gaps in SRH service provision and access. For example, in 2022, UNFPA's support to the MoH to conduct a readiness assessment of the country's capacity to implement MISP for SRH in emergencies revealed significant gaps. This informed capacity-building efforts to strengthen the country's preparedness for delivering MISP for SRH during emergencies, particularly in districts vulnerable to climate-induced and natural disasters.[30] Additionally, during the evaluation period, UNFPA supported the MoH in conducting a vulnerability assessment and risk profiling, which enabled mapping inequalities, identifying those most left behind, and guiding targeted investments in SRHR. The Drones for Health Project activities in the Okavango district were also supported to ensure that marginalised populations were identified and assisted with SRHR services.[31] Although the second phase of the Drones project had not yet been implemented at the time of the evaluation, UNFPA aided the MoH in documenting experiences and developing a case study for the project, emphasising its benefits. These included increased efficiency through faster access to services and commodities, improved access to life-saving services, and a contribution to reducing maternal mortality.

[29] This was still awaiting approval by the government
[30] Interviews with the Government and UNFPA CO staff, and review of the CP's Annual reports
[31] Ibid

UNFPA also supported access to SRH services for men and boys by assisting the MoH develop a tailored SRH service package, recognising their vulnerability in accessing these services. The 7th CP ensured that policy and strategy documents were inclusive, addressing the needs of minority groups, including indigenous populations and people with disabilities (PWDs). UNFPA partnered with a disability-led organisation to incorporate their specific needs into programme delivery.[32] Additionally, the 7th CP targeted hard-to-reach areas, with UNFPA working alongside the MoH to ensure these communities were reached. For example, the 7th CP facilitated access to SRH services, including family planning, sensitisation, and the distribution of commodities, for the Basarwa populations, based on their unique and marginalised way of life, at their places of residence.[33] These efforts demonstrate the 7th CP's commitment to integrating the needs of marginalised groups within the country. UNFPA further supported the MoH in securing and distributing FP/SHR commodities and in providing hygiene packages to people living in refugee camps.[34]

Under the HIV programme, the 7th CP prioritised integration of SRH/FP/GBV and HIV services to intensify access to HIV prevention services by the at-risk populations. In working with NAPHA, the CO also focused on increasing access to HIV services through partnerships and capacity building of the service providers, including the development of strategies. The programme prioritised the needs of adolescents and youth, and key populations, including men having sex with men (MSM), Female Sex Workers (FSW), and Transgender individuals, and advocated for their access to the services given their susceptibility and risk exposure to new HIV infections. Healthcare providers have been trained to offer integrated SRHR services, along with the skills and attitudes that influence the uptake of these services.[35] Even though these efforts offered progress and key milestones in the HIV prevention and response, the efforts were mostly reported to be concentrated in the major urban centres, particularly Gaborone, with gaps existing in mapping all those at risk of HIV infection.

During the evaluation period, UNFPA identified the unique vulnerability and gaps experienced by young people in their access to health services, and their well-being, including their challenges in decision-making around their sexual rights and choices, and targeted them with CSE, targeting their empowerment, education and information, assisting them in avoiding exploitation and abuse through the exercise of their rights and wise decision-making. Interviews and document reviews revealed that the youth were meaningfully engaged in policy-making processes and in youth-led programmes. Furthermore, the 7th CP targeted school dropouts and those at risk of teenage pregnancy, ensuring they remained in school longer by strengthening their life skills to thrive in a world where they succeed.[36] Additionally, the programme also targeted young PWDs with information on how to prevent HIV, including supplying them with commodities through facilitating inclusive programming.

The 7th CP GEWE component was based on collaboration with key government entities, community leaders, the United Nations, and CSOs to address gender-based inequality and protect vulnerable populations from GBV and harmful practices. These efforts also included targeting young PWDs, indigenous communities, and key populations. The programme specifically aimed to reach those furthest behind, particularly the adolescent girls and young women at risk of violence, to ensure they received information on preventing GBV and harmful practices.[37]

Evidence generation and data collection were central to the programme, which aimed to identify various forms of marginalisation and vulnerability in the targeted localities. The 7th CP supported commissioning a comprehensive analysis of census data on maternal health, establishing trends from

[32] Interviews with the Government and UNFPA CO staff, and review of the CP's Annual reports
[33] Ibid
[34] UNFPA Botswana Country Report, 2022, and interviews with UNFPA and MoH staff
[35] CP Documents review and Interviews with MoH, CSO, UNAIDS, and UNFPA staff
[36] CP Document reviews, and Interviews with UNFPA CO, MoYGA, Participating UN agencies, and CSO staff
[37] Ibid

2011 disaggregated by age, district, and locality. This analysis enabled an understanding of vulnerability levels based on these trends, using the data to determine the MMR. The programme also supported the analysis of census data for youth and adolescents on various aspects of their health, including education, unemployment, and access to and use of contraceptives, among other services.[38] This enabled the identification of key vulnerability factors among adolescents and young people for programming. The programme supported the Ministry of Labour and Home Affairs in strengthening the legal, policy, and strategic frameworks on CRVS, addressing the various needs of the population, including enhancing birth and death registration, increasing citizens' access to government services, and expanding voting rights. The review of the National Population Policy also enables the integration of population into development planning and policy formulation. The component, however, was limited in generating adequate, disaggregated data for decision-making on programming for vulnerable populations. For example, the GBV data used in the country were based on an assessment conducted in 2018. The data also lacks the necessary disaggregation along disability, prevalence of GBV, and their respective needs[39]. On the other hand, data from the service providers is also not disaggregated.

UNFPA also supported the Government of Botswana's reporting to the African Union (AU) Agenda 2063 through the review and production of the Bi-Annual report on its implementation, on the progress made in response to the implementation of the Addis Ababa Declaration on Population and Development (AADPD) as well as the gaps and challenges faced by Botswana during the past ten years of its implementation[40]. Although the report was submitted, it was late, and the country's recommendations did not reach the AU panel in time.

4.3 Answer to Evaluation Questions on Coherence:

EQ 4: To what extent did UNFPA Botswana effectively leverage partnerships with national, local, and grassroots organisations (e.g., women's rights activists, youth-led groups, and disability advocacy organisations) to advance SRHR and address gender inequalities among vulnerable and marginalised populations?

EQ 5: How well did UNFPA Botswana coordinate and align its efforts with government institutions, UN agencies, civil society, and development partners to ensure a cohesive and complementary response to national SRHR, gender equality, and population challenges?

Summary of Findings: The 7th CP demonstrated strong coherence through extensive partnerships, coordination, and collaboration with government institutions, UN agencies, and civil society actors. UNFPA aligned its interventions with national policies, Vision 2036, and SDG commitments, ensuring complementarity in SRHR, gender equality, and youth empowerment. Partnerships with umbrella bodies such as BOCONGO, BCD, and LEGABIBO enhanced inclusivity, though engagement remained uneven, with smaller, rural CSOs less involved. Locally, cooperation with faith-based and community groups fostered trust and behaviour change but lacked sustained capacity-building and systematic inclusion in programme design. While the CO demonstrated clear institutional commitment and functional integration of its mandate, strengthening data-driven targeting, disability inclusion, gender-transformative programming, and internal capacity building remains essential to maximise impact on the most vulnerable and marginalised populations

Within the UN system, UNFPA's leadership in the Gender and GBV Results Group and Youth Thematic Group reinforced joint delivery and coordination under the UNSDCF. However, overlaps in technical assistance, fragmented engagement with government counterparts, and limited inter-ministerial coordination occasionally weakened collective efficiency. Coherence was also constrained by urban concentration of efforts, inadequate long-term resource mobilisation strategies, and weak integration of demographic data into broader policy frameworks. Despite these challenges, UNFPA's convening role and technical expertise positioned it as a key driver of strategic alignment and collaborative implementation across sectors.

The design and implementation of the 7th CP incorporated high levels of partnership, coordination, and collaboration mechanisms to ensure strong coherence in its delivery and realisation of its

[38] CP Document reviews, and Interviews with UNFPA CO, Government and Partner staff
[39] Interviews with MoH and UNFPA staff
[40] Interviews with NPC and UNFPA staff

outcomes. With the programme's implementation aligned with UMIC's adoption of capacity building, partnership, and south-south cooperation as key modes of engagement, there is evidence of the intended coherence in its execution. In response to EQ 4 and EQ 5, the evaluators assessed the coherence of the 7th CP by examining various aspects of its delivery, including its alignment with national, local, and grassroots organisations, consistency with government policies and commitments, and coherence with United Nations agencies and development partners. These points are discussed in the following sections.

Internal Coherence

UNFPA Botswana CO effectively integrated its mandate internally to advance SRHR and address gender inequalities among vulnerable and marginalised populations. The CO demonstrated coherent integration across its core mandate areas, i.e., SRHR, GBV adolescents and youth, and population data, through joint planning, outcomes-based annual workplans, and cross-team coordination. Internal technical collaboration enabled more holistic programming, particularly by linking maternal health, family planning, and GBV response within health system strengthening efforts and by aligning youth SRH interventions with broader gender equality objectives.[41] This integration enhanced the relevance of interventions for adolescents, young women, and survivors of violence. However, internal integration remained uneven across thematic pillars and operational units. While SRHR and GBV linkages were relatively strong, population data and development integration were less consistently embedded into programme decision-making for vulnerable groups.[42] Data were not consistently used to guide geographic targeting, to prioritise marginalised subpopulations, or to support adaptive management. This weakened the CO's ability to fully operationalise a "Leaving No One Behind" approach across all programmes. In addition, varying levels of staff technical cross-competence and limited structured internal learning platforms constrained deeper institutional integration.[43]

The CO also made important progress in targeting adolescents, women, and girls, and GBV survivors through health system strengthening, youth-friendly services, and multi-sectoral GBV response mechanisms.[44] However, disability inclusion, outreach to remote rural communities, and engagement of key populations were less consistently mainstreamed across all interventions. While gender was well-integrated at the strategic level, gender-transformative approaches that directly challenge harmful norms and power relations were not uniformly implemented at the community level, often due to cultural sensitivities, limited partner capacity, and resource constraints.[45]

There were also structural and external constraints that limited the full effectiveness of internal mandate integration. These included human resource limitations, high staff workloads, dependence on project-based funding, and periodic funding volatility, which affected continuity and scale of integrated programming.[46] Coordination with national institutions responsible for social protection, disability, and community development also presented challenges, reducing the depth of multi-sectoral reach to the most marginalised.

Coherence With National, Local, and Grassroots Organisations

Interviews and document reviews indicate that the 7th CP demonstrates strong coherence with national, local, and grassroots organisations, though with notable limitations. At the national level, UNFPA has established partnerships and collaborates with umbrella organisations and advocacy platforms that focus on SRH, gender equality, and youth empowerment. These collaborations have enabled joint advocacy on issues such as family planning, adolescent health, and GBV, contributing to a more coordinated national response. For example, UNFPA collaborates closely with the Botswana Council of NGOs (BOCONGO), which has a national membership spanning various thematic areas,

[41] Review of UNFPA documents and Interview with UNFPA CO staff
[42] Ibid
[43] Review of UNFPA documents and Interview with UNFPA CO staff
[44] Ibid
[45] Review of UNFPA documents and Interview with UNFPA CO staff
[46] Ibid

thereby expanding the reach of the programme interventions. UNFPA also collaborates with the Botswana Council for the Disabled (BCD) and Lesbians, Gays and Bisexuals of Botswana (LEGABIBO), which are umbrella CSOs for the PWDs and Lesbians, Gays and Bisexuals, respectively. The collaborations effectively facilitated the integration and inclusion of the various interests and needs of the member organisations.[47] However, coherence is sometimes constrained by the uneven representation of CSOs, with larger, urban-based organisations more consistently engaged. In contrast, smaller and less-resourced CSOs, particularly those representing marginalised groups, are less integrated into programme processes.[48] This creates a risk of limiting inclusivity and diversity of voices at the national level.

At the local level, UNFPA has collaborated with community-based organisations and service providers to enhance youth-friendly services, raise awareness, and implement GBV prevention initiatives. These engagements foster local ownership and help tailor interventions to meet the specific needs of districts and communities. Nonetheless, coordination challenges remain, as partnerships with local CSOs are often project-based and fragmented, lacking long-term capacity-building support that would allow these actors to sustain their contributions beyond specific programme cycles.[49] At the grassroots level, coherence is most visible in UNFPA's collaboration with faith-based organisations and other non-state actors to drive community dialogue and behaviour change around SRH and harmful practices[50]. These partnerships have been effective in mobilising community trust and tackling sociocultural barriers, thereby advancing gender equality and reproductive rights.[51] However, engagement is not always systematic. Grassroots actors are often involved as implementers rather than as co-creators in programme design, monitoring, and evaluation. This limits the feedback loop from the community to the national level, thereby weakening the potential for sustainability arising from ownership.[52]

Coherence with the Government Policies and Commitments

The 7th CP largely aligns with national policies and government commitments, especially regarding the National Development Plan, the Health Sector Strategic Plan, and frameworks promoting SRH, gender equality, and population dynamics. It is important to note that the 7th CP is being implemented in partnership with the relevant government ministries and agencies that directly contribute to these policies and commitments. The program's SRHR component supports government priorities in maternal health, family planning, and the HIV and AIDS response, as outlined in the Health Sector Strategic Plan and aligned with Vision 2036. Its emphasis on improving access to quality SRH services helps meet government commitments to universal health coverage, the SDGs, and ICPD. The 7th CP explicitly advocates for integrating SRH and family planning services into public health facilities, training healthcare providers and CBOs, offering free family planning services, and expanding outreach to youth. Additionally, Botswana remains committed to SADC priorities, to which UNFPA has notably contributed through its convening capacity. It engages targeted ministries, such as Health, Youth and Gender Affairs, and Education, and supports their efforts to meet commitments and report progress on the SADC Scorecard. However, gaps remain in addressing persistent inequalities in access, particularly in rural and underserved areas, where policy intent has not yet translated into consistent service delivery. Systemic issues, including contraceptive stock-outs, and limited emergency obstetric care, hinder the complete achievement of policy goals.

UNFPA's focus on adolescent and youth SRH, including CSE and youth-friendly services, is consistent with the government's National Youth Policy and HIV and AIDS strategies. The programme acts as a catalyst in advancing commitments to reduce teenage pregnancies and improve access to information and services for young people. Nonetheless, coherence is diluted by ongoing policy and cultural

[47] UNFPA Annual reports, and Interviews with CSOs, other UN agencies and UNFPA staff
[48] Ibid
[49] Ibid
[50] Ibid
[51] Review of UNFPA documents and Interview with UNFPA CO staff
[52] Ibid

barriers that hinder the rollout of CSE in schools, as well as by fragmented inter-ministerial coordination. Youth participation mechanisms promoted by the government remain underutilised in the programme, limiting the depth of alignment with commitments to meaningful youth engagement in development processes.

The 7th CP emphasises combating GBV and advancing women's rights, aligning well with national frameworks, including Botswana's National Policy on Gender and Development and its obligations under CEDAW. UNFPA's support to prevention and response mechanisms strengthens the government's stated commitment to eliminate violence against women and girls. However, the programme's coherence is weakened by limited investment in long-term structural empowerment initiatives, such as economic participation and women's leadership, which are only obliquely addressed. Moreover, while national policy rhetoric is progressive, enforcement of gender-related laws and consistent resourcing of GBV services remain challenges that the 7th CP is only partially positioned to address.

The programme's support for strengthening data systems, census implementation, and demographic analysis is coherent with the government's recognition of evidence-based planning as central to development policy, as reflected in Vision 2036 and the National Development Plan. By aligning with these commitments, UNFPA helps address critical capacity gaps in the national statistical system. Still, coherence is constrained by limited integration of demographic data into multi-sectoral planning processes, particularly in linking population dynamics with emerging themes such as climate resilience, urbanisation, and labour market policies. While the programme supports national-level data priorities, there remains an opportunity to more fully operationalise the government's broader commitment to using population data for equitable resource allocation and to monitor progress toward both national and global commitments.[53].

Coherence with United Nations Agencies and Development Partners

The UNFPA Botswana CO demonstrates broad coherence with the work of UN agencies and development partners, particularly through its alignment with the UNSDCF and joint programming on health, HIV, and gender equality. The programme complements the WHO's focus on health system strengthening, UNAIDS' leadership in the HIV response, and UNESCO and UNICEF's work on adolescents and young people, thereby ensuring synergy and complementarity in advancing SRHR, youth engagement, and GBV prevention and response. UNFPA's role in strengthening population data systems also aligns with UNDP's support for governance and evidence-based planning, contributing to a more coordinated UN approach[54].

Interviews with the participating United Nations agency staff identified the unique role UNFPA plays in facilitating coordination within the UNCT. UNFPA also contributes to the coordination of the United Nations Security Management Team as a member. During the evaluation period, UNFPA, as a member of the Operations Management Team, provided support to the heads of agencies' support systems, guiding their operations. UNFPA also contributed to the harmonisation of the standard operating procedures (SOPs), notably leading the catering services and hotel, under the elected chair's leadership.[55]UNFPA also participates in United Nations agency meetings, led by the head of office and the technical thematic leads, confirming the contribution UNFPA has made to the coordination mechanisms within the UNCT.

UNFPA is instrumental to the UNCT through its contribution to the implementation of the UNSDCF. Particularly, UNFPA is represented in the management and leadership forum for the coordination and implementation of the UNSDCF. In addition to contributing to the implementation of four out of the

[53] Interviews with the Government of Botswana, UNFPA, and CSO staff
[54] Interviews with participating UN agencies and UNFPA staff, and document review
[55] Interviews with participating UN agencies and UNFPA staff, and document review

five outcome areas of the UNSDCF, [56] UNFPA chairs the Gender Equality and GBV Results Group 1 (Outcome 1) in collaboration with the Ministry of Youth and Gender Affairs (MoYGA), with the participation of 10 other United Nations agencies within the United Nations Development System (UNDS), including UNAIDS, UNDP, UNICEF, UNESCO, UNHCR, FAO, ILO, WHO, UN Women, OHCHR, as part of the implementation results area, with UNDP and UNICEF chairing Justice and economic empowerment, and child protection sub-groups, respectively[57]. UNFPA also chairs the Ending GBV sub-group. Feedback from the evaluation indicates that this is the most active result group, with participation from over 32 members drawn from government line ministries, CSOs, Academia, and United Nations agencies. UNFPA's contribution is further confirmed through its co-chairing of the Youth Thematic Group with UNICEF, as well as its contributions to the Inter-Agency teams, the Communication Group, and the prevention of sexual exploitation and abuse (PSEA)[58].

UNFPA has also stepped in to fulfil some of the roles mandated by the UNCT. For example, in the absence of a gender theme group in the country, UNFPA played a key role in leading the development and consolidation of the CEDAW framework report, ensuring diverse voices were included and contributions from United Nations agencies were incorporated. UNFPA, in collaboration with the United Nations Human Rights Office (UNHRO) Regional Office, ensured that the work of United Nations agencies, ongoing efforts, country responses, the status of implementation, and recommendations were well-documented. UNFPA facilitated the confidential reporting and presentation of the results to Geneva, and additionally mobilised the UNCT to support the government in responding to the CEDAW report. UNFPA's comparative advantage in convening CSOs was also instrumental in the preparation of the CEDAW report.[59]

Evaluation participants from United Nations agencies confirmed UNFPA's comparative advantage in its thematic areas. Under the Youth thematic group, UNFPA successfully collaborated with UNESCO on the implementation of CSE targeting teenage pregnancies, HIV infection, GBV, child marriage, and drug abuse among adolescents and young people. UNFPA was also identified as a key stakeholder in facilitating the country's interministerial committee, bringing together the ministries of Youth and Gender Affairs, Health, and Education to engage on the East and Southern Africa commitments, and facilitated the development of an operational plan and accountability frameworks, including indicators, for the first time, for the commitment, facilitating implementation[60]. The UNFPA CO also contributed funds to the implementation of these commitments. There was, however, a delay in implementing the commitments, as there was little commitment from the ministries, particularly due to the inadequacy of government funding allocation to implement the commitments. There was also a challenge of coordination among the ministries as the thematic frameworks were cross-cutting. UNFPA further collaborated with UNESCO in CSE programming, targeting those who were out of school. At the same time, UNESCO focused on those in school and developed operational documents, including sharing the costs for implementing the actions.[61]. There was further collaboration, under the leadership of UNFPA, in planning and implementing the Youth Day, bringing together UNDP, UNICEF, and UNESCO to share resources and ideas, including government engagement.[62]

The UNFPA CO was also key in enabling access to data for evidence-based planning, due to its comparative strength in data collection and analysis. It was also vital during the programme under review, where UNFPA effectively mobilised parliamentarians and the House of Chiefs and organised a workshop together with UNESCO to tackle GBV and harmful practices.

[56] UNFPA contributes to the UNSDCF outcomes 1, 2, 4, and 5 (Gender Equality and GBV; Equitable Access to Services; Environmental Sustainability; and Peace and Rule of Law)
[57] Interviews with participating UN agencies and UNFPA staff, and document review
[58] Ibid
[59] Ibid
[60] Interviews with UNESCO and UNFPA staff
[61] During training, UNFPA paid per diems to CSOs, while UNESCO paid for the teachers.
[62] Interviews with UNFPA and UNESCO staff and Annual reports reviews

There was also evidence of the UNFPA participating in joint programmes during the evaluation period, building on the respective comparative advantages of the members within the framework of engagement. For example, the leadership of UNFPA, in collaboration with UNAIDS, UNDP, UNESCO, UNICEF, FAO, WHO, and UNHRC, developed a joint programme that coordinates the promotion of gender equality and the ending of GBV in Botswana, with each agency focusing on its area of expertise. UNFPA is also part of the SDG Fund (SDG Trust Fund), where they work together with UNDP and UNICEF on data generation. Furthermore, UNFPA is also an implementing partner of UNAIDS under the UBRAF funding, alongside UNICEF, UNESCO, WHO, UN Women, and UNFPA, with a focus on HIV prevention.[63] The UNFPA CO further collaborated with its United Nations counterparts to strengthen the country's data systems. For example, UNFPA and UNDP collaborated on developing the strategy for monitoring SDG indicators, working closely with Statistics Botswana and sharing the costs of workshops. Interviews also indicated that UNICEF and UNDP collaborated with UNFPA to support Statistics Botswana in producing the multidimensional poverty index and analysing child-based indicators, respectively.

> "The involvement of United Nations agencies in Botswana in joint programs not only improved coordination and collaboration among participating agencies but also reduced overlaps and maximised their comparative advantages, resulting in more efficient programme delivery. For example, in the "*Together for SRH Programme*," there was clear use of comparative advantage, where WHO and UNFPA worked together on abortion care and the integration of post-abortion care guidelines; UNFPA and UNICEF teamed up on the Men and Boys service package; UNICEF led efforts on children; UNAIDS managed the HIV components, with UNFPA guiding the implementation as the SRH agency." **KIIs during the CPE**

Although there was a reported or observed contribution of UNFPA to the coherence within the UNCT, overlaps in technical assistance and fragmented engagement with government counterparts still exist, which sometimes weaken efficiency and the mantra of delivering as one by United Nations agencies. Partnerships with bilateral and multilateral donors are mostly project-specific, which limits strategic coherence in resource mobilisation and long-term sustainability. There is also a need to strengthen cross-sectoral coordination and establish a clearer division of roles among partners, which would improve coherence and ensure a more impactful collective delivery. Furthermore, Botswana has a small country team, which stretches the partners and thus limits their engagement in the results groups.

4.4 Answer to Evaluation Question on Effectiveness

EQ 6: To what extent did UNFPA Botswana's interventions successfully deliver planned outputs and contribute to the achievement of key country programme outcomes, particularly in: (i) Increasing access to and use of integrated SRHR services; (ii) Empowering adolescents and youth to access SRHR services and exercise their rights; (iii) Advancing gender equality and empowering women and girls; and (iv) Enhancing the use of population data for evidence-based policymaking?

[63] Interviews with UNRCO, UNAIDS, UNFPA and UNICEF staff, and review of the annual reports

4.4.1 Sexual and Reproductive Health and Rights

Summary Findings: The UNFPA's 7th CP made significant contributions demonstrating substantial achievements in strengthening the health system, improving maternal and reproductive health, and advancing integrated SRHR service delivery. The programmes's technical and financial support to the MoH was instrumental in revising and operationalising key national guidelines, including those for RMNCAH+N, HIV, and GBV, and in enhancing the capacity of healthcare providers through training-of-trainers models. The programme strengthened the country's capacity in various SRHR-related themes, enhancing the quality and integration of SRH services delivered to the target population. UNFPA's strategic evidence-based advocacy, including the Family Planning Investment Case, elevated FP as a national priority. This resulted in the establishment of a dedicated FP budget line within MoH programmes, and strengthened supply chain management across 17 of 18 health districts. Initiatives such as the *Drones for Health Project* showcased UNFPA's innovative approaches to addressing stockouts and improving access in remote areas. Similarly, the agency's support for Maternal and Perinatal Death Surveillance and Response (MPDSR) committees, post-abortion care (PAC), and the integration of SRH into emergency preparedness frameworks contributed to measurable improvements in service quality, accountability, and resilience. The country also benefited from UNFPA's convening power through the SRHR TWGs by enhancing national coordination mechanisms, policy coherence, and advocacy, thereby strengthening the SRHR focus in the health agenda.

While the 7th CP's contribution was immense on the SRHR service delivery in the country, implementation gaps, systemic constraints, and sustainability challenges tempered the overall impact. There were also persistent RH commodity stockouts, continued dependence on donor-funded supplies, and limited domestic financing for FP and MISP implementation. Inconsistent maternal death audits and underreporting in some districts weakened feedback loops for quality improvement. At the same time, the retention of skilled midwives and the availability of blood and emergency obstetric services remain major bottlenecks, especially in rural areas. Coordination within TWGs, although effective, still suffers from overlapping mandates, limited data sharing, and weak monitoring of agreed actions. Moreover, sociocultural barriers continue to constrain contraceptive uptake and access to safe post-abortion care.

Introduction

The focus of the 7th CP component on SRHR aimed at strengthening the country's 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. Working closely with the Ministry of Health (MoH) and other implementing partners, the UNFPA CO supported the achievement of five planned outputs (Table 7) yielding strengthened capacities for the delivery of non-discriminatory and respectful quality integrated SRHR services; integration of the MISP into district disaster preparedness and response plans; strategic alliances for innovative solutions and technology for improving provision of SRHR, particularly in hard-to-reach areas; strengthened financial risk protection mechanisms, particularly for women and girls.

SRHR Performance Data as of June 2025 based on alignment RRF

Output Indicators	Baseline (2022)	Targets 2026	Progress against Targets	Comments
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				
Percentage of health facilities that experienced no stock-outs of modern contraceptive methods during the previous year	0	60%	N/A	This indicator was not measured during the CPE as it was beyond the scope of the CPE. However, reports mention persistent stock-outs as a key challenge that motivated supply chain management training for 57 senior officials from 17 districts. In 2024, a roadmap was developed for the Ministry of Health to

				adopt a standing arrangement for the procurement of SRHR commodities through Third-Party Procurement.
The number of financing frameworks that support an increase in financial flows for SRHR and the implementation of effective risk pooling	0	3	2	FP2030 commitments finalised and commitments integrated into national policies and plans and are intended to support implementation of Vision 2036, the National Development Plan, and the Sustainable Development Goals (SDGs), particularly those relating to universal access to SRHR and gender equality. SRHR Sustainable Financing Roadmap developed.
Number of national SRHR/HIV strategies and disaster preparedness and response plans that integrate the minimum initial service package	0	2	1	The National Essential Health Services integrated MISP, while the 7th CP annual reports did not indicate strategies, there were plans to bring the Office of the President's Department of Disaster Management to integrate MISP into the National Disaster Management Plan. On the other hand, four out of the trained six districts integrated MISP into their District Disaster Management Plans.
The number of essential SRHR elements integrated into the National Essential Health Services	3	6	8	The CO supported the MoH in integrating the following elements into the National Essential Health Services: Maternal and Newborn Health Care; Family Planning Services; HIV Services; S/GBV Services; Adolescent and Youth-Friendly SRHR Services; Comprehensive Abortion Care and Post-Abortion Care; STI Services; and SRHR in Emergencies.
Availability of health-sector guidelines that integrate response to GBV, in line with the essential services package for women and girls	No	Yes	Yes	Achieved in 2022, when UNFPA supported the Ministry of Health in revising the 2011 national Protocol and Service Standards for prevention and management of GBV. The CO further supported the revision of the National GBV Prevention and Management Guidelines and Training Manual for health workers.

Table 7: SRHR Performance Data as of June 2025 based on alignment RRF

Key Achievements

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

Strengthening capacities at the institutional level for adherence to quality-of-care guidelines for non-discriminatory and respectful integrated SRHR services

Beyond evidence gleaned from programme reports, stakeholders interviewed during the review highlighted the dedicated support that UNFPA provided, especially to the MoH, in the delivery of quality, integrated SRHR services. First, UNFPA supported the MoH in reviewing and developing

national guidelines for integrating reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH+N), non-communicable diseases (NCDs), and HIV and AIDS services. Furthermore, UNFPA supported the MoH in revising the 2011 national Protocol and Service Standards for the prevention and management of GBV. The CO further supported the dissemination and implementation of the revised guidelines by first developing training manuals for healthcare providers and then working with the ministry to identify and train trainer-of-trainers (ToTs) on the revised National GBV Prevention and Management Guidelines for implementation in the districts.

Enhanced access to family planning services

Interviews and review of programme documentation revealed that the 7th CP significantly advanced family planning (FP) priorities through strategic advocacy, capacity building, and policy development that place FP at the centre of the national health agenda. During the period, UNFPA advanced evidence-based advocacy on the importance of FP access through financing and technically supporting the conduct of the Family Planning Investment Case, enhancing an evidence-based framework to justify resource allocation and guide programme scaling by the government and other stakeholders.[64] The CO also contributed to the revision of service delivery guidelines, training curricula, and provider job aids, which improved counseling and contraceptive provision in supported health facilities[65]. Feedback gathered during the CPE indicated that the support for FP by the 7th CP contributed to increasing the availability and variety of modern contraceptives, particularly long-acting reversible methods in targeted districts. UNFPA also supported the MoH in developing the FP2030 commitment for Botswana, identifying the priority areas for the country, thereby enhancing the government investment in FP.[66]

The CO also contributed to the strengthening of the Logistics Management Information System (LMIS) for RH commodities by collaborating with the MoH and the Central Medical Stores to train senior officials,[67] from 17 out of the 18 health districts on supply chain management, targeted at addressing persistent RH commodities stockouts. Its design and execution enabled the identification of the key issues affecting access to FP services by the targeted populations.[68] Feedback during the CPE revealed improved and strengthened supply management systems in the supported districts. It was, however, difficult to assess the extent to which this reduced the persistent RH commodities stock-outs that had been reported during the period. Interviews and review of literature also revealed that stock-outs of contraceptives, dependence on donor-procured commodities, and limited government financing for FP commodities constrain access and sustainability of the 7th CP results. Interviews also indicated that cultural and social barriers, especially among adolescents and young women, also continue to inhibit uptake.

Strengthened Maternal Health and Reduction of Maternal Mortality

Towards contributing to the reduction of maternal mortality, UNFPA collaborated with key stakeholders, led by the MoH and WHO, to support the implementation of key interventions targeting improvement in the quality of SRH services delivered to the targeted populations. Through technical and financial support, UNFPA contributed to strengthening the national health system's capacity to deliver quality, accessible, and equitable maternal and newborn care. UNFPA support to the strategy and guidelines and dissemination have strengthened the policy environment and ensured that maternal health is prioritised within the national health sector strategy and Sustainable Development Goals (SDGs) framework.

[64] Interviews with MoH and review of Annual reports
[65] Ibid
[66] Ibid
[67] Review of the 2022 Annual report indicates that the CO supported the training of a total of 57 senior officials from 17 health districts.
[68] Interviews with MoH and review of Annual reports

A central pillar of UNFPA's work has been capacity building for health-care providers. UNFPA has also facilitated mentorship and supervision programmes to ensure the consistent application of clinical standards and improve the quality of intrapartum and postnatal care. Additionally, the 7th CP's contribution to the provision of life-saving maternal health commodities, including essential medicines, clean delivery kits, and RH supplies, has improved facility readiness and contributed to safer deliveries, especially in remote and underserved areas.

During this period, UNFPA enhanced evidence-based responses by supporting Maternal Mortality Audit Committees (MMACs) at both national and district levels to improve **Maternal Mortality and Perinatal Death Surveillance and Response (MPDSR).** This enabled the establishment of a national mechanism for reviewing maternal deaths and identifying actionable measures to prevent recurrence. UNFPA's support was significant in ensuring accurate and timely audits to understand the causes of maternal deaths and facilitating responses through enhancing the functionality of the MMACs. The UNFPA further supported the alignment of the MPDSR guidelines with the WHO standards and trained healthcare providers and committee members on proper case review, data documentation, and root-cause analysis. These efforts were reported to have significantly improved the quality of maternal death reviews.

UNFPA also facilitated capacity building and operational support to strengthen data systems and reporting mechanisms for maternal mortality audits. Through targeted training and mentorship, health workers were equipped to consistently identify, record, and analyse maternal deaths across districts, using standardised reporting tools. Interviews, however, indicated that the audits were not conducted consistently during the period of coverage, with backlogs reported for 2023, though they were reviewed in 2024. This inhibits timeliness and feedback loops, leading to more responsive interventions at both clinical and system levels. The CPE findings also indicate that despite the backlogs, the audit reviews have informed the improvements in emergency obstetric care readiness and updates to supervision checklists. In collaboration with the WHO and other partners, UNFPA also supported dissemination workshops to share lessons from the audits, which have helped foster a culture of accountability and continuous quality improvement within the maternal health system.

Despite the progress made in supporting MPDSR, resource constraints, especially in rural districts, have hindered consistent case reporting and timely review of deaths. In some instances, underreporting and incomplete documentation persist, thereby reducing the reliability of the data for informed decision-making. Interviews also revealed a gap in translating audit findings into concrete remedial actions at the facility level, such as ensuring blood availability, strengthening referral systems, and addressing human resource gaps.

UNFPA also contributed to strengthening the policy framework, particularly focusing on the quality gaps through enhancing integrations of services in post abortion care, family planning, HIV and GBV. UNFPA collaborated with WHO to improve uptake of contraceptives, reducing unintended pregnancies and the need for a multifaceted approach to prevent unsafe abortion as a means to reducing maternal mortality in Botswana. These also enhanced the advocacy mechanisms in the country to promote integration of SRH services.[69] UNFPA also contributed to the enhancement of integration of RMNCAH services in priority districts, reducing delays in accessing life-saving interventions. Nevertheless, maternal mortality reduction remains uneven, with higher risk persisting in remote and underserved districts. Inadequate blood supplies, delayed referrals, and retention of skilled personnel in rural facilities weaken continuity of care. The limited scale of UNFPA-supported facilities relative to national coverage also reduces the overall magnitude of impact. [70]

Post-Abortion Care and Safe Abortion Services

[69] Interviews and Annual report review
[70] Ibid

In addressing Post-Abortion Care (PAC), the 7th CP contributed to improving the clinical management of complications of unsafe abortions through the development and rollout of national PAC guidelines and Training Manual and provider training on the same,[71] to align with the latest evidence and best practices including the WHO CAC Guidelines of 2022. Interviews revealed that the support enhanced provider skills in uterine evacuation techniques, infection prevention, and counselling on contraception post-procedure, helping to reduce post-abortion morbidity. UNFPA's policy advocacy has also promoted discussions on reproductive rights and the need to align Botswana's health laws with international standards for comprehensive post-abortion care. Stigma and restrictive legal environments continue to limit women's access to safe and timely post-abortion services[72]. Interview feedback indicated that many women seek care late or from unqualified providers due to fear of criminalisation, and the availability of quality PAC services remains confined to major hospitals. There were also reports of inadequate awareness at the community levels to improve universal access to compassionate, rights-based PAC as part of integrated SRHR care.[73]

Support in this area also included scaling up Comprehensive Post-Abortion Care (CPAC), which involved refresher training for ToTs, who subsequently cascaded these trainings to healthcare workers in four districts: Central Serowe/Palapye, Francistown, and Molepolole. A total of 62 providers were trained.[74] UNFPA also facilitated mentoring and supportive supervision visits in high-need districts such as Francistown, Maun, and Palapye, to reinforce service quality. This integrated approach has been essential in enhancing Botswana's reproductive health service delivery and provider capacity, contributing to improved maternal health outcomes.

Despite these achievements, challenges persist that temper the pace of progress. Rural and hard-to-reach communities continue to face barriers related to human resource shortages, delayed referrals, and limited access to comprehensive emergency obstetric care. Retention of trained midwives, inadequate blood transfusion services, and gaps in continuous professional development also constrain sustainability. Nonetheless, UNFPA's sustained partnership with the government has created a robust platform for achieving further reductions in maternal mortality. By institutionalising training, improving data use for maternal death surveillance, and securing domestic financing for essential commodities and supervision, Botswana is well positioned, through UNFPA's continued support, to advance toward the goal of ending preventable maternal deaths and ensuring that every pregnancy is safe and every childbirth is dignified.

Health System Resilience Strengthening

Building on the lessons learnt from the COVID-19 pandemic, the 7th CP was pivotal in strengthening Botswana's capacity to implement the MISP for SRH in emergency preparedness and response contexts. Recognising that humanitarian emergencies, particularly climate-induced disasters, disease outbreaks, and population displacement, can disrupt access to essential SRH services, UNFPA supported the integration of MISP for SRH into national and district disaster management frameworks through collaboration with the National Disaster Management Office (NDMO), Ministry of Health, and District Disaster Management Committees.[75] Interviews and review of programme reports reveal that this support ensured that SRH priorities, including maternal and newborn health, FP, HIV prevention, and GBV response, are systematically embedded within contingency and response plans. This strategic support has elevated SRH as a critical, life-saving component of humanitarian action, strengthening institutional readiness to protect women and girls in crises.

To operationalise the MISP integration for SRH, UNFPA facilitated capacity-building workshops for district health and disaster response personnel on MISP implementation, coordination, and monitoring.

[71] UNFPA Annual report 2023
[72] UNFPA Annual report 2023
[73] ibid
[74] Interviews with MoH, other United Nations and UNFPA staff and review of programme report
[75] Interviews with MoH and UNFPA staff and review of the CP Annual reports

Feedback from the CPE indicated that the capacity-building sessions equipped health workers, midwives, and emergency focal persons with knowledge on maintaining essential SRH services during emergencies, particularly ensuring clean and safe deliveries, preventing and managing sexual violence, and securing continuity of contraceptive supplies.[76] As indicated earlier, the 7th CP also supported MISP Readiness and Vulnerability Assessments in selected districts to identify service gaps, risks, and priority interventions, enabling more targeted preparedness planning. Interviews with MoH and UNFPA staff revealed that MISP indicators were incorporated into emergency preparedness assessments, demonstrating the significant role UNFPA played in institutionalising SRH among national and district stakeholders as part of resilience and humanitarian readiness systems.[77]These efforts have enhanced Botswana's ability to respond swiftly to crises without compromising the continuity of SRH care, particularly for women, adolescents, and PWDs.[78]

Despite these notable achievements by the 7th CP, the full operationalisation and sustainability of MISP for SRH in Botswana remains a challenge as the scope of MISP training and readiness assessments was limited to a few districts, limiting scale-up to the national level. Further, coordination between health and disaster management sectors is sometimes hindered by overlapping mandates and resource constraints. Despite the integration of MISP for SRH in emergency indicators, funding is not yet fully mainstreamed into government disaster budgets, resulting in an increased reliance on donor resources for rapid responses.

Strengthened commitment to Innovation for SRH

During the evaluation period, UNFPA's partnership in the 7th CP supported the piloting of the **Drones for Health Project,** contributing to a strengthened supply chain for sexual and reproductive health commodities, particularly in hard-to-reach areas, addressing SRH service access challenges. Implemented in partnership with MoH, Botswana International University of Science and Technology (BIUST), and other stakeholders, the project seeks to leverage drone technology to deliver life-saving medical supplies, including contraceptives, maternal health medicines, HIV test kits, and emergency obstetric care commodities, to remote health facilities that are often affected by poor road infrastructure and long delivery turnaround times. UNFPA effectively provided technical and financial support, ensuring the integration of RH supplies into the project's logistics system. This further contributed to strengthening the national health commodity distribution chain and demonstrated the use of digital innovation to improve timely access to essential SRHR services.

With lessons learnt from phase one implementation, UNFPA supported the MoH and stakeholders in documenting and disseminating the lessons from the pilot phase of the project. This effectively provided evidence for reduced stockouts and delivery delays, improved health facility readiness, and enhanced the reliability of RH service provision in underserved communities. The documentation showed that drone-assisted deliveries shortened response times for emergency and routine supply needs, directly contributing to improved continuity of maternal health services and the prevention of avoidable maternal and newborn deaths. The documentation has informed the potential scale-up across other districts. At the time of the CPE, the government had secured funding for phase 2 of the project, despite delays in its implementation. However, sustaining and institutionalising the drone delivery model remains dependent on adequate domestic financing, policy alignment, and capacity-building for local management and maintenance of drone systems. Despite these challenges, the Drones for Health project stands as a strong example of UNFPA's commitment to innovation and technology-driven solutions in advancing equitable access to SRHR services and strengthening Botswana's health system resilience.

[76] Ibid

[77] Review of programme reports indicate that Okavango, Kgalagadi North/Hukuntsi, Ghanzi, and Charleshill districts, made significant strides and integrated MISP into their District Disaster Management Committee (DDMC) and Public Health Emergency Committee (PHEMC) plans.

[78] Interviews with MoH and UNFPA staff and review of the CP Annual reports

Strengthened coordination for SRH

During the period, UNFPA played a central and catalytic role in SRHR technical working groups (TWGs and related stakeholder coordination mechanisms, serving as both a convener and technical advisor. UNFPA was a key member of the Health Sector Coordinating Mechanism and the RMNCAH TWG, providing leadership and evidence-based guidance to strengthen policy coherence, service integration, and multi-sectoral collaboration in SRHR programming. Building on its comparative advantage, UNFPA supported the development, review, and harmonisation of national SRHR guidelines, strategies, and standards, ensuring that they align with international best practices and the ICPD Programme of Action. Interviews with SRH stakeholders indicated that UNFPA's active participation helped maintain SRHR as a national health priority, reinforcing its integration into Botswana's national health and development frameworks, including the Health Sector Strategic Plan and the UNSDCF. Monitoring mechanisms to track implementation of TWG recommendations at district and community levels remain weak.

UNFPA has additionally contributed substantially to capacity strengthening and coordination within the TWGs. The CO provided financial and technical resources to facilitate regular meetings, stakeholder consultations, and joint planning sessions between government, CSOs, and development partners. These platforms have enabled cross-learning and alignment of interventions across thematic areas such as family planning, maternal health, adolescent and youth SRHR, GBV prevention, and HIV integration. UNFPA has often led or co-chaired technical subcommittees on SRHR and GBV, supporting the development of costed implementation plans, updating of clinical guidelines, and joint monitoring missions, further enhancing national ownership, improving coordination among partners, and ensuring that SRHR interventions are evidence-informed and inclusive of the needs of women, adolescents, and PWDs. Coordination across ministries and implementing partners can be inconsistent due to overlapping mandates, limited data sharing, and varying levels of technical capacity among stakeholders. The effectiveness of the TWGs also depends heavily on donor support, as there are limited dedicated government resources to sustain regular operations and follow up on agreed action points.

Unintended Consequence

- Initially, the programme had not planned to buy drones for the Drones for Health Project, but due to emerging needs and documented benefits, this has now been secured. Additionally, while the project aimed to focus on transporting SRH commodities, especially blood supplies, to reduce MMR, the government announced plans to expand it to include vaccine coverage in hard-to-reach areas.

4.4.2 Adolescent and Youth

Summary Findings: The 7th CP's adolescent and youth component was successfully implemented, achieving impactful policy advocacy, capacity building, and youth empowerment that have effectively contributed to advancing adolescent SRHR within Botswana. Continued advocacy with line ministries, traditional leaders, and civil society helped UNFPA create an enabling policy environment for adolescents and young people (AYP) to access SRH services without discrimination. The evidence-based advocacy guided programme decisions, supporting results and sustainability. The programme also promoted youth representation and inclusion across policy processes by supporting the ESA commitments on CSE. UNFPA further strengthened youth leadership, participation, and visibility in SRHR decision-making, including engaging young people with disabilities in policy dialogues and campaigns. Despite the progress, some challenges remain, such as discriminatory attitudes from healthcare providers, limited geographic coverage of YFS, and resource shortages that hinder universal access to adolescent-responsive SRHR services. Youth engagement was mainly focused on urban areas like Gaborone, leaving rural youth less involved in national discussions. Although CSE was integrated into the curriculum, its content was often seen as too broad and not fully tailored for learners with disabilities or from different cultural backgrounds. Additionally, short-term funding cycles impacted the continuity of youth-led initiatives, and the limited expansion of disability-inclusive SRHR programming restricted equitable access.

Introduction

The UNFPA 7th CP aimed to advocate for an adolescent-responsive health system to enable access to integrated SRHR, HIV and GBV services; 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; supporting youth participation and engagement in policy and legislative processes and other accountability mechanisms, particularly those that promote youth health, leadership and strengthening GBV prevention through a survivor-centred approach, improving referral pathways and supporting strategies to address social norms. Thus, in keeping with national commitments as well as the Africa Agenda to harness the demographic dividend, UNFPA Botswana committed to three strategic output indicators for the adolescents and youth component (Table 8), seeking to strengthen national capacities to design and implement policies and programmes that are responsive to their SRH needs and well-being. To this end, the country office worked with various line ministries, including the Ministry of Youth and Gender, the Ministry of Health, and the Ministry of Education, as well as various non-state actors, such as BABPS, SAT, and other NGOs, to coordinate and promote efforts targeting adolescents and youth empowerment and well-being. These strategic outputs contributed significantly to improved access to FP among adolescents and young people, including young people with disability and those in vulnerable populations such as the LGBTQI community. With targeted support to strengthen access to comprehensive adolescent sexual and reproductive health (ASRH) services, UNFPA remained instrumental in strengthening the MoH's efforts to expand adolescent and youth-friendly services, ensuring the establishment of AYFS in other health districts where these were not yet established.

Adolescent and Youth Performance Data as of June 2025 based on aligned RRF

Output Indicators	Baseline (2022)	Targets 2026	Progress against Targets	Comments
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				
Number of SRHR policies and strategies that engaged adolescents and youth in the formulation, particularly marginalised adolescents and youth	1	2	2	Achieved. In 2023, youth were engaged in drafting the FP2030 Commitments, which led to the inclusion of an additional commitment to reduce early and unintended pregnancies. In 2024, adolescents and young people were fully engaged in the formulation and review of the 2010 National Youth Policy and drafted an Action Plan.
Existence of a policy to facilitate girls' return to school after pregnancy	No	Yes	Partial	There has been no explicit progress on a formal re-entry policy. Ministry of Education is currently using guidelines for the re-admission of students who dropped school due to pregnancy. In 2024, the UNFPA supported the development of the ESA Commitment Operational Plan and CSE user-friendly tools to track pregnancy-related school dropouts.
Existence of a national framework to manage early and unintended pregnancies among adolescent girls	No	Yes	Partial	In 2024, the UNFPA and WHO sponsored a Strategic Assessment on unintended pregnancies, contraception, and unsafe abortion with linkages to SGBV and HIV in Botswana.

Table 8: Adolescent and Youth Performance Data as of June 2025 based on aligned RRF

Key Achievements

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.

Advocacy for legal and policy reforms

At the time of developing and implementing the 7th CP, Botswana's adolescent birth rate was reportedly high (43.7/1000 girls)[79][80]. Interviews and document review highlighted various factors contributing to this challenge: barriers to information that could equip adolescents and youth with self-care skills, access to services, and comprehensive sexuality education, as well as gaps in the legal and policy environments that affect universal SRHR access. These gaps contribute to school dropout and inequities, particularly for girls from poorer and rural communities, and hinder progress toward fully adolescent-responsive health systems. Through advocacy and working with relevant line ministries and other key stakeholders, the UNFPA office significantly contributed to creating an enabling environment for adolescent sexual and reproductive health. The country office reportedly continued advocacy towards the revision of policies and legal frameworks to ensure that adolescents and young people can access contraceptives and SRH services without discrimination or unnecessary barriers. Advocacy efforts included raising the age of consent for HIV testing and sex, and legal protection against child marriage and GBV affecting youth. By convening the Chieftaincy, and working in collaboration with Ntlo Ya Dikgosi, UNFPA was able to sensitise and create awareness among the traditional leaders about their role towards safeguarding the health and well-being of adolescents and young people, including protecting them against harmful social and cultural practices.

Document review and interviews with stakeholders revealed that the CO used various approaches to build capacity among adolescents and youth, creating awareness and upskilling them in integrated SRH, HIV, and GBV service availability and delivery. Working with other partners, the Country Office supported SAT to organise a youth engagement workshop which brought together various youth volunteers to raise awareness about the importance of gender equality in SRH/HIV/GBV prevention and response. Armed with such knowledge and understanding, adolescents and young people reportedly participated in developing the National Commitment for Adolescents and Young People's Wellbeing, supported by UNFPA. The launching and availability of the national commitments adolescents and youth well-being provides for an enabling environment upon which essential investment on adolescent and young people can be made e.g. fast-tracking the implementation and monitoring of Comprehensive Sexuality Education (CSE), development of digital monitoring tools to capture data on learners with special needs those who may drop out of school due to pregnancy as well as commitment to address unintended and unwanted pregnancies among AYP in and out of school. [81]

The UNFPA conducted a family planning investment case to provide an evidence-based advocacy tool for stakeholders to lobby for adequate resource allocation for FP, ensuring AYP have the necessary resources to prevent unwanted pregnancies. Interviews with MoH personnel revealed that the availability of such evidence led to the establishment of a line budget for FP within the MoH programmes and budget heads.

Strengthening health system to improve access to integrated SRH, HIV, and GBV services for AYP

[79] UNFPA 7th CPD, 2022-2026,
[80] Government of Botswana (2023). A national commitment to adolescent well-being in Botswana
[81] Government of Botswana (2023). A national commitment for adolescent well-being

Interviews with MoH personnel as well as young people revealed that young people continue to face discrimination when seeking SRH services. The CO, therefore, continued to build on previous work, supporting the government in establishing, expanding, and promoting Youth-Friendly Services (YFS) and youth centers to reduce barriers to adolescent access to SRHR. The MoH also reported that the CO headed their request and supported training of midwives, trained in adolescent sexual and reproductive health and rights, to help ensure comprehensive management of young people who attend public health facilities, as well as those seeking services at YFS clinics and youth centres, further facilitates the scaling of YFS clinics in the country. Young people reported that there is an improvement in the attitude of healthcare workers towards young people, including those of the LGBTIQ community.

> *"Although pockets of stigma and discrimination persist in some places, especially in government facilities, there is improvement. Some healthcare workers are beginning to open up to the vulnerable population. But public education on the needs of vulnerable and marginalised groups is still needed"* – **FGDs with the Youth during CPE**

UNFPA's support to expand YFS and training of healthcare workers to deliver youth-centred services has led to the availability of safe spaces for adolescents and youth, consequently contributing to improved health-seeking behaviour, especially for SRH. While efforts to expand YFS coverage across the country's health districts face challenges such as resource constraints, infrastructural barriers, and healthcare worker turnover, it is worth noting that interviews with MoH officials and young people indicate that capacity building for healthcare providers has improved service quality where YFS are implemented.

Recognising the needs of adolescents and youth in Botswana, the UNFPA Botswana office continued its work by prioritising efforts to promote adolescent and youth rights, providing them with improved opportunities to access HIV prevention and treatment services. In partnership with key community-based and other non-governmental organisations, e.g., BOFWA, BABPS, other UN agencies such as UNICEF, and the private sector, UNFPA supported the commemoration of various international efforts seeking to put a needed spotlight on adolescent and youth issues, such as the International Youth Day and the International Day of the Girl Child. By supporting targeted activities and promoting awareness to empower young people to adopt positive behaviours related to SRH, mental health, substance abuse, and violence, career development, the Office ensured that implementing partners continue to strengthen youth-led responses and public awareness-raising for adolescent and youth well-being. During the CPE, document reviews and stakeholder interviews revealed that the UNFPA CO supported the government of Botswana, through the MoH, in providing FP commodities to women and young girls in the country. They used their mobilisation capacity to lobby for support, especially when the country was experiencing a shortage of medical commodities.[82]

Adolescent and youth participation in policy and legislative processes

As shown above, the UNFPA placed great emphasis on adolescent and youth engagement. Working through various youth groups, including BONELA and UNFPA, not only enhanced young people's advocacy and communication skills in ASRH but also ensured their active participation in youth dialogue forums. One key policy development mechanism that UNFPA leveraged to ensure adolescent and youth participation was their inclusion as members of technical working groups whenever any relevant legal or policy framework was being developed. This approach helped ensure that youth voices were represented and influenced SRHR programming and accountability.

To promote effective participation and representation in policy and legal reforms affecting adolescents and young people, the CO has shown a genuine commitment to supporting capacity-building activities, including training key strategic partners in communication on SRHR. This capacity building, as reflected through the engagement of young people's movements, such as the SRHR AIDS Trust (SAT),

[82] UNFPA Annual Report 2022

has enhanced young people's abilities in active leadership and advocacy for their SRHR needs. At least 30 young people were trained during the Youth Quake. Furthermore, under the 7th CP, the UNFPA office, together with WHO and UNICEF, worked with the National Planning Commission under the Office of the President to develop the National Commitment for Adolescents and Young People's Wellbeing. With capacities in advocacy and communication for ASRH, the process of developing this strategy involved comprehensive participation from adolescents and youth in the formulation of legal and policy instruments. Key mechanisms such as the Adolescent Youth Forum (AYF) enabled effective engagement and participation of young people in advocacy, legal, and policy formulation. While the young people identified the significant difference UNFPA makes in targeting them, the cited inconsistencies in the continuity of initiatives were mainly short-term.

The UNFPA office, in collaboration with the Ministry of Youth and Gender, ensured the participation of adolescents and youth in the review and development of the National Youth Policy. Supporting the inclusion and meaningful engagement of young people in decision-making processes on issues that concern them helps ensure that plans and policies effectively address their expressed needs. Young people who were interviewed reported that they were able to meaningfully engage and contribute during the workshops for developing the National Youth Policy and the Action Plan, thanks to UNFPA's capacity building through communication training for SRH, skills in youth dialogue, and awareness creation. The Office provided young people with opportunities to participate in the ICPD@30 Global Youth Dialogues as well as the Southern African Regional Students and Youth Conference on Sexual and Reproductive Health (SARSYC). These experiences and engagements offer young people opportunities for learning, exchange, exposure, and networking with other youth-led SRH, HIV, and AGYW networks. They also empower young people to engage others, enabling them to share knowledge and information, especially around ASRH issues. While adolescent and young people highlighted significant contributions made by UNFPA in advocating for and supporting young people's participation, it was reported that youth engagement primarily benefited those in Gaborone and nearby areas, leaving out the majority of those outside Gaborone.

The ESA Commitment towards CSE Implementation

The UNFPA CO supported high-level stakeholder engagement with the Ministries of Education, Health, Youth & Gender, civil society organisations, and UN agencies to review, estimate, and operationalise the 2030 ESA Commitment. Central to this stakeholder engagement was the inclusion of at least 30 young people who also represented young mothers, young people living with HIV, boys and young men, adolescent girls and young women, as well as in and out of school youth, and young persons with disability[83]. Interviews with various stakeholders, including representatives from youth groups, adolescents and young people, partners, highlighted the effective coordination and involvement of adolescents and young people in the development of the national ESA Commitment Operational plan/roadmap, the Comprehensive Sexuality Education curriculum, and the associated 2030 ESA Commitment Result Accountability Framework to facilitate tracking of the targets for the commitments[84]. Adolescents and youth representatives in a focus group discussion highlighted the importance, speaking extensively about the well-organised and coordinated 'watch party' facilitated through UNFPA. This platform created an opportunity for knowledge sharing, amplified the voices of adolescents, youths, and vulnerable populations, promoted policy dialogue, and supported inclusive program implementation around ASRH. This engagement of AYP in critical policy and strategic plans prompted key leadership commitment, including at the levels of line ministries' Permanent Secretaries, to pledge their full support towards continued meaningful engagement of adolescents and youth, promoting a sense of accountability towards young people in the country.

[83] UNFPA Annual Report 2023
[84] UNFPA Annual Report 2023

Following the domestication of the ESA Commitment and adoption of CSE into the school curriculum, UNFPA CO supported various capacity-building trainings to promote the delivery of CSE by various implementing partners, including volunteers who could reach out-of-school youth. Young people participating in the FGD also indicated that the CSE curriculum is too broad and of little impact, especially if not contextualised for people with broader disability and across all ages.

Programming for disability in SRHR policies and services

UNFPA has been instrumental in placing the needed attention on the SRHR needs of the young PWDs. Beyond reaching young PWDs, the implementing partners and young people themselves reported the pivotal role played by UNFPA in supporting the development of knowledge and skills among adolescents and young people. This includes support through south-to-south learning, participation in regional conferences, onsite training, and online platforms with digital learning materials that are also youth-friendly. Interviews with stakeholders from BABPS highlighted the critical need for training and capacity building in leadership skills, such as problem-solving and advocacy, to enable their members to engage in SRHR policy dialogues. Most notable and supported by UNFPA was the tailor-made CONDOMISE campaign that was undertaken for young people with disabilities, for the first time[85]. UNFPA also utilised advocacy platforms, such as commemorating the International Day of the Girl Child, to voice the experiences and SRH needs of adolescent and young women with disabilities, thereby increasing their targeting and recognition for services, including policies.

> *"They have been instrumental in our development and participation in social and development issues that affect adolescent and youth – it is a whole movement building. Through their support and constant engagement, young people are taking up spaces, have more safe space to discuss their issues. We even see more and more healthcare workers being more open, mindful and supportive, it is good"* - **FGD with Youth during CPE.**

Unintended Consequences

- There was no notable unintended consequence.

4.4.3 Gender Equality and Women's Empowerment

Summary findings: The GEWE component of UNFPA's 7th CP achieved notable progress in strengthening legal frameworks, institutional coordination, and advocacy for gender equality and the elimination of GBV. All targeted output indicators were achieved, reflecting UNFPA's practical support in reviewing and aligning key laws, including the Domestic Violence Act, Marriage Act, and Human Trafficking Act, thereby enhancing legal protection for women and girls. UNFPA's leadership in the UNDS and national coordination platforms ensured integration of gender equality across programmes, strengthening GBV referral systems, SOPs, and multi-stakeholder collaboration. Its advocacy with traditional leaders through the *Ntlo Ya Dikgosi* and engagement with CSOs, faith-based organisations, and youth networks effectively localised the GBV prevention agenda, promoting community ownership and inclusion of marginalised populations. UNFPA also contributed to the generation of evidence through thematic studies and policy reviews, reinforcing data-driven advocacy and policy formulation.

However, the component's progress was affected by some gaps and challenges. Government ownership and resource allocation for CSO engagement remained limited, affecting the continuity of interventions beyond UNFPA's direct support. Institutional capacity outside the health sector was uneven, restricting the scale and quality of GBV prevention and response efforts, particularly in rural and hard-to-reach areas. Outdated GBV data and inconsistent use of disaggregated information weakened evidence-based decision-making, while advocacy gains faced resistance from conservative cultural structures, slowing policy reforms on sensitive issues such as marital rape. Financial constraints delayed the rollout of key initiatives, such as the SRH Service Package for Men and Boys, and limited the geographic reach of advocacy campaigns.

[85] UNFPA Annual Report 2022

Introduction

The Gender Equality and Women's Empowerment (GEWE) component of the 7th CP was designed and implemented 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 component had one output area with a total of three indicators. The respective achievement in each of the output level indicators, which serve as critical metrics for evaluating the effectiveness and impact of the interventions implemented under this component, is illustrated in Table 9 below.[86] The component was mainly implemented through capacity building, partnerships and collaboration, advocacy, and knowledge management facilitation. The component's delivery was undertaken in collaboration with key government institutions, including the MoH, Ministry of Youth and Gender Affairs (MoYGA), Ntlo ya Dikgosi, and CSOs, as well as United Nations agencies.[87]

Output Indicators	Baseline (2022)	Targets 2026	Progress against Targets	Comments
Strengthened policy and legal frameworks, and institutional capacities to reduce gender inequality and address gender-based violence, in line with national and international commitments.				
Number of national laws and policies reviewed and revised following international standards to prevent and address gender-based violence	2	4	4	Target achieved. The 7th CP supported the review of the Domestic Violence Act and the Marriage Act, Human Trafficking Act, and the development of the National SRH service Package for Men and Boys.
Existence of a functional platform engaging civil society, including faith-based organisations and non-state actors, to advance gender equality and reproductive rights, with support from UNFPA	No	Yes	Yes	Achieved. UNFPA continues to co-chair the UNSCDF Results Group 1 on Gender Equality with the Ministry of Youth, Gender, Sports, and Culture. This platform convened two meetings in 2023 and three in 2024 to coordinate the multi-sectoral response to end GBV.
Existence of a coordinated multisectoral response to GBV (including the accessibility of services for persons with disabilities)	No	Yes	Yes	While there exists a coordinated multisectoral response to GBV, *a weak intersectoral coordination mechanism* remains a challenge, compromising the effective response.

Table 9: Gender Equality and Social Norm Performance Data as at December 2024 based on aligned RRF

Strengthened policy and legal frameworks, and institutional capacities to reduce gender inequality and address GBV, in line with national and international commitments.

The performance in the outcome indicators was not captured during the CPE because it required a large-scale survey, which was beyond the scope of the evaluation. Table 9 above shows that the 7th CP achieved all the targeted output indicators, based on data from the 2022, 2023, and 2024 Annual reports. The 7th CP provided considerable support to state and non-state actors to advocate for

[86] Reviews of CPD and CP Annual Reports 2022. 2023 and 2024
[87] Interviews and review of Annual reports

strengthening the country's legal and policy frameworks, as well as enhancing the capacities of various stakeholders to reduce gender inequality and address GBV.[88]

Strengthened Review and alignment of laws, policies, and guidelines

> *"UNFPA Botswana has been leading efforts to advocate for women's and girls' rights by supporting the review and alignment of key national laws, policies, and legal reforms"* **– KII with a CSO participant in Botswana.**

The 7th CP provided technical and financial support for the review and alignment of key laws, policies, and legal reforms aimed at protecting the rights of women and girls. Specifically, the country programme includes "advocate for and support review and alignment of key national laws, policies, and legal reforms to protect the rights of women and girls" as a strategic intervention. Interviews and document reviews revealed that the 7th CP supports the review of the Domestic Violence Act, aligning it with the Penal Code. UNFPA also supported the review of the Marriage Act, considering the implications on GBV. Additionally, the CO also collaborated with IOM on the review of the Human Trafficking Act, removing the provision for paying fines instead of jail terms as a deterrent to human rights violations, particularly through a gender lens.[89] These reviews of the legal frameworks enhance the protection and promotion of the rights of women and girls in Botswana.

> *"The development of the guideline for healthcare providers in the prevention and management of GBV has been crucial in bringing GBV responders together to ensure efficiency in the handling of the cases, where sexual assault cases no longer queue at the health facilities, they are then referred to the local social workers, who profiles the case and provide counselling* services *and referred for legal assistance until the matter is brought before courts.* This is unlike what it was before, when teams would work in silos. The *cases would be reported, then taken to the hospital for assessment, and the hospitals would treat them as any other patient in the queue. This has really improved, and the cases are priorities, "*– **KII during the CPE.**

During the evaluation period, UNFPA played a key role both technically and financially in reviewing and developing guidelines and protocols for integrating GBV prevention and management into SRH/HIV services. For example, UNFPA supported the MoH, with technical contribution by WHO, in the development of Prevention and Management of Gender-Based Violence: A Guide for Health-Care Providers, which aligns with updated legal, policy, and institutional frameworks, and regional/global standards to protect the rights of women and girls and ensure their dignity in accessing health services.[90] Interviews with stakeholders revealed that the development of the guideline significantly improved coordination among the Botswana Police Service, the Directorate of Public Prosecutions (DPP), and Social Workers in handling GBV cases in the country. The interviews further revealed that the guideline clarified the roles of stakeholders, the services to be provided, and how they should be treated, especially in first-line support, such as STI screening, emergency contraceptives, and the provision of Prep, among other services. It also covered subsequent services, including strengthened referral services.

To facilitate continuity and implementation of the guidelines and a training manual, UNFPA supported a 5-day workshop for 20 participants as ToTs, bringing together from training institutions, hospitals, clinics, NGOs and the District Administration, included nurses, social workers and psychologists from six districts, and facilitated by forensic pathologist from Botswana Police, expert from University of Botswana, UNFPA and the SRH/MoH Programme Managers.[91] The MoH cascaded this training with the support of the Global Fund, reaching a total of 100 Health Care Providers (HCP) and 40 Monitoring and Evaluation Officers in Serowe, Palapye, and Greater Francistown districts, and a further 65 HCP, Police,

[88] UNFPA Annual reports and Interviews
[89] Ibid
[90] Interviews with MoH and UNFPA staff and UNFPA report review
[91] Interview and Review of UNFPA 2024 Annual Report

Social workers from the Hospital and Community, and mine employees in Orapa and Letlhakane, supported by De Beers Mine firm in Orapa.[92]

Interviews and a review of programme reports revealed that the training enabled the service providers to respond adequately to the evolving challenges and needs. Particularly, healthcare workers were effectively targeted, as health facilities are the first point of response. The training was instrumental in enhancing their capacity to deliver services and improve access for GBV survivors, with a particular focus on human rights-based approaches. As a result, the Botswana Police established a separate desk for the private and safe handling of cases at the respective police stations. Additionally, the police no longer put on uniform or carry the forensic items when arresting, which was initially discriminatory and stigmatising to the victims of sexual violence. The UNFPA CO further supported the development and training in the use of data collection tools aligned with the revised guidelines, enabling the collection of information on the services provided and their follow-up. These have also enabled monthly reporting.[93] While the data collection registers are supposed to be in every hospital unit, feedback interviews revealed that this is not the case, as the data requires computers, which are not adequately available.

Interviews and reviews of UNFPA reports indicated that the 7th CP played a crucial role in facilitating legislative reform by engaging and advocating with parliamentarians, who considered recommendations from various interest groups. For example, during the period, UNFPA led advocacy to engage parliamentarians in reforming the constitution based on recommendations for PWDs and Intersex. While this was influenced by the change in government and the CSOs' efforts to prevent the bill's passage, successes were achieved during the evaluation period. These included the registration of LEGABIBO and a group for sex workers, due to the repeal of the laws and the Judiciary's responsiveness to the issues. [94]

Review of the National Strategy Towards Ending GBV (2015-2020)

At the time of the evaluation, UNFPA had initiated a consultancy to review and evaluate the existing National Strategy Towards Ending GBV (2015-2020). This entailed providing technical and financial support, particularly in developing culturally sensitive, rights-based policies; advocating for strengthened legislation; promoting community-based change; raising awareness; and collaborating with government and CSO partners to combat GBV. This involved reviewing the strategy's performance and revising it based on the identified gaps and strengths.

Enhanced institutional coordination and capacity to respond and prevent GBV

Interviews and review of the 7th CP documents indicate that UNFPA CO has played a central role in coordinating the gender equality and GBV thematic area, acting as both a technical leader and convener within the UNDS and in national platforms. The CO provided consistent policy guidance and evidence-based advocacy that aligned with national priorities, such as the Gender and Development Policy and the GBV Response Frameworks, while also reinforcing the country’s obligations under international commitments, including CEDAW, the ICPD Programme of Action, and Agenda 2063.[95] UNFPA’s leadership ensured that gender equality and GBV issues were integrated across interventions, encompassing broader development and health priorities, thereby fostering coherence and effectiveness.

During this period, UNFPA, in coordination with the MoYGA, ensured effective leadership for the UNSCDF Results Group 1, which focuses on Gender Equality (Outcome 1) of the CF. This group

[92] Ibid
[93] Interviews with the GBV stakeholders and review of the UNFPA reports
[94] Interviews with the CP stakeholders and CP report reviews.
[95] Interviews with CO, CSOs and government staff and review of CP documents

convened meetings to coordinate a multisectoral response aimed at achieving gender equality and ending GBV and harmful practices in Botswana. Interviews also confirmed that the CO supported the operationalisation of referral systems, the integration of GBV services into SRH platforms, and the alignment of national strategies with global standards. By leveraging its convening power, particularly through the TWGs, UNFPA bridged the gap between policy and implementation, enabling ministries to coordinate effectively across service delivery, data systems, and survivor-centred approaches in Botswana. Interviews and reviews of 7th CP reports also revealed that UNFPA played a crucial role in fostering collaboration with CSOs and grassroots actors, who are essential in reaching vulnerable groups and addressing harmful norms at the community level. Stakeholders during the CPE acknowledged UNFPA's efforts, emphasising its unique role in bringing CSOs, the government, and service providers together to expand access to GBV services, community education, and advocacy for legal reforms. It is important to highlight that these collaborations have created a significant platform for survivors and marginalised populations, such as youth, women, PDWs, and rural or hard-to-reach communities, to participate in decision-making processes. This has further enhanced inclusivity, enabling policies and programmes to respond more effectively to diverse realities.

Through its leadership role in GEWE, UNFPA has operationalised the principle of "leaving no one behind" by deliberately promoting intersectional approaches in GBV programming. The CO ensured that interventions considered the needs of populations often excluded from mainstream services, including adolescents, migrants, PWDs, and those living in remote communities.[96]

> *"Support from UNFPA to various gender equality and GBV-focused TWGs, especially in collaboration with MoYGA, effectively helps deliver key results in the country, particularly by providing technical oversight on policy and strategy review, development, and implementation."* – **KIIs with CSOs during the CPE.**

The UNFPA leadership in Gender equality and GBV response coordination has also enhanced and strengthened the **GBV referral pathways** within the country. The coordination mechanisms, bringing together stakeholders from different ministries, institutions, and CSOs, have provided a platform for **GBV case management**.[97] Case conferencing has ensured efficient handling of GBV survivors by establishing a directory of service providers and their services. UNFPA support also facilitated the development and rollout of the GBV SOPs among stakeholders, enabling the standardisation of services and the handling of cases.[98] At the time of the CPE, progress had also been made in establishing a one-stop centre, with a pilot programme in place to facilitate learning.

While progress has been made in creating more inclusive frameworks, challenges remain in sustaining government ownership and ensuring adequate resourcing for CSO engagement. Additionally, the capacity of institutions outside the health sector was identified as inadequate, thereby limiting the extent of prevention and response to GBV and gender inequality among the stakeholders. Furthermore, while advocacy efforts are being implemented, the scale across all districts, both rural and urban, remains uneven, particularly in remote areas or less-served districts. Ensuring that trained personnel are continually supported, mentored, and provided with the necessary tools remains a limitation, as does the institutionalisation of capacity development. Nevertheless, UNFPA's coordination efforts during the evaluation period have been pivotal in advancing a more coherent, inclusive, and accountable national response to gender inequality and GBV.

Advocacy on Elimination of Harmful Social Norms and Prevention of GBV

The evaluation period saw UNFPA CO advance advocacy efforts towards the elimination of harmful practices and the prevention of GBV in the community, building on its mandate to promote gender equality and uphold human rights. The CO supported advocacy at both the national policy level and within communities, ensuring alignment with the existing strategies and frameworks, including

[96] Interviews with UNFPA, CSOs, United Nations, and Government staff; and review of programme documents.
[97] Interviews with UNFPA, CSOs, United Nations, and Government GBV-related staff; and review of programme documents
[98] Interviews with UNFPA, CSOs, United Nations, and Government GBV-related staff; and review of programme documents

international commitments such as the CEDAW and the ICPD Programme of Action. The UNFPA CO promoted evidence-based advocacy, drawing on national surveys and research, to amplify the urgency of addressing deeply rooted social norms that perpetuate GBV, framing these as both a public health concern and a development barrier. This approach helped create an enabling environment for national discourse and policy reform.

The implementation of the 7th CP successfully facilitated the engagement of the **Ntlo Ya Dikgosi (Traditional leaders)** in advocacy for the prevention of GBV and the elimination of harmful practices. This was a particularly critical element in advocacy where the CO recognised the influence of the traditional leaders in shaping cultural attitudes and community practices, and strategically partnered with the Ntlo Ya Dikgosi to foster dialogue on GBV, child marriage, and harmful gender norms.[99] Interviews and review of programme documents revealed that the engagement ensured that traditional authorities, who are the custodians of customs and cultural identity, were sensitised to actively advocate for positive social change. Through training and sensitisation workshops, policy dialogues, and community campaigns co-hosted with the Ntlo Ya Dikgosi, UNFPA strengthened local ownership of GBV prevention efforts, while ensuring that messaging reached rural and remote communities where harmful practices are often most entrenched. To guide their engagement in advocacy issues, UNFPA supported them with a Resource Package for the Ntlo Ya Dikgosi as reference points in addressing the challenges in their respective communities.

The training and advocacy workshop with Ntlo Ya Dikgosi was an eye-opener and played a crucial role in helping leaders understand the policy and legal frameworks, identify challenges to SRHR and GBV, including harmful social norms. Participants from various governance structures contributed to the sessions, providing valuable clarifications on key issues. Most importantly, the workshops and engagements empowered the Bogosi (local chiefs) and ensured their commitment to supporting the campaign efforts to combat GBV and other harmful practices in their communities. They also aimed to restore peace and harmony among partners, since they are involved in conflict resolution, including disputes between couples – **KIIs with Stakeholders during CPE**

The achievements of this collaboration with the Ntlo Ya Dikgosi were notable during the evaluation. The Ntlo Ya Dikgosi not only endorsed national campaigns aimed at eliminating GBV and harmful practices but also integrated anti-GBV messaging into local dispute-resolution forums and cultural gatherings. Traditional leaders were mobilised **as champions for change**, publicly denouncing practices such as child marriage and intimate partner violence, and promoting survivor-centred approaches within their jurisdictions. This partnership significantly enhanced the credibility and acceptance of UNFPA's advocacy interventions at the community level, ensuring that global and national commitments translated into locally resonant messages. However, while progress was achieved, challenges remained in ensuring consistency of engagement across all districts, as some leaders were more proactive than others.

Community-level advocacy was equally prioritised by the 7th CP, especially in rural areas where harmful social norms remain most entrenched. UNFPA engaged traditional leaders, faith-based organisations, and youth networks to challenge patriarchal norms, harmful masculinities, and tolerance of intimate partner violence. Specific campaigns used culturally sensitive messaging and role models to promote positive gender norms, such as engaging male champions to speak against GBV and fostering youth-led initiatives that address gender stereotypes.[100] These efforts helped normalise dialogue around GBV and harmful practices, gradually shifting perceptions in communities where silence or stigma once prevailed. These strategies effectively contributed to the UNFPA transformative goals of ending GBV, child marriage, and harmful practices, and promoting gender equality and empowering women and girls.

[99] Interviews with Stakeholders during the CPE and review of UNFPA Annual reports
[100] Interviews with UNFPA, CSOs, United Nations, and Government GBV-related staff; and review of programme documents

Male engagement: UNFPA also prioritised the health of men and boys, examining their unique needs and characteristics in accessing health services. UNFPA, in collaboration with the MoH, will review and align the service package for Men and Boys to ensure that the services respond to their need, i.e., the development of the National SRH service Package for Men and Boys[101]. At the time of the CPE, the draft document had not yet been printed by the Government of Botswana due to financial constraints, as per the delivery design.

During the period, the CO also collaborated with the Ministry of Education and CSOs to introduce life skills education modules that emphasise gender equality, consent, and healthy relationships, directly contributing to advocacy efforts in support of campaigns against child marriage and GBV in schools. [102] These interventions not only raised awareness but also empowered young people to challenge harmful norms in their own environments. The promotion of safe spaces for adolescent girls and youth-friendly services further ensured that prevention and advocacy reached the most vulnerable populations.

Despite these successes, gaps remain in translating advocacy gains into sustainable behavioural and institutional change. While UNFPA has succeeded in influencing national dialogue, resistance from some traditional and community structures persists, slowing down reforms on sensitive issues such as marital rape or entrenched gender hierarchies. Moreover, advocacy campaigns have sometimes faced resource constraints, limiting their geographic reach and continuity. This has particularly affected rural and hard-to-reach areas where harmful norms are most persistent, highlighting a gap in equitable coverage of advocacy initiatives. Furthermore, without sustained follow-up and investment in behaviour change communication, some advocacy efforts risk remaining episodic rather than transformative. Additionally, CSOs engaged in advocacy often struggle with limited financial and institutional capacity, which affects their ability to scale up community-level work despite UNFPA's convening support.

Strengthened evidence-based response

> *After conducting the study on ending child marriage, we created a scorecard to identify needs, priorities, and target locations for an evidence-based response, including enhanced accountability* – **KII during the CPE.**

UNFPA Botswana successfully endeavoured to contribute to the strengthening of evidence-based interventions on GBV and harmful practices as well as inclusion, through supporting data collection, analysis, and dissemination.[103] For example, during this period, UNFPA supported Statistics Botswana in producing thematic policy papers based on the 2022 Population & Housing Census (including gender, youth, and disability). These provide evidence for policy, programming, and accountability. UNFPA also conducted a study aimed at ending child marriage and highlighted areas requiring changes for the enactment of the Marriage Act, including increasing the marriage age to 18 years from 16 years and incorporating the perspectives of religious and cultural marriages. The review of the National GBV Strategy (2015 – 2020) also presented an opportunity to assess the performance of the previous document and prioritise interventions based on the identified gaps. Data on GBV prevalence remains outdated, as the National Relationship Study (2018) being used is older. The utilisation of disaggregated data by age, sex, disability, and district is inconsistent among stakeholders.

Unintended Consequences

- Support of the 7th CP on training on Prevention and Management of Gender-Based Violence: A Guide for Health-Care Providers by De Beers mine firm in Orapa, enabling training of 65 frontline

[101] Interviews with MoH and UNFPA staff, and review of programme documents
[102] Interviews with GBV stakeholders
[103] Interviews and UNFPA Annual reports

staff involved in the provision of services. This not only contributed to resource mobilisation from private firms, but it was also an aspect of ownership, assuring sustainability.

4.4.4 Population and Development

Summary of Findings: The PD component of Botswana's 7th UNFPA Country Programme made notable progress in strengthening the national population data system and advancing evidence-based policymaking. Key achievements included UNFPA's crucial role in supporting the country's first fully digitised 2022 Population and Housing Census, which improved data accuracy, timeliness, and thematic analysis on critical areas such as fertility, mortality, gender, disability, and youth. The programme also enhanced national analytical capacity, supported population projections (2023–2038), and contributed to the review of the National Population Policy, ensuring the integration of emerging population dynamics into national planning. Additionally, UNFPA's technical and financial support to the CRVS system improved registration processes, strengthened legal frameworks, and promoted inclusivity by reaching marginalised groups. Its contributions to SDG monitoring, the ICPD@25 commitments, and the demographic dividend roadmap further positioned population data as a foundation for sustainable development planning and youth empowerment.

However, despite these successes, several gaps and challenges remained. Delays in disseminating census reports, weak intersectoral coordination, and insufficient government funding limited the effective use of data for decision-making. Persistent under-registration in rural areas, connectivity issues, and cultural barriers hampered CRVS completeness, while reliance on outdated official data and limited national surveys undermined evidence use.

Introduction

The Population and Development (PD) component of the 7th CP was designed and implemented to advocate for and monitor inclusive multisectoral policy actions for the realisation of the demographic dividend, including the integration of the demographic dividend agenda into sectoral and district-level plans and monitoring and accountability mechanisms, thereby contributing to the UNSDCF Outcome 5 and accelerating the delivery of UNSDCF Outcomes 1 and 2. The component had one output area with a total of four indicators, and the respective achievement in each of the output level indicators, which serve as critical metrics for evaluating the effectiveness and impact of the interventions implemented under this component, and are illustrated in Table 4.4 below.[104] In line with the country's UMIC rating, UNFPA adhered to the Strategic Plan's business model by focusing on capacity building and facilitating knowledge management, as well as South–South cooperation. The component's delivery was undertaken in collaboration and partnership with key government institutions, including the National Planning Commission (NPC), Statistics Botswana, Civil Registration and Vital Statistics, and the University of Botswana's Faculty of Population Studies, as well as other United Nations agencies.[105]

Population Dynamics Performance data as of June 2025 based on aligned RRF

Output Indicators	Baseline (2022)	Targets 2026	Progress against Targets	Comments
Strengthened national capacities to generate, utilise, 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				
Number of UNFPA-prioritised SDG indicators integrated into population-based surveys and sectoral	8	17	10	UNFPA-prioritised SDG indicators were integrated into the

[104] Reviews of CPD and CP Annual Reports 2022. 2023 and 2024
[105] Interviews and review of Annual reports

information management systems				population-based sectoral information management system, particularly through the CP's support on improving data collection tools.
Number of national development plans and policies that explicitly integrate demographic dynamics.	2	4	2	The development of thematic analysis frameworks provided a baseline for the Vision 2036 and NDP12.
Number and type of knowledge products that synthesise evidence for SRHR and population and development programming	5	10	10	The CP supported the synthesis of census data on adolescents and youth, and on SRHR. Several policy briefs were developed focusing on unintended pregnancy, contraception and unsafe abortion in Botswana, ageing and Addis Ababa the country report on the Addis Ababa Declaration on Population and Development.
Number of analytical reports developed on population dynamics and SRHR based on the 2022 Population and Housing Survey and other surveys that inform policymaking and programme planning	0	3	5	The thematic analysis were in fertility, mortality, gender, disability, and youth

Table 10: Population Dynamics Performance data as of June 2025 based on aligned RRF

Key Achievements

Strengthened national capacities to generate, utilise, 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

The PD component of the programme aimed to achieve an outcome indicator that measured the proportion of sustainable development indicators produced at the national level, with complete disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics. While one of the output-level indicators captured performance on the SDGs, it is not clear whether this was relevant to its measurement. The performance of the 7th CP at the output level indicates that at the time of the CPE, only one out of the four indicators had been achieved. Two of the remaining three had been achieved at 50 percent or more, with the last at 40 percent. The 7th CP provided considerable support to the country in data capture, enabling key government counterparts to achieve different capacity levels, conduct assessments, and produce other products, including the 2022 Housing and Population census.

Population and Housing Census and thematic data analysis

The 7th CP made a considerable contribution to the country's population and housing data system by providing technical assistance, supporting capacity-building workshops, census dissemination, and facilitating thematic data analysis. Interviews with Statistics Botswana and UNFPA staff, and review of programme reports revealed that UNFPA Botswana CO successfully led the support to the implementation of the population and housing census (census). Notably, interviews revealed that UNFPA played a crucial role in facilitating the implementation of the country's first fully digitised census through procuring tablets that enabled the transition from paper-based enumeration to digital data collection. This contribution significantly enhanced the data quality, reduced the risks of transcription errors, and accelerated processing timelines.[106]

UNFPA supported Statistics Botswana in preparing the census project document and in developing a thematic data analysis plan to ensure that the results captured critical dimensions, resulting in five volumes of analytical census reports, including those on fertility, mortality, gender, disability, and youth.[107] This thematic framing positioned the census as not only a statistical exercise but also a tool for monitoring progress on national priorities, the SDGs, and Vision 2036[108]. Additionally, the analysis reports were valuable for informing the National Development Plan (NDP 12) and the National Transformative Plan (NTP), as well as for guiding line ministries' decision-making on strategies to address the challenges.[109] The CO also invested heavily in capacity development by training national analysts and technical staff on data processing, analysis, and reporting.[110] This strengthened the institutional base for future demographic work and ensured that local expertise could sustain analytical functions beyond the census itself.
Advocacy and community engagement were additional areas of contribution, with UNFPA working to promote inclusivity and ensure that remote and marginalised populations were counted. Public awareness campaigns, undertaken with local leaders, reinforced trust in the census process and aligned with the principle of leaving no one behind. Additionally, UNFPA supported dissemination activities and the commissioning of detailed thematic reports to translate census findings into actionable evidence for policy and planning.[111]

Despite these achievements, the census process faced significant challenges. Connectivity, power supply, and the durability of digital tools posed additional obstacles, especially in remote locations. The COVID-19 pandemic also delayed census preparations and procurement, highlighting the need for flexible planning and management.[112] While preliminary results were released soon after enumeration, the production and distribution of thematic reports and detailed analyses have been slow, risking delays in using census data to inform timely policy decisions. However, UNFPA supported Statistics Botswana in conducting evaluation consultations on the census, with 270 key personnel attending to learn about digitisation and develop measures to mitigate COVID-19 pandemic risks during the census preparation and enumeration phases, which needed to be assessed.[113]

Population Projections

The UNFPA Botswana CO also made an important contribution by supporting the development of national population projections following the 2022 census. These projections, covering the period

[106] Interviews with Statistics Botswana and UNFPA staff, and review of annual reports
[107] Ibid
[108] Ibid
[109] Interviews with MoYGA, Statistics Sierra Leone, and UNFPA Staff
[110] Ibid
[111] Interviews with Statistics Botswana and UNFPA staff, and review of annual reports
[112] Ibid
[113] Ibid

2023–2038, were designed to provide forward-looking demographic insights that could guide strategic planning in health, education, labour, and social protection. The CO facilitated technical expertise and consultancy services to work alongside Statistics Botswana, ensuring that the models applied international standards while remaining context-specific, producing relevant monographs.[114] In doing so, UNFPA enabled national planners to anticipate population dynamics such as fertility decline, mortality trends, ageing, and urbanisation, all of which are critical for aligning development priorities with future demographic realities. Through its role, the CO not only strengthened the technical rigour of the projections but also built local analytical capacity by involving national staff in modelling, validation, and interpretation processes. However, challenges remain in ensuring that the projections are widely disseminated, clearly communicated, and effectively used across sectors, as translating demographic scenarios into concrete policy choices often requires additional advocacy and sector-specific guidance.[115]

Strengthened Civil Registration and Vital Statistics

During the evaluation period, the 7th CP contributed to strengthening the country's Civil Registration and Vital Statistics (CRVS) systems, recognising that reliable vital statistics are essential complements to census and survey data. Specifically, the CO collaborated with Statistics Botswana and the Ministry of Labour and Home Affairs to enhance the completeness, accuracy, and timeliness of birth and death registration. The UNFPA CO provided technical assistance in aligning the country's CRVS framework with international standards, advocated for stronger legal and policy frameworks through supporting reviews of the laws governing registration and the CRVS strategy, and promoted interoperability between CRVS and other population data systems, such as the census.[116]

Interviews and reviews of the 7th CP documents indicated that UNFPA's contribution to the CRVS-related laws, which included review, development, and assentation of the Birth and Deaths Registration Act of 1998, lacked consideration of emerging global practices and needs. UNFPA also supported the development of the regulation for the Births and Deaths Registration Act, and at the time of the CPE, it was being considered in the Attorney General's Chamber for approval, with implementation anticipated[117]. The Act also addresses the needs of street children to prevent statelessness. UNFPA also supported the digitisation of the registration systems, with the marriage register being digital.[118]

The UNFPA CO also contributed significantly to the functioning of the CRVS department through a review of its strategy, its costing, and the development of the M&E framework that enabled its implementation. It is imperative to note that UNFPA ensured consultation of various stakeholders, including the community, dikgosi, women and girls, legal fraternity, rural dwellers and migrants, members of the LGBTQI+, PWDs, and other stakeholders, documenting experiences on the previous strategy to ensure inclusivity and relevance of the strategy in addressing the existing needs. Feedback from stakeholders indicated that, even though the strategy is yet to be completed and validated, the support for the review and development of the CRVS strategy enabled the ministry to advance its mandate on CRVS, addressed gaps in the birth and death registration, for example, the strategy did not have a provision for children born and deaths outside the country. It was further revealed that the review of the strategy contributed to the review of the Citizenship Act, incorporating issues related to foreign nationals, including emerging issues such as the transgender community, where the Act allows for a change in sex in

> *"Previously, we would send people to bring their parents' or schools where they first enrolled whenever they would apply for the birth certificate. The process was tedious, with some applicants declining. This has been bridged, and they can be registered. The strategy has also covered presumed deaths, as this was not there before the review,"* – **KII with Ministry Staff.**

[114] Ibid
[115] Interviews and review of 7th CP documents
[116] Interviews and review of 7th CP Annual reports
[117] Interviews and review of 7th CP Annual reports
[118] Ibid

cases of transition during adolescence, late birth registration, and presumed death.[119]

The 7th CP was also instrumental in supporting CRVS advocacy initiatives, including the commemoration of CRVS Day, which aimed to improve access to CRVS services through awareness, particularly in hard-to-reach areas. For example, the programme supported the ministry in conducting awareness sessions in Gudigwa and Shakawe villages, reaching them with relevant information, while simultaneously registering more than 1,400 people during the period.[120] It is also due to this engagement that culminated in the opening of offices in Seronga and Mogogitshne, with support from the 7th CP.[121] The support also contributed to the increased engagement with hard-to-reach communities. For example, the ministry targeted the Chobe region (however, the ministry was limited by resources to implement activities in the region).[122]

Recognising the need for a multisectoral approach, UNFPA promoted capacity development for registrars, health workers, and local administrators to ensure that registration is both efficient and accessible, even in remote communities.[123] By linking CRVS improvements to broader demographic intelligence, UNFPA has helped position vital statistics as a critical input for monitoring fertility, mortality, and causes of death, thereby strengthening Botswana's ability to track progress on SDGs and national priorities.

Despite these advances in strengthening the country's CRVS system, ensuring complete coverage remains a challenge, particularly in rural and hard-to-reach areas, where logistical constraints and limited public awareness hinder timely registration. Cultural barriers and a lack of incentives for families to register births or deaths also contribute to under-registration. While UNFPA's advocacy and technical input have laid a solid foundation, there is still a need for sustained investment in public sensitisation, integration of CRVS with health and education systems, and continuous capacity building to achieve universal and timely registration.

National Population Policy Review

The 7th CP also made financial and technical contributions to the review of the National Population Policy, which had not been conducted since 2010 due to a lack of resources and government resistance. UNFPA's contribution was therefore instrumental in supporting the initiative through preparatory work, including advocating for it by generating evidence, which entailed assessing the performance of the existing policy since 2010. The report documented the strengths and weaknesses, including the achievements of the existing policy[124]. This highlighted data gaps in the country, particularly the reliance on outdated data. For example, in 2022, poverty data still referenced those from 2015/2016, with low data disaggregation, unclear targets, and inadequate administrative data, among other weaknesses that needed to be strengthened, including the incorporation of emerging population dynamics in the country.[125]. It is noteworthy that, due to M&E gaps, the policy review informed UNFPA's advocacy for establishing an M&E department within the NPC.[126] UNFPA also financed the production of three policy briefs (on youth, aging, and their consequences to the country if not harnessed fully),[127] to be used as background papers on the state of population dynamics and to inform advocacy and policy dialogues on the population and development nexus in the country. At the time of the evaluation, the review of the new policy's development had not been completed, as the

[119] Ibid
[120] Ibid
[121] Ibid
[122] Interviews with the Ministry of Labour and Home Affairs and UNFPA staff
[123] Review of programme documents and Interviews with the Ministry of Labour and Home Affairs and UNFPA staff
[124] The review of the performance of the National Population Policy was conducted through a human rights lens to bring out the underlying human rights issues and to integrate emerging population dynamics
[125] UNFPA Annual Report 2022 and 2023 and interview with UNFPA and Government partners.
[126] Ibid
[127] Ibid.

government was to finance the process; however, this was challenging due to the government's financial crisis.

Enhanced Monitoring of the SDG Progress and SDG Engagement

The UNFPA contributed to the monitoring of the country's progress in implementing the SDGs by supporting the production of the 2nd Voluntary National Review (VNR) and its presentation at the 2022 UN High-Level Political Forum on the SDGs. Interviews with stakeholders revealed that UNFPA's contribution to the VNR was evident during the consultation, planning, and participation in the consultative process nationwide, providing both technical and financial support. Particularly, UNFPA supported a comprehensive review of the status of SDG targets and indicators in GEWE, and contributed to the CO advocacy efforts towards achieving gender equality and women's empowerment in Botswana, particularly from an SRHR perspective.[128] It is also imperative that the review of the government implementation of the SDG areas enable the scale of the disbursement of the National Environmental Fund to CSOs implementing SDGs related to the environment (SDG 13, 14, and 16). Additionally, it highlighted the gaps in policy and legislative frameworks, as well as multistakeholder engagement, particularly in the coordination among government sectors.

Working together with NPC, in response to the United Nations call for SDG acceleration, particularly due to the COVID-19 pandemic, UNFPA was part of the technical working group during the development of the National Commitment for Adolescent Wellbeing, which became a blueprint to target the young people. This highlighted the various challenges that affected the well-being of the young. As a result, a multistakeholder approach was taken to engage on youth issues, with commitments made among the government sector and CSOs[129].

The multisectoral commitment from the various ministries involved

- Ministry of Youth and Gender Affairs – Gender-Based Violence (GBV) Issues
- Ministry of Transportation – Road Safety
- Ministry of Education – Entrepreneurial program to enhance young people's business skills
- MoH – Youth-friendly services, such as clinics
- GenU Initiative – MoYGA, MoE, and other sectors
- Establishment of Child-friendly Policing – when a minor comes to report
- Ministry of Finance – Performance framework for the commitment

Supporting Government Commitment on ICPD

UNFPA technically contributed to the review and production of the Bi-Annual Report on the Addis Ababa Declaration on Population and Development, in support of the AU's Agenda 2063. This entailed a review of the progress made and achievements, as well as the gaps and challenges faced by Botswana during the past ten years of its implementation[130] While the report was submitted, Botswana's findings and recommendations did not make it to the African recommendations due to inefficiency on the government side, leading to late submission.[131]

UNFPA was also instrumental in contributing to the country's commitments in the ICPD@25, which aimed to reduce maternal health issues, address unmet family planning needs, end GBV, and enhance the use of data for development. UNFPA supported the family planning investment case by generating evidence, thereby facilitating the need for resource allocation for family planning commodities to address the unmet family planning needs. Under the data for development, UNFPA supported the

[128] Interviews and review of the UNFPA report
[129] Interviews and review of the UNFPA report
[130] Interviews with NPC and UNFPA staff
[131] Ibid

census and the thematic analysis. Additionally, UNFPA championed gender issues in the country, in the absence of UN Women, successfully advocating for an investment case to end GBV.[132]

Demographic Dividend

During the evaluation period, the 7th CP supported the operationalisation of findings on the Demographic Dividend (DD) and developed a roadmap for monitoring the progress of the sectors in various activities. Government participants were trained on the economic profiles to facilitate the use of the findings. UNFPA is leveraging the potential for DD across the country, ensuring that the right interventions are provided to the youth and women.

Capacity building and advocacy for evidence generation and data use

The UNFPA contributed to strengthening the country's capacity in evidence generation and the use of data for decision-making by training government staff on data analysis, assessments, and peer learning mechanisms. The UNFPA facilitated, through its regional office, a training session for NPC staff on demographic diagnostics using National Transfer Accounts (NTAs), thereby enhancing their understanding of the demographic-economic relationship and the intergenerational transfer of resources. These were used to harness the DD. UNFPA's further support to the government in participating in the expert group consultation meeting, aimed at realising the ICPD for the development of middle-income countries in East and Southern Africa. The findings were integrated during the development of the NDP through engagement with sectors to ensure these informed the interventions. The NDP process was, however, halted, and the extent of integration could not be established at the time of the CPE. UNFPA also utilised South–South Cooperation to support benchmarking on spatial analysis of census data in Kenya.

While the 7th CP contributed to the development of various capacities and the production of various documents, enhancing integration of population dynamics, challenges persist. There is a disharmony in the utilisation of official and unofficial data, where the government insists on using official data, although it is often outdated. For example, in the development of the investment case for family planning, the government insisted on using 2007 data, which was more than 16 years old as of 2023. The inadequate implementation of national surveys also limits the situation. There is an incompleteness in the data generated, in addition to the presence of qualitative data rather than quantitative data.

Unintended Consequences

- There was no notable unintended consequence under the component

4.5 Answer to Evaluation Question of Efficiency

EQ 7: To what extent has UNFPA made good use of its human, financial, and administrative resources, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the country programme?

Summary of Findings: The review of UNFPA Botswana's 7th CP revealed that the CO demonstrated strong technical capacity and effectiveness across thematic areas, including SRHR, GEWE, youth, and population dynamics. While the staff were found to be competent and well-aligned with corporate priorities, the small team structure created gaps, particularly in M&E, GEWE, and youth programming—leading to overstretched workloads and reduced technical depth. Reliance on short-term consultants and vacancies in key positions, while useful as a stopgap and in compliance with the UNFPA strategic plan business model for UMIC, was cited as weakening institutional continuity and efficiency. Financial management was compliant and transparent, with moderate resource utilisation (70%), though systemic delays from government partners and rigid administrative systems constrained timeliness. Strategic partnerships enhanced coordination and cost-sharing, but resource mobilisation remained limited due to Botswana's UMIC status, affecting coverage in critical areas like CSE and GBV. Weaknesses in national data systems and inadequate disaggregation hindered evidence-based planning, while inconsistent indicator reporting and limited M&E staffing reduced the ability to track transformative results.

4.5.1 Resource and Strategic Management

Review of UNFPA reports and interviews with the 7th CP stakeholders indicate that UNFPA CO utilised different strategies and mechanisms to pursue the achievement of the targeted outcomes in the 7th CP. The UNFPA CO's implementation of the 7th CP has been broadly effective in performance, demonstrating strong technical capacities in the 7th CP's thematic areas of SRHR, Adolescent and Youth, GEWE, and Population Dynamics.

Human Resources

Interviews with the 7th CP stakeholders, including government line ministries, CSO, and the collaborating United Nations agencies, confirmed that UNFPA staff were competent in their respective areas of responsibility. The expertise among the staff was cited as critical in advancing various mandates and policy dialogues with government counterparts, supporting service delivery, and ensuring alignment with corporate priorities and the UNSDCF.[133]. Furthermore, there were confirmed corporate training platforms and regional technical support available to the CO, which was reported to be proper support; however, their accessibility and frequency were identified as insufficient to fill capacity gaps.

Given the small size of the CO, the human resource staff structure generally aligns with the 7th CP, although there is a misalignment in the GEWE and Adolescent and Youth components. While Outcome one of the 7th CP had two outputs covering SRH and Adolescent and Youth aspects, the staff structure does not follow this, as the adolescent and youth aspects are handled under one staff member, who also manages the GEWE component.[134] It would have been aligned correctly with the SRH technical Specialist, given the relatedness of the components, to ensure a more technical approach to SRH issues among adolescents and youth. The UNFPA CO was notably intentional in mainstreaming inclusion within the programme through the engagement of a technical expert on disability under the youth component. This has been lauded as instrumental in guiding the implementation of the 7th CP during the period of implementation, particularly through a disability inclusion lens.[135] The inclusion of the Resource Mobilisation and Communication Unit, headed by a specialist during the 7th CP, has also enhanced the visibility of UNFPA and the CO's visibility, contributing to partnership building and facilitating potential for resource mobilisation for the programme.[136]

While the CO possessed the technical expertise required to deliver the 7th CP interventions, challenges remain in maintaining sufficient staffing levels to meet the programme's diverse demands. This has led to workload pressures, resulting in staff overstretch across various aspects of partner engagement, particularly given the high workload and extensive portfolio coverage.[137] Consequently, the depth of technical engagement in critical programme areas has diminished. Interviews further indicated that the CO was aware of the staffing difficulties and planned to hire consultants on a short-term basis to provide technical support, particularly to supplement staff efforts in delivering the programme. However, heavy reliance on short-term consultants reportedly weakened institutional continuity, particularly in specialised areas such as the drone project and SRH response. Additionally, there was limited availability of staff dedicated to cross-cutting functions, such as data systems strengthening, monitoring, and knowledge management. Additionally, the Operations Manager's role had also been vacant for more than six months and had not been filled at the time of the evaluation. These constraints have limited the organisation's ability to consolidate learning, scale up promising practices, and facilitate and guide programme efficiency and operational effectiveness.

[133] Interviews with CSOs, MoH, MoYGA, and United Nations agency staff.
[134] Interviews with UNFPA staff and HR structure review
[135] Interviews with UNFPA, other United Nations and Government staff, and review of UNFPA reports
[136] Interviews with UNFPA Staff and document review
[137] Interviews with UNFPA Staff and document review

Finance and Administrative Management

The Financial and administrative resource management for the 7th CP has been anchored on UNFPA's global accountability framework, with the CO maintaining compliance with corporate rules and ensuring financial transparency. The CO also utilised limited resources efficiently by prioritising programme activities and, in most cases, cost-sharing activities with various partners, especially the government and CSOs.[138] The programme results have been achieved within the approved budget for the evaluation period. Annual implementation rate of regular resources was moderate at 70 per cent while this varied across the years.[139]

Audits and assurance mechanisms implemented during the period generally confirmed sound fiduciary management.[140] Nevertheless, efficiency has been constrained by systemic bottlenecks, particularly delays from government partners, which have affected programme implementation, given that the 7th CP only provides technical support in most cases. Such delays have, in some instances, affected the timeliness of programme delivery, particularly at the district level.

Administratively, interviews and review of the CP documents indicated that the CO put in place mechanisms to ensure operational efficiency in the CP delivery. Interviews with the CO staff and CP reports reviews indicated that the CO ensured the administrative procedures of UNFPA were well understood by the staff and established guidelines to guide them on compliance issues, facilitating efficiency. UNFPA procurement processes ensured the timely delivery of goods and services for the CO. While robust, the administrative systems were at times seen as rigid, offering limited flexibility to adapt procedures to the realities of operating environments, particularly the support from the regional office. There were, however, no reports on the negative implications for the responsiveness of interventions.

Strategic Partnership and Management

> *"Considering the country's size and its UMIC rating, the CO utilised the Strategic Plan Business Model, which enabled us to prioritise interventions, particularly in areas with both geographical and thematic needs, such as unmet family planning and SRH needs, youth needs, and others"* – **Interview with UNFPA Staff**.

The programme's efficiency was further facilitated by relying on the UNFPA global guidance in terms of the country's positioning, as defined in the Strategic Plan's business model for the UMIC. This enabled the CO to prioritise the interventions, while at the same time focusing on the realities of the country, for example, the high inequalities across the country with people left furthest behind in Okavango, limiting the acceleration efforts to address the existing challenges, prompted the use of advocacy, knowledge management, South – South Cooperation, and capacity building to guide the programme delivery and ensure targeted support for enhanced realisation of the 7th CP results.

Strategically, the physical presence of the UNFPA CO in the country enabled the team to meet and engage directly with partners and stakeholders, facilitating ease of consultations and follow-ups on implementation progress. This was also useful in building trust among the stakeholders.[141] UNFPA also utilised its leadership role within the UNSDCF, leading Result Group 1, to provide excellence, thought leadership, and capacity to the various United Nations team members. The period also saw UNFPA initiate, in collaboration with the Ministries of Health and Communications and Innovation, the Drones for Health project, which is aimed at facilitating efficiency in service delivery through cutting down on costs and reducing timelines in coverage for access to health commodity supplies in the hard-to-reach facilities in the Okavango region, contributing to saving the lives of women.[142]

[138] Interviews with UNFPA, other United Nations and Government staff, and review of UNFPA reports
[139] Review of the CO Financial Records
[140] Interviews with UNFPA staff and Annual report reviews
[141] Interviews with UNFPA, Government and CSO staff
[142] Interviews with the members of the Drones for Health Technical Working Group

UNFPA strategically established partnerships with the various programme stakeholders in the country, particularly leveraging its areas of comparative advantage to foster collaboration with government ministries, UN agencies, civil society, and development partners for effective programme delivery. This has enabled UNFPA to align its interventions with national policies and the UNSDCF, strengthening coherence and complementarity.[143] The partnership strategies were confirmed to have facilitated cost-sharing mechanisms among partners to facilitate contributions to the programme delivery. For example, during the training of youth on CSE, UNFPA covered the workshop costs for out-of-school youth, while UNESCO covered those in school.[144] A review of UNFPA financial records also indicates the government's contribution to the CP budget, enabling the efficient implementation of interventions.

While partnerships have been a strength, resource mobilisation was challenged, limiting the extent to which the CO received to meet the programme's ambitions. Funding shortfalls, especially considering the UMIC rating of the country, have constrained the coverage of interventions in critical areas such as CSE, youth-friendly health services, and the elimination of harmful practices. The CO has also been heavily reliant on core resources and a limited pool of donors, creating vulnerabilities to shifts in donor priorities and again limiting the CO's level of influence due to its limited resources.[145] Partnerships with grassroots organisations, though present, have often been project-based and under-resourced, limiting their ability to sustain community-level interventions and build long-term ownership. Additionally, while UNFPA has played a leading role in inter-agency coordination, challenges remain in ensuring that partnerships translate into joint programming with tangible collaborations rather than parallel initiatives. There is, therefore, a continued need for investment in building strategic partnerships, going beyond the regular sources to increase domestic financing contributions for greater outcomes and sustainability.

The outdated and inadequate generation of data for evidence-based responses is also affecting the programme's efficiency. For example, the data used to inform GBV interventions were collected in 2018,[146]Given the various changes in the context, this limits the extent to which advocacy can inform gender equality. UNFPA may need to maintain its niche and continue to support the government in developing policies to address inequality, ensuring a more targeted response to GBV. The implementation of the UNFPA 7th CP interventions was also affected by various government challenges, particularly delays in procuring contraceptives, inadequate commitment to policy processes, and insufficient optimisation of functions with duplication in some efforts at the ministries.[147] This calls for UNFPA's support to go beyond policy-making for enhanced delivery.

4.5.2 Monitoring and Evaluation

The application of corporate policies, procedures, and tools has ensured alignment with international standards and strengthened accountability in the delivery of the programme under evaluation. UNFPA's use of results-based management (RBM) tools, risk assessment frameworks, and procurement guidelines has enhanced programme oversight and transparency. For example, the UNFPA reporting mechanisms on the 7th CP are guided by the Quantum Plus platform, which has enabled integration of programme, financial, and operational functions into a single system, enhancing transparency, accountability, and efficiency.[148] Furthermore, interviews with UNFPA staff revealed that Quantum Plus has enabled the alignment of planning, budgeting, procurement, financial reporting, and monitoring functions with corporate standards and donor requirements. It is worth noting that the CO adopted the Quantum Plus platform in 2023, having previously used Strategic Information Systems (SIS), which also enabled the planning, monitoring, and evaluation of the programme's function. While Quantum Plus has strengthened efficiency, corporate alignment, and compliance, staff

[143] Interviews with UNFPA, other United Nations, CSOs and Government staff, and review of UNFPA reports
[144] Interviews with UNFPA and UNESCO staff
[145] Interviews with UNFPA, other United Nations, CSOs, and Government staff, and review of UNFPA reports
[146] This was Relationship Assessment
[147] Interviews with UNFPA, Government, United Nations, and CSO staff
[148] Interviews with UNFPA Staff and review of programme documents

indicated that it is resource-intensive and not user-friendly, which limits its responsiveness to support adaptive management and evidence-driven programming.

Interviews with UNFPA staff and a review of the CPD revealed that the CO utilised planning functions during the design stage, which facilitated alignment of the CP with national priorities, the UNSDCF, and the SP, targeting resources and respective stakeholders for the implementation of related interventions. There was also confirmation that UNFPA engaged stakeholders in determining the interventions prioritised for the 7th CP. The review of the 7th CPD revealed that its monitoring and evaluation (M&E) aspects were grounded in the Results and Resources Framework (RRF) at both the design and implementation stages. Interviews with the CO staff and reviews of the annual reports revealed that the CO had several mechanisms in place to capture performance and monitor the progress of the CP, ensuring accountability to the various stakeholders of the 7CP. It was evident that the RRF had indicators in place to ensure that the programme's performance could be captured during implementation and reported on an annual basis. It was, however, noted that the reports on the indicators in the annual reports were inconsistently documented, which limited the extent of assessment of the 7th CP's performance.

Interviews with United Nations staff and a review of UNFPA's annual reports indicated that UNFPA significantly contributed inputs to the UNINFO system on UNSDCF monitoring, including reporting on outcome-level achievements that contribute to those results, while also capturing output-level results. The 7th CP had a theory of change in place, along with the related interventions and targeted results, including the assumptions made to achieve the four outputs. The theory of change for the programme also reflected the contribution the CP made to address the three transformative results of the organisation, explicitly showing how each of the outputs contributes to achieving each of the three transformative results.[149]

In knowledge management, UNFPA played a crucial role in establishing a body of knowledge within the country. During the evaluation period, UNFPA made a significant investment in conducting assessments to build a business case for targeted interventions. For example, during the population census and housing, UNFPA contributed to building national capacity for data collection and has supported key surveys and assessments to strengthen the evidence base for SRHR programming. During the implementation of the first phase of the Drones for Health project, UNFPA contributed to documenting the processes, providing evidence for the implementation of phase two of the project.[150] UNFPA also supported the development of tools for data collection and the capacity building of national teams in their utilisation, contributing to the improvement of performance measurement.

Despite the significant contributions and efforts made by UNFPA in strengthening M&E mechanisms for the delivery of the programme, limitations were observed during the evaluation that hindered the effectiveness of these mechanisms in delivering the programme. There were notable weaknesses in the national data systems, with inadequate disaggregation by age, gender, and services delivered, which hindered the ability to track progress in reducing inequalities and reaching vulnerable populations. A review of the annual reports also revealed that the reporting systems tended to capture output-level achievements, with inadequate reporting on outcome-level changes, limiting the documentation of the extent to which the 7th CP contributes to the targeted transformative results. The suboptimal operation and delivery of the programme, along with limited budget allocation for the CP, also restrict the CO's ability to demonstrate its contribution to the national development framework. The capacity and commitment of national counterparts, particularly government entities, to data collection and evidence generation were also limited during the evaluation period. Additionally, the unavailability of dedicated staff in M&E further limits the delivery of the function, hindering

[149] Review of the CPD, CPE ToR and Interviews with UNFPA staff
[150] Interviews with the Drones for Health TWG members and review of UNFPA reports

engagement, the generation of knowledge materials, and their dissemination and utilisation, thereby reducing the overall effectiveness of the CP.

4.5 Answer to Evaluation Question on Sustainability

EQ 8: To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth, persons with disabilities) in developing capacities, achieving legal and policy shifts, and establishing mechanisms to ensure the durability of effects?

Summary of findings: The evaluation revealed that UNFPA Botswana's 7th Country Programme (CP) effectively embedded sustainability mechanisms through strong government partnerships, policy alignment, and capacity development. Collaboration with ministries and co-financing arrangements enhanced national ownership and institutionalisation of SRHR and gender equality initiatives. Key achievements included integrating MISP for SRH into disaster management, securing government funding for the Drones for Health project, and establishing frameworks such as the SRHR Strategy (2022–2030) and the Gender and Development Policy. Partnerships with traditional leaders under Ntlo Ya Dikgosi further strengthened socio-cultural sustainability. Capacity building using the ToT model improved institutional and service delivery capacities, while collaboration with Statistics Botswana and CRVS reinforced evidence-based planning. However, sustainability is limited by inadequate domestic financing, weak coordination across ministries, and over-reliance on donor support. Staff turnover, limited CSO capacity, and challenges in disability inclusion also threaten long-term continuity. Policy implementation remains uneven, and legal reforms in sensitive SRHR areas progress slowly. Despite these gaps, UNFPA's investments have established a strong foundation for sustained national ownership and system resilience beyond the 7th CP.

From interviews with various stakeholders, observations, and reviews of the 7th CP documents, it was revealed that the CO successfully incorporated mechanisms to ensure the sustainability of the programme results. There is evidence of the transfer of skills through capacity building, promoting national and grassroots partnerships, policy and legal framework reviews, and guidelines for implementing programme interventions. This section examines the evidence on the sustainability of the programme's results.

There are confirmed partnerships and support from government institutions in implementing the 7th CP, with contributions of technical support and resources to the programme's interventions. It is essential to note that the 7th CP has been purposefully aligned with national priorities to advance sustainable outcomes in SRHR, gender equality, and population data for development. The implementation has been in collaboration with and in coordination with government institutions, as the interventions directly contributed to their objectives and targets, thereby enhancing ownership of the results.[151] There was also evidence of UNFPA consulting and planning with the government institutions, identifying their needs and priorities for support by the CP. Furthermore, notable evidence was observed in government ministries, commissions, and TWGs supporting UNFPA activities, demonstrating ownership of the programme.[152] For example, a review of the 7th CP financial records revealed that the government contributed to its implementation. There were also instances, consistent with the UMIC programme delivery model, in which UNFPA co-shared delivery costs with the MoH, with the government covering transport costs. In contrast, UNFPA covered the workshop and accommodation costs for the staff during training.[153] These demonstrate a national commitment to achieving the 7th CP's results.

Policy and Legal Sustainability

[151] Interviews with UNFPA and Government of Botswana staff and review of UNFPA Annual Reports, 2022, 2023, and 2024.
[152] Ibid
[153] Review of UNFPA financial records, Annual Reports 2022, 2023, and 2024, and interviews with UNFPA and the Government of Botswana staff

The results of the 7th CPE reveal evidence that the government is enhancing opportunities to sustain strategic initiatives through policy-level decisions. Particularly, there is evidence of the government implementing the integration of MISP for SRH during crisis, confirmed from the incorporation and appointment of focal points for MISP for SRH at the District Disaster Management Committees, availability and supply of commodities at the district levels, revisions of data collection tools at the health facility levels, among others[154]. Additionally, at the time of the CPE, the MoH had set aside a total of US$1.6 million to implement the second phase of the Drones for Health project, an initiative of UNFPA's collaborative efforts to address maternal mortality among hard-to-reach populations.[155]

The 7th CP has made substantial contributions to establishing frameworks that can sustain long-term gender equality and SRHR outcomes through technical and advocacy support, thereby strengthening the enabling policy environment and aligning national commitments with international human rights standards. The SRHR Strategy (2022–2030), the GBV Referral Pathway, and the Gender and Development Policy Framework represent critical milestones toward institutionalising rights-based service delivery.[156] These frameworks provide a sustainable policy foundation for continued action, even beyond UNFPA's direct engagement.

UNFPA's strategic partnership with the Ntlo Ya Dikgosi was a notable milestone in the sustainability of the programme's results, particularly in terms of collaboration and integration of traditional leadership into the fight against harmful practices and GBV. This collaboration, along with the availability of a Resource Package for Ntlo Ya Digkosi, serves as a strong example of socio-cultural sustainability, where advocacy and community mobilisation are anchored in existing traditional institutions with enduring legitimacy.[157] The community leaders' growing engagement in public dialogue and community sensitisation has led to gradual shifts in social norms, suggesting the potential for long-term normative change that can persist beyond the 7th CP.

Nevertheless, the sustainability of policy outcomes is undermined by gaps in implementation and weak accountability systems. Although national frameworks have been established, limited financial resources and inconsistent coordination between ministries slow down policy execution. For example, while the Gender and Development Policy Framework provides a strong plan for addressing gender inequality in the country, many ministries lack dedicated budgets or the necessary technical capacity to implement it effectively. Similarly, although the SRHR Strategy promotes progressive commitments, its sustainability is at risk due to inadequate domestic funding mechanisms for essential RH commodities and youth-friendly services. Sustainability is also fragile in the enforcement of the legal framework because of deeply rooted sociocultural norms and the sensitive context around key SRHR issues like CSE, safe abortion, and adolescent access to contraception. While the CO has effectively influenced national engagement and dialogue, legal reforms have been slow, reflecting the challenges in policy advocacy and reform acceptance. Achieving lasting legal change in these areas requires stronger political will, intersectoral advocacy alliances, and ongoing community-level engagement to help change public attitudes and perceptions.

Capacity Development and Institutional Sustainability

The sustainability of UNFPA's interventions during the 7th CP is assessed based on the extent to which the supported partners and stakeholders can independently maintain and scale programme results. The 7th CP saw substantial investment by UNFPA in strengthening institutional and human resource capacities across the health, gender, and data sectors in the country. The CO's partnership with MoH, MoYGA, Ministry of Labour and Home Affairs (on CRVS), NPC, Statistics Botswana, and CSOs has built national and district-level capacities to deliver integrated SRHR and GBV prevention and response

[154] Interviews with UNFPA and Government of Botswana staff and review of UNFPA Annual Reports, 2022, 2023, and 2024.
[155] Interviews with UNFPA, Government of Botswana staff, and other members of the Drones for Health TWG, and review of UNFPA Annual Reports, 2022, 2023, and 2024.
[156] Interviews with UNFPA and Government of Botswana staff and review of UNFPA Annual Reports, 2022, 2023, and 2024.
[157] Interviews with Ntlo Ya Dikgosi Council, UNFPA, and Government of Botswana staff, and review of UNFPA reports

services. The programme's focus on institutionalising the MISP for SRH in emergencies has improved resilience within the national health system and laid the foundation for sustainability during crises.

Capacity building efforts have included technical training for health workers, social workers, and law enforcement officers, as well as the provision of essential RH commodities. These initiatives have fostered service continuity and quality improvement, particularly in rural and the targeted underserved districts[158]. Moreover, through initiatives such as condomized campaigns and youth empowerment programmes that focus on life skills and community-based outreach, UNFPA has enhanced youth participation and community ownership in sustaining behavioural and attitudinal change over time.

The adoption of the ToT model for capacity building of staff from various line ministries, institutions, and CSOs during the period had a multiplier effect, equipping local health workers and trainers with skills that were cascaded throughout the districts, thus institutionalising knowledge. Interviews with the MoH, the Botswana Police, and CSOs, as well as a review of the annual report, confirmed the cascading of training to staff directly involved in providing SRH and GBV response services. The ToT approach to capacity building and sustainability was also exemplified in the comprehensive abortion care and post-abortion care refresher training programmes that were cascaded to multiple districts, establishing a cadre of well-trained healthcare providers[159]. Additionally, the GBV response training was also cascaded further within the Botswana Police Service, including the training institute, targeting the recruits[160].

By embedding adolescent and youth needs into SRHR and broader healthcare programming through normative and systems strengthening, the UNFPA CO has laid a critical foundation for the implementation and provision of more targeted services. Young people interviewed during the review highlighted the acquisition of knowledge, skills, and exposure that have also empowered them to take on both upstream and downstream engagements related to societal issues affecting them. However, it was highlighted that more capacity building should be aimed at reaching young people in remote and hard-to-reach areas, as well as those with disabilities, to ensure their voices are also included in policy reviews and dialogues, as well as in planning, to ensure that "no one is left behind".

UNFPA's continued emphasis on rights-based care underpins efforts to improve equity and quality in health service provision targeting adolescents and youth. Targeted service delivery improvements include training of health providers on the provision of youth-friendly services, advocacy for expanding access points for youth-friendly services, and increasing quality assurance to meet the specific needs of adolescents and young people, which were done in close collaboration with the MoH and other relevant implementing partners. This participatory approach helps to promote continuity and sustainability of these critical efforts.

Structural and institutional limitations weaken sustainability. Notably, local CSOs and youth-led networks often lack stable financing, long-term institutional strategies, and effective governance structures to sustain their operations independently. As a result, they rely heavily on donor-driven project funding, which restricts their ability to retain staff, maintain programme continuity, and scale interventions beyond pilot areas. While UNFPA's technical support has improved operational competencies, these organisations remain vulnerable to funding shocks once external support declines. Further, institutional sustainability is constrained by staff turnover and inconsistent leadership within ministries and implementing agencies. The loss of trained personnel undermines institutional memory and disrupts the continuity of interventions. Although UNFPA's strategy emphasises capacity transfer and national ownership, high turnover rates necessitate the implementation of formalised knowledge management mechanisms and the integration of capacity-building efforts into permanent government training frameworks.

[158] Interviews with UNFPA and Government of Botswana staff and review of UNFPA Annual Reports, 2022, 2023, and 2024.
[159] Interviews with SRH and GBV stakeholders, including UNFPA, and review of programme documents
[160] Interviews with UNFPA, CSOs and Botswana Police staff and Annual reports

National and Systemic Resilience

There is evidence of the UNFPA's sustainability strategy under the 7th CP, which aims to ensure system strengthening, evidence generation, and institutional ownership. Through collaboration with Statistics Botswana, the CO has enhanced the sustainability of data systems that underpin national policy and planning. The dissemination and application of the 2022 Census results, along with the development of updated population projections, have reinforced evidence-based governance and institutionalised the use of demographic data in decision-making[161]. Similarly, support for strengthening CRVS contributes to long-term system resilience by embedding demographic intelligence into national policy frameworks[162]. Despite these positives, sustainability is limited by the government's fiscal space, with insufficient domestic financing for SRHR and GBV programming hindering the full institutionalisation of successful interventions, such as youth-friendly service delivery and gender-responsive budgeting. These pose a risk of regression after UNFPA support is withdrawn.

UNFPA's leadership of the Gender and GBV TWG under the UNSDCF has also promoted multi-sectoral collaboration and coherence. This mechanism has significantly ensured shared accountability and pooled technical expertise, contributing to sustainability through collective ownership of outcomes. The integration of SRHR and GBV interventions into existing government systems, rather than standalone projects, also enhances institutional absorption capacity and reduces dependency on parallel structures.[163] While policies are well-developed at the national level, local implementation structures often lack the technical and financial resources to maintain service quality and data systems. The experience of the COVID-19 pandemic also tested the resilience of programme mechanisms, revealing vulnerabilities in service continuity during crises like the climate change effects, particularly for rural populations.

UNFPA's deliberate efforts to integrate PWDs in SRHR programming have expanded participation and visibility. The development of accessible SRHR information materials and engagement with disability organisations has improved awareness. However, physical inaccessibility of facilities, limited training of service providers, and insufficient disaggregation of disability data continue to constrain sustainable inclusion.

4.7 Lessons Learnt

1. The effectiveness in aligning the 7th CP interventions with national systems and priorities greatly enhanced ownership, accountability, and potential for sustainability. Embedding SRHR, GBV, and data initiatives within government structures ensured continued implementation beyond external support. Collaboration with ministries and TWGs strengthened policy coherence and integration. This alignment fostered stronger national commitment and institutionalisation of programme gains. Sustaining this requires continuous policy dialogue and joint planning with national actors.
2. Sustainable change is best achieved through locally grounded partnerships and continued engagement with key actors ensures cultural alignment and community-level sustainability. Strengthening partnerships with government institutions, CSOs, and traditional leaders was instrumental in embedding UNFPA's work within existing social and governance structure for enhanced advocacy. Collaboration with the Ntlo Ya Dikgosi and faith-based organisations proved effective in addressing harmful practices and advancing gender equality and GBV prevention.
3. While UNFPA effectively engaged and was able to attain many of the CO's planned activities, some gaps that may have been predetermined were reported by various stakeholders. This included delays experienced in projects activities that were co-funded with government. Due to the current

[161] Interviews and review of programme documents
[162] Ibid
[163] Ibid

constrained fiscal space, some projects have paused as government had to divert funds to other priority areas. Thus, while co-funding a project is necessary, it can also lead to delays or none achievement of intended outcomes.

4. Capacity-building through the ToT model emerged as a highly effective strategy for ensuring knowledge transfer and institutional sustainability. Equipping local trainers and professionals enabled cascading of SRHR and GBV skills across districts and sectors in addition to enhanced service delivery quality and also created a pool of skilled practitioners for long-term impact.
5. Improved coordination between ministries ensures cohesive policy implementation and resource efficiency. Institutionalising financing and coordination frameworks is therefore vital for sustaining results.
6. While Botswana is an upper-middle-income country making substantial development progress, there are cases of increasing inequality. Enhancing advocacy at the policy and strategic levels is vital to the inclusion of marginalised populations, including youth, PWDs, the LGBTIQ+ community, FSWs, and grassroots actors, in programming. When marginalised populations are meaningfully involved in policy and strategy design, monitoring, and evaluation, interventions become more responsive and comprehensive, building a more resilient and sustainable socio-economic environment, particularly within the health and education sectors.

CHAPTER 5: CONCLUSIONS

5.1 Introduction

The conclusions presented in this section are drawn from the findings in Chapter 4. They are presented at both the strategic and programmatic levels and linked to the evaluation criteria through questions. The strategic-level conclusions address the criteria of relevance, coherence, efficiency, and sustainability, while the programmatic level primarily addresses the effectiveness criteria aligned with the CP component areas.

5.2 Strategic Level

Conclusion 1: The 7th CP is strategically and strongly aligned with national priorities, addressing expressed needs, particularly those of vulnerable and marginalised populations, by advancing SRHR, gender equality, and data-driven planning. However, gaps persist in domestic financing, service reach in remote areas, inadequate capacities, and socio-cultural barriers.

Associated Recommendation 1 **Origin**: EQ 1, EQ2, EQ 3 and EQ 8

The 7th CP is well aligned with national priorities under Vision 2036 and NDP 11, addressing felt needs of the marginalised and vulnerable populations by strengthening SRHR, advancing gender equality, and improving population data systems for evidence-based planning. The CP is also strategically aligned with the UNFPA Strategic Plan and the SDGs, and has contributed to the ICPD PoA and other international frameworks in its areas of focus. Its contributions, such as supporting family planning integration, improving maternal health, preventing GBV, and strengthening data capacity, have enhanced national ownership and policy coherence across sectors. However, inadequate domestic financing for SRHR and GBV initiatives, uneven service delivery in remote districts, and persistent socio-cultural barriers limit access to services and behavioural change.

Conclusion 2: UNFPA Botswana CO demonstrates strong coherence with national policies, UN frameworks, and civil society partnerships, effectively advancing SRHR, gender equality, and GBV prevention and response. Its collaborations with BOCONGO, BCD, LEGABIBO, and key ministries have enhanced inclusion, coordination, and policy alignment. However, coherence is weakened by fragmented local engagement, limited grassroots co-creation, and uneven policy implementation, especially in underserved areas.

Associated Recommendation 2 **Origin**: EQ 4 and EQ 5

The 7th CP is strongly coherent with national, local, and grassroots organisations, government policies, and has effectively contributed to the United Nations coordination mechanisms. Through partnerships with umbrella organisations such as BOCONGO, BCD, and LEGABIBO, the programme has enhanced inclusivity and representation of diverse population groups in SRHR, gender equality, and GBV initiatives and supported joint advocacy, improved coordination, and advanced community-based interventions targeting adolescents, women, and persons with disabilities. UNFPA's alignment with national frameworks, including the National Policy on Gender and Development and the Health Sector Strategic Plan, further underscores its contribution to government commitments on gender equality and universal access to SRHR. Its leadership in chairing the UN Gender Equality and GBV Results Group strengthened interagency coordination and policy coherence under the UNSDCF framework. However, inequitable participation of smaller, rural, and under-resourced CSOs limits grassroots ownership and sustainability. Policy coherence is also challenged by uneven implementation, weak inter-ministerial collaboration, and persistent sociocultural barriers that affect CSE and SRHR uptake. While UNFPA's data and advocacy work have improved evidence-based planning, integration of population dynamics into broader development frameworks remains limited. Similarly, coordination

across UN agencies and donors is sometimes hindered by overlapping mandates and fragmented resource mobilisation.

Conclusion 3: UNFPA effectively implemented the 7th CP through strong technical capacity, strategic partnerships, and efficient resource use. The CO's leadership and innovations, such as the Drones for Health project, enhanced visibility and service delivery. However, staff shortages, reliance on short-term consultants, and limited domestic financing constrained efficiency. While financial management and accountability systems were sound, M&E weaknesses and inconsistent reporting hindered outcome-level tracking.

Associated Recommendation 3 **Origin**: EQ 6 and EQ 7

The UNFPA CO implemented the 7th CP through strong technical capacity, strategic alignment, and efficiency, effectively utilising limited resources and fostering partnerships to deliver results in SRHR, gender equality, and youth empowerment and data systems. The CO's competent staff and strategic partnerships with government, UN agencies, and CSOs enhanced policy engagement and programme visibility, while innovations such as the Drones for Health project exemplified adaptive strategies for service delivery. However, staff shortages, reliance on short-term consultants, and the prolonged vacancy of critical roles weakened institutional continuity and technical depth. Financial management remained compliant and transparent, though programme efficiency was constrained by partner delays and systemic bottlenecks. Strategic partnerships also enhanced coherence and accountability. Monitoring and evaluation systems ensured performance tracking and alignment with corporate frameworks, though inconsistent reporting, inadequate disaggregation, and limited M&E staffing constrained outcome-level analysis.

Conclusion 4: UNFPA Botswana's 7th CP successfully embedded sustainability through strong government ownership, policy integration, and institutional capacity building across SRHR and gender equality programmes. Strategic partnerships, including with traditional leadership and national data systems, strengthened national systems and accountability. However, inadequate domestic financing, weak inter-ministerial coordination, and donor dependence continue to constrain sustainability. Staff turnover, limited CSO capacity, uneven policy implementation, and slow legal reforms in sensitive SRHR areas further weaken long-term continuity

Associated Recommendation 1 and 2 **Origin**: EQ 1, EQ2, EQ 3, EQ 6 and EQ 8

The evaluation confirms that the 7th Country Programme made significant strides in institutionalising SRHR and gender equality through strong government partnerships, aligned policies, and sustained capacity development. Integration of MISP into disaster management, government co-financing of innovations, and strengthened SRHR and gender policy frameworks have enhanced system resilience and national ownership. Engagement of traditional leaders and the use of ToT models strengthened community-level sustainability and service delivery capacity. Investments in population data and CRVS systems further reinforced evidence-based planning. However, sustainability remains constrained by limited domestic financing and persistent reliance on external funding. Weak coordination across ministries continues to undermine integrated implementation. High staff turnover, limited CSO capacity, and challenges in disability inclusion affect continuity and equity. Slow progress in sensitive legal reforms and uneven policy implementation further limit the long-term consolidation of gains.

5.3 Programmatic Level

Sexual and Reproductive Health

Conclusion 5: UNFPA's 7th Country Programme substantially strengthened Botswana's SRHR system through policy reform, capacity building, and integration of quality, rights-based services across maternal health, family planning, GBV, and emergency preparedness. These interventions improved service readiness, provider competence, and institutional accountability. However, persistent financing,

supply chain, legal, and rural access challenges continue to constrain equitable and sustainable impact.

Associated Recommendation 5 **Origin**: EQ 1, EQ3, EQ 6 and EQ 8

The findings show that UNFPA's support significantly enhanced national guidelines, workforce capacity, and service integration, resulting in measurable improvements in quality of care across the SRHR continuum. Investments in family planning, maternal health, post-abortion care, and emergency SRH preparedness strengthened both routine and crisis service delivery. Evidence-based systems such as MPDSR and LMIS improved accountability and decision-making, though inconsistencies remain. Structural barriers, human resource gaps, and restrictive legal and socio-cultural environments continue to limit reach and sustainability

.**Conclusion 6:** The 7th CP significantly strengthened innovation and coordination for SRH in Botswana through the successful piloting of drone-assisted supply delivery and leadership in national coordination platforms. These efforts contributed to improved commodity availability, emergency responsiveness, and multi-sectoral alignment of SRHR interventions. However, sustainability remains constrained by resource gaps, coordination inefficiencies, and dependence on donor support

Associated Recommendation 6 **Origin**: EQ 1, EQ3, EQ 6 and EQ 8

The Drones for Health Project demonstrated the transformative potential of digital innovation in addressing last-mile delivery challenges for SRH commodities, especially in remote communities. Evidence from the pilot shows reduced stock-outs, faster emergency response times, and improved continuity of maternal and reproductive health services. At the same time, UNFPA's leadership in national SRHR coordination mechanisms strengthened policy coherence, stakeholder alignment, and evidence-based planning. These coordination platforms enhanced national ownership and integration of SRHR across key health and development frameworks. Nonetheless, weak follow-up mechanisms, inconsistent inter-ministerial coordination, and limited domestic financing continue to pose risks to long-term institutionalisation and scale-up.

Adolescents and Youth

Conclusion 7: The 7th CP significantly strengthened Botswana's national capacity to design and implement adolescent- and youth-responsive SRHR policies and services through sustained advocacy, systems strengthening, and youth engagement. Legal, policy, and service delivery reforms enhanced access to integrated SRH, HIV, and GBV services for adolescents and young people. However, geographic inequities, resource constraints, and inconsistent continuity of youth initiatives limited the equitable national impact of these initiatives.

Associated Recommendation 7 **Origin**: EQ 1, EQ3, EQ 6 and EQ 8

The findings demonstrate that UNFPA's advocacy contributed to a more enabling legal and policy environment for adolescent and youth SRHR, including increased budgetary commitment to family planning and strengthened protections against harmful practices. Expansion of youth-friendly services and provider training improved service quality and health-seeking behaviour among adolescents, including marginalised groups such as LGBTIQ youth and young persons with disabilities. Meaningful youth participation in policy processes strengthened national ownership of adolescent-focused strategies and commitments, including CSE and youth well-being frameworks. Targeted programming for young people with disabilities advanced inclusion within SRHR policy dialogue and service delivery. Nonetheless, coverage gaps outside major urban centres, limited resources, and short-term programming cycles constrain sustainability and nationwide equity.

Gender Equality and Women's Empowerment

Conclusion 8: The 7th CP greatly enhanced the review, alignment, and enforcement of laws, policies, and guidelines that promote the rights of women and girls in Botswana. Legal reforms, harmonised GBV guidelines, and coordinated institutional responses improved survivor-centered service delivery and accountability. However, uneven funding, limited district-level reach, and sustainability gaps prevented the full national impact.

Associated Recommendation 8 **Origin**: EQ 3, EQ 6 and EQ 8

The evaluation shows that UNFPA's technical and financial support was instrumental in advancing legislative reforms related to domestic violence, marriage, trafficking, and the rights of marginalised groups. The development and nationwide rollout of GBV prevention and management guidelines strengthened multi-sectoral coordination among health, police, social services, and the justice system. Capacity building of frontline responders improved rights-based, confidential, and standardised care for GBV survivors. UNFPA's leadership in national coordination platforms strengthened referral systems, case management, and inclusion of vulnerable populations. Despite these gains, challenges persist in sustaining government ownership, financing CSO engagement, and ensuring uniform implementation across all districts.

Conclusion 9: The 7th CP greatly enhanced advocacy at the national and community levels to eliminate harmful social norms and prevent GBV through strategic partnerships, especially with traditional leaders and community actors. Evidence-based advocacy raised GBV as a public health and development priority and boosted local ownership of prevention efforts. However, resource constraints, uneven geographic coverage, and ongoing social resistance still limit sustainable, nationwide behaviour change.

Associated Recommendation 8 **Origin**: EQ 3, EQ 6, and EQ 8

The evaluation findings show that UNFPA successfully leveraged national evidence and international commitments to advance advocacy against harmful practices and GBV at both policy and community levels. Engagement of the Ntlo Ya Dikgosi strengthened the cultural legitimacy and reach of anti-GBV messaging, particularly in rural communities. Community-based campaigns, male engagement, and school-based life skills education contributed to shifting attitudes on gender equality and violence prevention. UNFPA also strengthened the evidence base through census analyses, child marriage studies, and GBV strategy reviews, though key GBV prevalence data remain outdated. Despite evident progress, gaps in sustained financing, equitable rural coverage, and consistent use of disaggregated data limit the depth and durability of impact.

Population and Development

Conclusion 10: The UNFPA CO made a transformative contribution to Botswana's population data ecosystem through the digitised census, strengthened demographic analysis, and enhanced CRVS systems. These investments significantly improved data quality, accessibility, and relevance for national planning and SDG monitoring. However, delays in dissemination, coverage gaps, and systemic capacity constraints limit the full utilisation of demographic evidence.

Associated Recommendation 9 **Origin**: EQ 3, EQ 6, EQ 7 and EQ 8

UNFPA's technical and financial support during the 7th CP enabled Botswana to successfully conduct its first fully digitised Population and Housing Census, strengthening the accuracy, timeliness, and analytical depth of national population data. Thematic census reports and population projections substantially enhanced evidence-based planning for Vision 2036, NDP 12, and sectoral strategies. UNFPA's contribution to strengthening CRVS systems included improving legal frameworks, digitisation, advocacy, and the inclusion of hard-to-reach populations. These efforts strengthened the production of timely and reliable vital statistics critical for monitoring fertility, mortality, and causes of

death. Nonetheless, persistent challenges in rural coverage, public awareness, inter-system integration, and timely dissemination continue to constrain optimal policy uptake.

Conclusion 11: UNFPA's efforts during the 7th CP played a vital catalytic role in strengthening Botswana's population policy review, SDG monitoring, ICPD commitments, and demographic dividend programs through evidence generation and capacity building. These actions enhanced the integration of population dynamics into national development planning and accountability frameworks. However, resource constraints, delays in finalising the population policy, outdated data, and weak data utilisation continue to limit the full impact of policies.

Associated Recommendation 9 **Origin**: EQ 3, EQ 6, EQ 7 and EQ 8

The UNFPA Botswana CO's technical and financial support was instrumental in reviving the long-delayed National Population Policy review and strengthening the population–development nexus through targeted policy briefs. UNFPA's contribution to SDG monitoring, including the VNR process and adolescent well-being commitments, improved national and multi-stakeholder engagement on development priorities. Support for ICPD and the Addis Ababa Declaration reporting strengthened Botswana's regional and global accountability on population and development. Investments in demographic dividend analysis and advanced data tools enhanced the national capacity to link population trends with economic planning. Nonetheless, persistent reliance on outdated official data, weak survey systems, and stalled policy processes continue to constrain evidence-informed decision-making.

CHAPTER 6: RECOMMENDATIONS

6.1 Introduction

This chapter presents the details of the recommendations logically derived from the findings and conclusions and co-created through the engagement with the CPE ERG, composed of key stakeholders, during the CPE recommendation workshop. There was also a recommendation workshop with the extended 7th CP stakeholders, attended by UNFPA CO staff, which further refined the recommendations based on an initial draft by the evaluation consultants. Two types of recommendations are presented: strategic and programmatic. Each set of recommendations is prioritised based on its importance, urgency, and potential impact. Additionally, each recommendation has a rationale and operational implications for operationalisation.

6.2 Strategic Recommendations

Recommendation 1: Strengthen the country's decentralisation efforts, fostering self-reliance to accelerate innovations that improve domestic resource mobilisation and guarantee resilient, equitable, and inclusive access to comprehensive SRHR and GBV services.

For the 8th CP, UNFPA should prioritise deepening decentralised governance for SRHR and GBV services by strengthening country-level planning, budgeting, and accountability systems to enhance local ownership and responsiveness. Additionally, UNFPA should also support innovative public-private and community-based financing mechanisms to reduce donor dependence and promote self-reliance.

Type: Strategic Recommendation **Priority:** High

Rationale: Decentralised systems are closer to communities and therefore better positioned to identify context-specific SRHR and GBV needs and respond swiftly and equitably. Strengthening self-reliance through domestic resource mobilisation reduces over-dependence on external funding, enhancing sustainability and national ownership. Innovations at the sub-national level can improve efficiency, accountability, and service reach, especially in underserved and crisis-prone areas. Decentralisation also enables more resilient service delivery during shocks, including those caused by climate, conflict, and public health emergencies. Ultimately, this approach supports inclusive, rights-based access to comprehensive SRHR and GBV services as a core development and equity priority.

Based on: Conclusion 1 and 4 **Addressed to:** Country Office

Operational Implications

- Strengthen governance structures at national and sub-national levels to identify, design, and implement innovative resource mobilisation strategies, while responding to national and sub-national needs/priorities.
- Advocate for increased domestic financing to ensure sustainable funding for SRHR, including FP commodities and essential supplies
- Strengthen digital and data-driven solutions, including digital platforms for resource tracking, service mapping, and community engagement, resource allocation, and to monitor equity in SRHR and GBV service delivery.
- Strengthen policy and regulatory frameworks to facilitate decentralisation, local financing, and integrated service delivery, ensuring alignment with national transformative agenda/priorities, including health financing reforms and PHCR.
- Build national capacity to establish and institutionalise a community-led monitoring system, integrating community feedback and data use into planning processes and evidence-based decision-making.

Recommendation 2: Leverage UNFPA CO's coordinating capability to foster intersectoral and inter-ministerial coordination and collaboration, promoting inclusivity and sustainability for SRHR, gender equality, and GBV initiatives

UNFPA should strategically deploy its convening and coordinating mandate to align national and subnational actors across the health, education, gender, finance, and social protection sectors for the integrated delivery of SRHR and GBV services. This includes strengthening inter-ministerial coordination platforms, joint planning, and shared accountability frameworks. The CO should promote harmonised policies, pooled financing, and integrated programming to reduce fragmentation and duplication. Partnerships with civil society and the private sector should be institutionalised to enhance inclusivity and sustainability.

Type: Strategic Recommendation **Priority**: High

Rationale: SRHR and GBV outcomes are inherently multi-sectoral, and effective coordination reduces silos, improves efficiency, and maximises the impact of limited resources. UNFPA's neutral convening role uniquely positions it to align diverse stakeholders around common results, ensuring coherent policies and integrated service delivery. Strong inter-ministerial collaboration enhances sustainability, national ownership, and system-wide accountability. This approach also strengthens equity by ensuring that health, protection, education, and social services reach the most vulnerable populations in a coordinated manner.

Based on: Recommendation 2 and 4 **Addressed to:** *Country Office*

Operational Implications

- Strengthen the capacity of state and non-state actors towards all of government and all of society to ensure inclusive, sustainable priorities for SRHR and GBV.
- Strengthen multi-sectoral reviews and harmonisation of national laws, policies, and sectoral frameworks to remove barriers to SRHR and GBV services to coherent service delivery and stronger accountability mechanisms.
- Build national and sub-national levels capacity to strengthen gender mainstreaming in national laws, policies and other relevant framework to promote equality and address entrenched inequity.
- Strengthen visibility and promote joint programming among UN agencies to minimise duplication, align resources, and ensure coherence under the UNSDCF framework.
- Advocate for integration of SRHR and population dynamics into national and sub-national development plans to promote evidence-based and sustainable policymaking.
- Institutionalise feedback and accountability mechanisms that connect government, UN, and local actors to promote transparency, learning, and sustained community impact.

Recommendation 3: Strengthen results-based management, monitoring and evaluation, and knowledge management systems to improve outcome-level tracking, data quality, and evidence utilisation for adaptive programming

The CO should invest in dedicated M&E and knowledge management personnel to improve consistency in reporting, learning, and evidence use. National data systems should be strengthened to ensure routine disaggregation by age, gender, location, and type of service delivered. Outcome-level indicators and reporting should be systematically integrated into annual reporting to better demonstrate transformative results.

Type: Strategic Recommendation **Priority**: High

Rationale: Strong M&E and knowledge systems are essential for demonstrating results, improving accountability, and informing adaptive management. Current weaknesses in outcome-level reporting and data disaggregation limit the CO's ability to track equity, inclusion, and transformative impact. Dedicated technical capacity will enhance data quality, learning, and institutional memory. Strengthening national data systems will also improve sustainability, government ownership, and alignment with national development priorities.

Based on: Recommendation 3 **Addressed to:** Country Office

Recommendation 4: Support strengthening of health and other social systems towards broader national and international transformative agenda for SRHR/HIV, gender equality and GBV, adolescents and youth

UNFPA should strengthen health, education, social protection, and justice systems to deliver integrated and people-centred services for SRHR/HIV, gender equality, and GBV, with a strong focus on adolescents and youth. This includes reinforcing primary health care, referral systems, and survivor-centred GBV response mechanisms. Digital health, community systems, and school-based platforms should be leveraged to expand reach and quality. National systems should be aligned with global transformative commitments to accelerate sustainable, rights-based outcomes.

Type: Strategic Recommendation **Priority**: Medium

Rationale: Strong, integrated social and health systems are essential for sustained, equitable, and large-scale impact in SRHR, HIV, and GBV prevention and response. Systems strengthening reduces fragmentation, improves efficiency, and enhances resilience to shocks such as pandemics and climate crises. Focusing on adolescents and youth ensures early investment in human capital and gender equality. Alignment with global agendas also strengthens accountability, innovation, and resource mobilisation.

Based on: Programmatic and Strategic Conclusions **Addressed to:** *Country Office*

Operational Implications

- Promote adaptable/agile policy and regulatory frameworks that can respond to emerging country trends, while maintaining inclusivity principles.
- Foster integration of SRHR, HIV, gender equality, and GBV priorities within broader resilience, climate adaptation, and sustainable development strategies.
- Enhance partner performance management through clearer accountability frameworks, capacity support, and regular progress monitoring to minimise implementation delays.
- Strengthen national population and demographic data capacity to inform policy.
- Strengthen systems for youth and women empowerment, gender equality, reproductive health and rights, and addressing social norms/harmful practices.
- Strengthen South-South collaborations and foster national, regional and global networks to promote innovation, knowledge sharing and best practices.

6.3 Programmatic Recommendations

Sexual and Reproductive Health and Rights

Recommendation 5: Strengthen National Mechanisms for Quality Assurance and Accountability in SRHR Service Delivery

The CO should support the strengthening of national quality assurance and accountability frameworks to ensure that SRHR services are safe, effective, equitable, and rights-based across all levels of the health system. institutionalise national standards, protocols, and accreditation systems for public and private SRHR service providers. Routine supportive supervision, clinical mentorship, and quality improvement cycles should be scaled up. Digital quality monitoring tools and client feedback mechanisms should be integrated into national health information systems. Community accountability and social accountability platforms should be strengthened to reinforce rights-based service delivery.

Type: Programmatic Recommendation **Priority**: High

Rationale: Strong national quality assurance mechanisms are essential to safeguard client safety and service effectiveness in SRHR programming. Weak accountability and variable service quality undermine trust, utilisation, and health outcomes. Institutionalised quality systems promote standardisation, sustainability, and national ownership beyond project cycles. Accountability mechanisms enhance transparency, beneficiary voice, and provider performance. Ultimately, quality assurance is fundamental to achieving equitable access and transformative SRHR results.

Based on: Conclusion 5 **Addressed to:** *Regional Office and Country Office*

Operational Implications

- Institutionalise periodic peer-review and learning exchanges among districts and facilities (e.g., "SRHR Quality Learning Collaboratives") to promote evidence sharing, mentorship, and continuous quality improvement.
- Embed social accountability mechanisms, such as community scorecards and client feedback loops, into facility management structures to ensure that user experiences inform quality improvement and policy updates.
- Invest in M&E system strengthening by improving data quality, evidence generation and use in national and sub-national planning and decision-making.
- Integrate real-time data systems to support timely decision-making, adaptive management, and evidence-based programme adjustments.
- Institutionalise knowledge management mechanisms, such as documentation, learning reviews, and internal knowledge sharing,to preserve institutional learning and sustain programme gains.
- Strengthen policy frameworks to expand equitable service coverage by prioritising underserved and rural areas to reduce disparities in SRHR and maternal health access.

Recommendation 6: Strengthen National Stewardship and Sustainable Financing for SRHR Commodities and Innovation Systems

UNFPA should advocate the governments to lead in coordinating SRHR commodity supply and innovation. It emphasises mobilising domestic resources and integrating financing into national health budgets. By investing in innovation systems, the country can develop context-specific solutions and reduce external reliance. Together, stewardship and financing create a sustainable ecosystem that safeguards reproductive health rights.

Type: Programmatic Recommendation **Priority**: Moderate

Rationale: Strengthening national stewardship and sustainable financing for SRHR commodities and innovation systems is essential to ensure long-term resilience and equity in reproductive health. When government takes the lead in coordinating supply chains and policy frameworks, accountability is enhanced and priorities are aligned with national health goals. Sustainable financing reduces reliance on unpredictable donor support, guaranteeing consistent access to essential commodities and services. At the same time, investing in innovation systems will allow the country to develop

context-specific solutions, adapt to emerging needs, and integrate new technologies into reproductive health care.

Based on Conclusion 6 Addressed to: *Country Office*

Operational Implications

- Advocate for the establishment of a multi-sectoral SRHR Commodity Security Steering Committee (MoH, Ministry of Finance, BIUST, private sector) to guide strategic investments, financing mechanisms, and innovation partnerships.
- Institutionalise innovation partnerships by creating a national hub within the MoH to coordinate research, pilot testing, and scale-up of technology solutions (e.g., drones, digital LMIS, teleconsultation).
- Build national and district capacity in supply chain analytics, enabling predictive demand forecasting, cost-efficiency analysis, and real-time monitoring of commodity flow through LMIS and GIS tools.
- Integrate innovation financing and sustainability criteria into national procurement and public-private partnership (PPP) frameworks to attract investment in SRHR technology and ensure local maintenance, adaptation, and scale-up of successful pilots.

Adolescent and Youth

Recommendation 7: Advocate for the Institutionalisation of Multi-Sectoral Advocacy for Legal and Policy Reforms to Advance Adolescent and Youth SRHR Rights and Access

UNFPA should support institutionalisation of a multisectoral advocacy embedding youth SRHR into national development priorities by ensuring coordinated action across health, education, justice and social sectors. This will create a unified platform where government, CSOs and youth voices jointly influence reforms making them more sustainable and less fragmented.

Type: Programmatic Recommendation **Priority**: High

Rationale: Institutionalising multi-sectoral advocacy ensures that diverse stakeholders, including government, CSOs, health providers, educators, and youth themselves work collaboratively to influence legal and policy reforms. This will thereby strengthen accountability and create a unified voice that amplifies adolescent and youth sexual and reproductive health and rights (SRHR) priorities. By embedding advocacy into institutional frameworks, reforms become more sustainable and less dependent on individual champions. It also helps align policies across sectors, reducing fragmentation and ensuring comprehensive access to services. Ultimately, this fosters an enabling environment where young people's SRHR needs are recognised, protected, and advanced.

Based on Conclusion 7 **Addressed to**: *Country Office*

Operational Implications

- Operationalise a National SRHR Legal and Policy Observatory within the MoH or the National Planning Commission to monitor implementation of youth-related policy commitments, track reform progress, and generate policy briefs.
- Leverage digital platforms and youth-led data initiatives to gather evidence on barriers to SRHR access, CSE implementation gaps, and youth experiences, which feed this evidence into national advocacy and decision-making.
- Integrate advocacy on SRHR for adolescents with disabilities through formal inclusion of disability federations and organisations (e.g., BABPS) in all youth SRHR planning and accountability process.
- Finalise the National Adolescent and Youth SRHR Advocacy Strategy and Roadmap ensuring equity and rights-based programming drawing on the National Commitments for Adolescent and Youth Well-being and the ESA Commitment 2030.

- Enhance youth leadership and representation in policy and legislative processes, integrating mechanisms for adolescent and youth representation within all SRHR TWGs and national policy forums, ensuring equitable participation from urban, rural, and marginalised groups (including young mothers and PWDs).
- Enhance coordination and harmonisation of legal and policy frameworks by advocating for cross-ministerial coordination through a Memorandum of Understanding between the Ministries of Health, Education, and Youth to ensure coherence in CSE delivery and service access.

Gender Equality and Women's Empowerment

Recommendation 8: Advocate for the establishment and institutionalisation of a National Gender and GBV Accountability and Financing Framework to Sustain Legal, Policy, and Systemic transformations for Gender Equality and GBV prevention

UNFPA should continue advancing the gender and social norms reforms, including advocacy to institutionalise a national gender and GBV accountability and financing framework to consolidate and coordinate the gains already made in this CP cycle, including the continuation of the advocacy work done with the Ntlo Ya Dgkosi and those on legal and policy frameworks which were largely successful.

Type: Programmatic Recommendation **Priority**: High

Rationale: Institutionalising these efforts will ensure that commitments to gender equality and GBV prevention are part of long-term, cohesive systems rather than isolated or short-term projects. This framework will establish clear mechanisms for tracking progress, holding parties accountable, and securing sustainable funding across various sectors. It will also improve coordination among government, civil society, and development partners, making sure that legal and policy changes lead to real systemic improvements. By ensuring predictable resources and transparent accountability, Botswana can uphold lasting changes that protect women and girls, promote gender equality, and lower the incidence of GBV.

Based on: Conclusion 8 and 9 Addressed to: *Country Office*

Operational Implications

- Advocate for the establishment of a Gender Equality and GBV Accountability Framework with a National Scorecard to enable tracking of national progress against gender equality, GBV, and harmful practice indicators across ministries and districts.
- Advocate and support the Ministry of Finance to develop a gender-responsive budgeting (GRB) system, requiring all ministries to earmark and report on GBV and gender-related allocations.
- Regularise a Multi-Sectoral Gender and GBV Coordination Platform by transforming the existing coordination mechanisms (TWGs, UNSDCF Results Group 1, and GBV Referral System) into a permanent inter-ministerial coordination platform, chaired by the MoYGA.
- Advocate for strengthening of institutional capacity for enforcement of reformed legal and policy frameworks to support the operationalisation of the reviewed Domestic Violence Act, Marriage Act, and Human Trafficking Act, through national roll-out of the corresponding implementation guidelines, SOPs, and sector-specific training curricula.
- Enhance Evidence Generation and Data Integration for Gender and GBV Policy Action by establishing a National Gender and GBV Data Hub within Statistics Botswana, integrating administrative and survey data from health, justice, police, and social sectors.
- Promote and develop a national framework for traditional and community leadership engagement on GBV and harmful practices, formalising the role of Ntlo Ya Dikgosi and faith-based organisations in prevention, reporting, and response.

- Advocate for the establishment of district-level GBV and Gender Equality Councils, co-chaired by traditional leaders and district commissioners, to monitor implementation of community-based interventions and promote cultural transformation for gender equality.

Population and Development

Recommendation 9: Strengthen intersectoral coordination, data dissemination, and policy integration mechanisms to ensure effective use of population data, projections, and CRVS outputs for national planning

UNFPA CO should support advocacy for improved coordination mechanisms, ensuring empowered inter-departmental committees operating under strong legal mandates to improve data accessibility while integrating fragmented information systems to enhance reliability and analysis. Embed the use of timely, quality population and CRVS data directly into budgeting and policy cycles, supported by ongoing dialogue between technical experts and policy makers.

Type: Programmatic Recommendation **Priority**: High

Rationale: Although UNFPA's support enhanced Botswana's demographic intelligence through census digitisation, CRVS modernisation, and population projections, weak coordination, delayed data dissemination and use, limited national surveys, and outdated datasets hinder evidence-based policymaking and the full realisation of programme results. Strong political leadership and dedicated resources are essential to align these cross-sectoral efforts with national development goals and to ensure accountability.

Based on: Conclusion 10 and 11 **Addressed to**: *Country Office*

Operational Implications

- Support the National Planning Commission (NPC) and Statistics Botswana to formalise a coordination mechanism that aligns all demographic, SRHR, and SDG-related data systems under one interoperable structure.
- Ensure harmonisation of data from CRVS, census, surveys, and administrative sources, with shared standards for data quality, metadata, and validation.
- Advocate for inclusion of population and data systems financing in the NDP 12 and the national budget, shifting from donor-supported data production to nationally financed data ecosystems
- Strengthen CRVS Integration with Health and Education Systems through supporting full digitisation and real-time interoperability between CRVS, DHIS2, and education registries to improve completeness and accuracy of birth and death registration.
- Mainstream population dynamics and megatrends into sectoral planning and policy by supporting the NPC to institutionalise Population and Development Impact Assessments (PDIAs) as part of policy formulation, ensuring that sectors (health, education, labour, urbanisation) integrate population trends into their plans.
- Enhance data literacy, analytical capacity, and evidence use through institutionalising national training programmes on demographic analysis, projections, and use of National Transfer Accounts (NTAs) through collaboration with the University of Botswana and Statistics Botswana.
- Promote multi-stakeholder data dialogues involving government, academia, CSOs, private sector, and traditional leaders to promote transparency, improve data utilisation, and foster citizen trust in official statistics.

ANNEXES

Annex 1: Evaluation Matrix

Evaluation Question 1: To what extent was the UNFPA Botswana country programme adapted to (i) Botswana's national development strategies and policies; (ii) UNFPA's strategic direction and objectives; and (iii) international commitments such as the ICPD Programme of Action and the Sustainable Development Goals (SDGs), African Agenda 2063?	
Evaluation Criteria: [Relevance]	
Assumptions for verification 1.1: The Botswana 7th CP is well aligned to Botswana's National Development Strategies and Policies	**Indicators:** • Evidence of the appropriateness of the design and implementation approach in achieving the intended results • The extent to which UNFPA-supported interventions have appropriately taken into account the priorities of the Governments of Botswana, and the line ministries and institutions • Choice of beneficiaries for UNFPA-supported interventions is consistent with national priorities in the project workplans • The extent to which the strategies, policies, agendas, plans, and priorities regarding the CP interventions have been discussed and agreed upon with a wide array of national and subnational stakeholders
Data collected	**Sources of information**
• The 7th CP is strongly aligned with Botswana's national development objectives, as set out in Vision 2036 and the National Development Plan 11 (NDP 11) by supporting interventions that span health, gender, data systems, inclusive growth, and governance.	• Interviews with the MoH, MoYGA, Statistics, and Ministry of Employment, Labour Productivity and Skills Development staff, and review of the 7th CP documents
• The development of the UNFPA 7th CP incorporated national priorities identified through consultations with key stakeholders to inform the evidence-based formulation and implementation of the 7th CP.	• Interviews with the MoH, MoYGA, Statistics, and Ministry of Employment, Labour Productivity and Skills Development staff, and review of the 7th CP documents
• The CO collaborated with both government and non-governmental agencies and ministries to implement the 7th CP's interventions. For example, the CO supported the National AIDS and Health Promotion Agency (NAPHA) on profiling of the adolescent and young people to identify their risks to HIV and AIDS to inform programme decisions, strategies, and priorities.	• Interviews with CO, other UN agencies, and government agencies' staff, and review of the 7th CP Annual reports.

• UNFPA utilised experiences in the previous CP, with achievements and recommendations in the 6th CP informing the design and implementation of the 7th CP	• CPD review, and Interviews with the CO's staff
• As part of the advocacy to enhance gender equality and prevention of GBV among the populace, the CO worked with Ntlo Ya Dukgosi to identify key issues, trained them, and provided them with campaign packages to guide them in the advocacy, including capacity building them on the key aspects of the focus to reduce gender inequality and prevent GBV. The 7th CP also facilitated dialogue sessions with the traditional leaders to address inequalities and make declarations on the elimination of practices perpetuating GBV	• Interviews with CO and Ntlo Ya Dukgosi staff, and review of the 7th CP Annual Reports
• Through Output 3, UNFPA contributed to the GBV prevention and response, policy strengthening, and community engagement, which resonate strongly with Botswana's objectives of promoting women's empowerment and social justice, which are both national priorities and cross-cutting commitments in Vision 2036.	• Interviews with UNFPA CO, CSO, Government, and Partners staff, and CP document reviews.
• UNFPA aligns with Botswana's national priorities of accountable and effective institutions as well as citizen participation through its work in strengthening institutional capacities for policy implementation, enhancing government–civil society partnerships, and promoting transparency in data and monitoring, which reinforces Botswana's governance frameworks	• Interviews with UNFPA CO, Government, and Partners staff, and CP document reviews.
Assumptions for verification 1.2: Botswana's 7th CP is aligned with the UNFPA's strategic direction and objectives	**Indicators:** • The extent to which the planned interventions are in line with the UNFPA Strategic Plans 2022 - 2025 • Evidence of alignment of the CP to the SP results framework
Data collected	**Sources of information**
• There was a strong alignment of the 7th CP to the UNFPA Strategic Plan 2022 - 2025, with the programme adapting its priorities to Botswana's status as an upper middle-income country (UMIC), as per the Strategic Plan's business model, where it adopted policy dialogue, knowledge management, capacity development, partnerships, and south-south cooperation as its mode of engagement	• Interviews with CO, Government, and Partner staff, and review of CPD and Annual Reports

• The 7th CP results areas were also aligned with the UNFPA Strategic Plan 2022 – 2025, where the four CP Outputs directly contributed to the Strategic Plan's Transformative results, highlighting the strategic alignment of the CP.	• Document reviews and Interviews with the CO and Government staff
• The 7th CP interventions were guided by the mandate of UNFPA as contained in the Strategic Plan 2022 – 2025, leading to the overall goal of the Strategic Plan, which aimed to ensure the achievement of the three transformative results by 2025: ending preventable maternal deaths, ending the unmet need for family planning, and ending gender-based violence and harmful practices	• Document reviews and Interviews with the CO and Government staff
• The alignment of the 7th CP was confirmed through the reporting structures of the CP annual reports, which were done through the SIS and Atlas platform in 2022 and the Quantum Plus platform in 2023 and 2024, where the contents aligned with the strategic Plan structures, including the results areas and indicators. This confirmed alignment.	• Document reviews and Interviews with the CO and Government staff
• UNFPA CO also ensured alignment of the CP with the Strategic Plan 2022 – 2025 through operationalising the principle of "leaving no one behind" by deliberately promoting intersectional approaches in SRH, HIV, GBV and adolescent and youth programming where it notably ensured that the 7th CP interventions considered the needs of populations often excluded from mainstream services, including adolescents, migrants, PWDs, and those living in remote communities. UNFPA also supported assessment mapping of the different needs of various populations, including marginalised and hard-to-reach locations across the country.	• Document reviews (Annual reports 2022, 2023 and 2024) and interviews with Government, Partners and UNFPA CO staff.
Assumptions for verification 1.3: Botswana's CP is aligned with the international commitments, such as the ICPD Programme of Action and the Sustainable Development Goals (SDGs), African Agenda 2063	**Indicators:** • The extent to which the interventions implemented are in line with and contribute to the SDGs and the ICPD framework • The expected results, targets, and implementation strategies outlined in the CPD and the AWPs are in line with the priorities, results, and targets of the (UNSDCF) for Botswana • The evidence of the 7th CP contributing to the African Agenda 2063.
Data collected	**Sources of information**

• UNFPA addressed the SRHR and GBV needs of PWD and Key populations, including the LGBTIQ+ and Female Sex Workers, in addition to working in partnership with their respective umbrella organisations, like the Council of PWD, LEGABIBO for the LGBTIQ+ community. These facilitate inclusion in line with SDG 10.	• Interviews with UNFPA CO, CSO, Government, and Partners staff, and CP document reviews.
• The 7th CP is strongly aligned with the ICPD Programme of Action (PoA), through placing SRHR, gender equality, population data, and youth empowerment at the core of its intervention, and supported the government in implementing its commitments to the ICPD PoA, including operationalising universal access to quality reproductive health services, including family planning, maternal health, and the prevention of STIs, as well as the elimination of harmful practices and the advancement of women's rights. These are aligned with the ICPD PoA priorities	• Interviews and reviews of programme documents
• The CO supported the country in the implementation of its commitment to sustainable development, including pledges to significantly reduce preventable maternal deaths and work towards zero tolerance for sexual and gender-based violence, which have also been integrated into the new 10-year vision for the country, which was achieved through supporting national systems to expand access to family planning commodities, skilled birth attendance, emergency obstetric care, and CSE	• Interviews with staff and review of Vision 2036 and Programme documents
• The 7th CP also aligns with the country's own commitments made under the ICPD framework, such as reducing maternal mortality, closing gaps in access to contraceptives, eliminating GBV and harmful practices like child marriage, and investing in adolescent and youth health and empowerment through supporting health systems strengthening, including policy translation into practice Additionally, the use of population data for evidence-based planning and monitoring, through evidence generation, so that the government can make informed decisions about resource allocation and policy priorities, in line with the ICPD PoA	• Interviews with staff and review of Programme documents

• The 7th CP contributed to the SDGs across its thematic areas of focus, by placing SRHR, population data, gender equality, and youth empowerment at the centre of its interventions, where its targeted interventions drive progress on SDGs 3, 5, 10, and 17 most directly, while also contributing to SDGs 4 and 16 through education, data, and institutional strengthening. Additionally, the programme strengthens national data systems, enabling the production and use of disaggregated population data for policy and planning, thereby further contributing to inclusive governance and accountability.	• Interviews with UNFPA CO, Government and CSO staff and review of Programme documents
• The UNFPA Botswana 7th CP is strongly aligned with multiple aspirations of Africa's Agenda 2063, particularly those that emphasise inclusive growth, human development, health, gender equality, and strong institutions through promoting healthier populations, empowering youth, advancing gender equality, strengthening data systems, and supporting inclusive governance**.** The priorities directly support Agenda 2063's aspiration for a healthy and well-nourished population, recognising that the health of women, girls, and young people is fundamental to achieving sustainable development and prosperity across the continent.	• Interviews with UNFPA, Government and partner staff and review of documents
• The 7th CP prioritised the adolescents and youth, strengthening Botswana's ability to harness the demographic dividend, a key driver of Agenda 2063, in addition to linking health outcomes to broader social and economic transformation, ensuring that Botswana's young population becomes a powerful engine for the nation's progress and, by extension, Africa's collective vision.	• Review of the UNFPA 7th CP reports and CPD, Reviews of Agenda 2063, accessed from https://au.int/en/agenda2063/overview • Interviews with Government, UNFPA CO, and United Nations staff

• The UNFPA CO advanced the agenda of inclusive growth and reduction of inequality by placing gender equality and the empowerment of women and girls at the centre. Efforts to eliminate GBV, expand access to services, and challenge harmful social norms contribute to building more just, equitable, and resilient communities, which resonates with Agenda 2063's call for inclusive development that leaves no one behind, ensuring that the benefits of growth and progress reach all segments of society, including marginalised and vulnerable groups; in addition to contributing to supporting the country's governance and accountability dimensions of Agenda 2063 through investments in population data and demographic intelligence, by strengthening institutional capacity and improving the availability and use of disaggregated data, grounding decisions on accurate demographic realities.	• Interviews with Government, UNFPA CO, and United Nations staff
Evaluation Question 2: How effectively did UNFPA Botswana respond to changes in national priorities, emerging health and demographic challenges, and external factors such as the COVID-19 pandemic, climate change, economic shifts, and political changes, particularly in addressing the needs of vulnerable populations?	
Evaluation Criteria: [Relevance]	

Assumptions for verification 2.1: UNFPA Botswana effectively responded to the changes in the national priorities and emerging issues, including shifts caused by crises or significant political changes, and the vulnerable populations	**Indicators:** • Evidence of capacity and flexibility in programming approaches to respond to emerging needs • Evidence of changes in programme design or interventions reflecting context and influencing factors, i.e. change in population needs and government priorities • Evidence of financial capacity (fundraising) to respond to arising needs • Evidence of repeated needs assessments conducted by UNFPA and/or implementing partners, identifying the varied needs of diverse groups and lessons learned during the programming period • The extent to which the response was adapted to emerging needs, demands and national priorities during the period of implementation
Data collected	**Sources of information**
• The CO was responsive to changes in national priorities, emerging health and demographic challenges, as well as other external factors, in the context of implementing the 7th CP. Lessons from COVID-19, where access to services was limited, given the limited movement due to the pandemic, motivated the CO to identify the need for integrated health service provision and supported the government on integration of Minimum Initial Service Package (MISP) for SRHR in crisis, ensuring building of resilience in the health system for continued access to life-saving health services during the crisis	• Interviews with the Government and UNFPA CO staff, and review of the CP's Annual reports
UNFPA supported the MoH in conducting a minimum initial service package readiness assessment, which led to dedicated support to health districts, including capacity building and advocacy for the inclusion of the MISP for SRH needs in emergencies or crises.	• MISP Assessment report, interviews with CO staff
• UNFPA CO supported the advancement of capacity on integrating MISP for SRH within broader preparedness and response policy-making processes. The country office was also instrumental in facilitating MISP Readiness and Vulnerability Assessments, which generated valuable evidence on needs and informed both national and district preparedness strategies.	https://botswana.unfpa.org/en/news/integrating-minimum-initial-service-package-misp-sexual-and-reproductive-health-srh-sub • Annual Report 2023

• Integration of MISP at the district level remained limited, where several disaster response plans were either insufficiently aligned with MISP for SRHR or remained generic, which constrained their potential to translate into concrete and actionable measures	• Annual Report 2023 and Interviews with the Government and UNFPA staff
Evaluation Question 3: To what extent did UNFPA Botswana ensure that the needs of marginalised groups, including adolescents, youth, persons with disabilities, and indigenous communities, are integrated into the planning and implementation of all UNFPA-supported interventions under the country programme?	
Evaluation Criteria: [Relevance]	
Assumptions for verification 3.1: The Botswana 7th CP interventions were adapted to the needs of the populations, particularly of the most vulnerable and marginalised groups, including adolescents, youth, persons with disabilities, and indigenous communities	**Indicators:** • Evidence of an exhaustive and accurate identification of the needs before the programming of SRHR, Adolescent and Youth, and Gender Equality and women's empowerment by UNFPA and/or implementing partners • Evidence of targeting marginalised populations for UNFPA programming interventions • Evidence of systematic use of findings from needs assessments in programme planning and design and the selection of target groups for UNFPA-supported interventions in the four thematic areas of programming in line with identified needs (as detailed in the needs assessments), as well as priorities in the CPD and AWPs. • The extent to which the targeted populations, including vulnerable and marginalised groups, such as people with disabilities, were consulted about programme design and activities throughout the programme
Data collected	**Sources of information**

• In 2022, UNFPA supported the MoH to conduct a readiness assessment of the country's capacity to implement MISP for SRH in emergencies, which revealed significant gaps, thereby informing capacity-building efforts to strengthen the country's preparedness for delivering MISP for SRH during emergencies, particularly in districts vulnerable to climate-induced and natural disasters. Additionally, during the evaluation period, UNFPA supported the MoH in conducting a vulnerability assessment and risk profiling, which enabled mapping inequalities, identifying those most left behind, and guiding targeted investments in SRHR. The Drones for Health Project activities in the Okavango district were also supported to ensure that marginalized populations were identified and assisted with SRHR services.	• Interviews with the Government and UNFPA CO staff, and review of the CP's Annual reports
• The 7th CP targeted hard-to-reach areas, with UNFPA working alongside the MoH to ensure these communities were reached; for instance, facilitating access to SRH services, including family planning, sensitisation, and the distribution of commodities, for the Basarwa populations, based on their unique and marginalised way of life, at their places of residence.	• Interviews with the Government and UNFPA CO staff, and review of the CP's Annual reports
• The 7th CP supported access to SRH services for men and boys by assisting the MoH in developing a tailored SRH service package, recognising their vulnerability in accessing these services. Additionally, the 7th CP ensured that policy and strategy documents were inclusive, addressing the needs of minority groups, including indigenous populations and people with disabilities (PWDs), in addition to partnering with a disability-led organisation to incorporate their specific needs into programme delivery	• Interviews with the Government and UNFPA CO staff, and review of the CP's Annual reports
• Targeting the key populations with HIV programming, the 7th CP prioritised integration of SRH/FP/GBV and HIV services to intensify access to HIV prevention services by the at-risk populations, including working with NAPHA to increase access to HIV services through partnerships and capacity building of the service providers, including the development of strategies. The programme prioritised the needs of adolescents and youth, and key populations, including men having sex with men (MSM), Female Sex Workers (FSW), and Transgender individuals, and advocated for their access to the services given their susceptibility and risk exposure to new HIV infections. Healthcare providers have been trained to offer integrated SRHR services, along with the skills and attitudes that influence the uptake of these services	Documents review and Interviews with MoH, CSO, UNAIDS, and UNFPA staff
• UNFPA identified the unique vulnerability and gaps experienced by young people in their access to health services, and their well-being, including their challenges in decision-making around their sexual rights and choices, and targeted them with CSE, targeting their empowerment, education, and information, assisting them in avoiding exploitation and abuse through the exercise of their rights and wise decision-making	Document reviews and Interviews with UNFPA CO, MoYGA, participating UN agencies, and CSO staff

• UNFPA CO also supported through the 7th CP, evidence generation, and facilitating the identification of various forms of marginalisation and vulnerability in the targeted localities. For example, the CO supported the commissioning of a comprehensive analysis of census data on maternal health, establishing trends from 2011 disaggregated by age, district, and locality, which enabled an understanding of vulnerability levels based on those trends, using the data to determine the MMR and response strategies and targeting. • The programme's support to the analysis of census data for youth and adolescents on various aspects of their health, including education, unemployment, and access to and use of contraceptives, among other services, also enabled the identification of key vulnerability factors among adolescents and young people for programming. • While the review of the National Population Policy aimed to facilitate integration of the population into development planning and policy formulation, it was limited in generating adequate, disaggregated data for decision-making on programming for vulnerable populations.	CP Document reviews, and Interviews with UNFPA CO, Government and Partner staff
Evaluation Question 4: To what extent did UNFPA Botswana effectively leverage partnerships with national, local, and grassroots organisations (e.g., women's rights activists, youth-led groups, and disability advocacy organisations) to advance sexual and reproductive health and rights (SRHR) and address gender inequalities among vulnerable and marginalised populations?	
Evaluation Criteria: [Coherence]	

Assumptions for verification 4.1: UNFPA Botswana effectively leveraged partnerships with national, local, and grassroots organisations (e.g., women's rights activists, youth-led groups, and disability advocacy organisations) to advance SRHR and address gender inequalities among vulnerable and marginalised populations	**Indicators:** • Evidence of UNFPA Botswana and/or Partners playing a leading / Participatory role in the SRHR/GBV-related coordination mechanisms, including working groups in Botswana • Evidence of the collaborative efforts with local organisations in the targeted thematic intervention areas and the degree of success • Evidence of collaboration between the SRHR and GBV stakeholders in planning, activities, and decision-making. • Existence of mechanisms to share data, information, and resources across sectors. • Advocacy efforts to mainstream SRHR and GBV themes into local policies and programmes
Data collected	**Sources of information**
•	•
• UNFPA collaborated with community-based organisations, service providers, faith-based organisations, and other non-state actors to drive community dialogue and behaviour change around SRH and harmful practices to enhance youth-friendly services, awareness campaigns, and GBV prevention initiatives at the grassroots level, fostering local ownership and helping tailor interventions to meet the specific needs of districts and communities. However, partnerships with local CSOs are often project-based and fragmented, lacking long-term capacity-building support that would allow these actors to sustain their contributions beyond specific programme cycles.	• UNFPA Annual reports, and Interviews with CSOs, other UN agencies, and UNFPA staff
•	•
• Through the convening power of UNFPA, the 7th CP enabled the coordination of government ministries, namely Health, Youth and Gender Affairs, and Education, to meet the country's commitments to SADC, including documenting the progress of the SADC Scorecard which would have had challenges had it not been coordinated by UNFPA. There were, however, gaps in addressing persistent inequalities in access, particularly in rural and underserved areas, where policy intent has not entirely resulted in consistent service delivery	• UNFPA Annual reports, and Interviews with Government, CSOs, other UN agencies, and UNFPA staff

• The 7th CP's key function in combating GBV and advancing women's rights, aligning well with national frameworks, including Botswana's National Policy on Gender and Development and its obligations under CEDAW, including strengthening the government's stated commitment to eliminate violence against women and girls through its support to prevention and response mechanisms. However, there is limited investment in long-term structural empowerment initiatives, such as economic participation and women's leadership, which are only obliquely addressed, as well as limited enforcement of gender-related laws and consistency in resourcing of GBV services.	• UNFPA Annual reports, and Interviews with Government, CSOs, other UN agencies, and UNFPA staff
• The programme's support for strengthening data systems, census implementation, and demographic analysis is coherent with the government's recognition of evidence-based planning as central to development policy, as reflected in Vision 2036 and the National Development Plan, enabling UNFPA to support critical capacity gaps in the national statistical system through alignment. There was, however, limited integration of demographic data into multi-sectoral planning processes, particularly in linking population dynamics with emerging themes such as climate resilience, urbanisation, and labour market policies.	• Interviews with the Government of Botswana, UNFPA, and CSO staff
Assumptions for verification 4.2: UNFPA Botswana CO effectively integrated its mandate internally to improve SRHR and gender inequalities of the vulnerable and marginalised population	**Indicators:** • Evidence of interventions aimed at addressing interconnected SRHR and GEWE risks at the SRHR-AY-GEWE-PD interface. • Evidence of synergies being actively pursued in the design, implementation, and M&E of the CP component interventions, as well as those of other stakeholders. • Evidence that integrated and interoperable information and knowledge management, as well as monitoring systems, were created • Existence of mechanisms to share data, information, and resources across sectors.
Data collected	• **Sources of information**
• The CO demonstrated coherent integration across its core mandate areas, i.e., SRHR, GBV adolescents and youth, and population data, through joint planning, outcomes-based annual workplans, and cross-team coordination. Further, internal technical collaboration enabled more holistic programming, particularly by linking maternal health, family planning, and GBV response within health system strengthening efforts and by aligning youth SRH interventions with broader gender equality objectives	• Document reviews and Interviews with CO staff

• Internal integration remained uneven across thematic pillars and operational units; for example, while SRHR and GBV linkages were relatively strong, population data and development integration were less consistently embedded into programme decision-making for vulnerable groups. Data were not consistently used to guide geographic targeting, to prioritise marginalised subpopulations, or to support adaptive management	• Document reviews and Interviews with CO staff
• There was progress made in targeting adolescents, women, and girls, and GBV survivors through health system strengthening, youth-friendly services, and multi-sectoral GBV response mechanisms. However, disability inclusion, outreach to remote rural communities, and engagement of key populations were less consistently mainstreamed across all interventions. While gender was well-integrated at the strategic level, gender-transformative approaches that directly challenge harmful norms and power relations were not uniformly implemented at the community level, often due to cultural sensitivities, limited partner capacity, and resource constraints.	• Document reviews and Interviews with CO staff
• Structural and external constraints like human resource limitations, high staff workloads, dependence on project-based funding, and periodic funding volatility limited the full effectiveness of internal mandate integration, thereby affecting continuity and scale of integrated programming. Coordination with national institutions responsible for social protection, disability, and community development also presented challenges, reducing the depth of multi-sectoral reach to the most marginalized.	• Document reviews and Interviews with CO staff
Evaluation Question 5: How well did UNFPA Botswana coordinate and align its efforts with government institutions, UN agencies, civil society, and development partners to ensure a cohesive and complementary response to national SRHR, gender equality, and population challenges?	
Evaluation Criteria [Coherence]	

Assumptions for verification 5.1: UNFPA Botswana coordinated its efforts with the government institutions, civil societies and development partners to ensure a cohesive and complementary response to national SRHR, gender equality, and population challenges	**Indicators:** • Evidence of UNFPA Botswana and/or IPs playing a leading / Participatory role in the SRHR/GEWE-related coordination mechanisms, including working groups in Botswana • Evidence of the collaborative efforts with local organisations in the targeted thematic intervention areas and the degree of success • Evidence of collaboration between the SRHR and GEWE stakeholders in planning, activities, and decision-making. • Existence of mechanisms to share data, information, and resources across sectors. • Advocacy efforts to mainstream SRHR and GEWE themes into local policies and programmes
Data collected	**Sources of information**
• UNFPA effectively established national-level partnerships and collaborative activities with umbrella organisations and advocacy platforms that focused on SRH, gender equality, and youth empowerment, enabling joint advocacy on issues such as family planning, adolescent health, and GBV, contributing to a more coordinated national response. For example, UNFPA collaborated closely with the Botswana Council of NGOs (BOCONGO), which has a national membership spanning various thematic areas, thereby expanding the reach of the programme interventions. Additionally, UNFPA collaborated with the Botswana Council for the Disabled (BCD) and Lesbians, Gays and Bisexuals of Botswana (LEGABIBO), which are umbrella CSOs for the PWDs and Lesbians, Gays and Bisexuals, respectively, thereby facilitating the integration and inclusion of the various interests and needs of the member organisations. • However, there was evidence of uneven representation of CSOs, with larger, urban-based organisations more consistently engaged, while on the other hand, the smaller and less-resourced CSOs, particularly those representing marginalised groups, are less integrated into programme processes.	• UNFPA Annual reports, and Interviews with CSOs, other UN agencies, and UNFPA staff

• The alignment of the 7th CP national policies and government commitments under the four outputs, including the National Development Plan, the Health Sector Strategic Plan, and frameworks promoting SRH, enabled its implementation in partnership with the relevant government ministries and agencies that directly contribute to these policies and commitments.	• UNFPA Annual reports, and Interviews with CSOs, other UN agencies, and UNFPA staff
Assumption 5.2: UNFPA Botswana effectively integrated, partnered, led or supported system-wide development coordination mechanisms within UNCT to reinforce programme implementation and achieve better results by preventing overlap and duplication and promoting synergies.	Indicators: • The extent to which UNFPA participates in the UNCT or relevant results working groups • Evidence of UNFPA leading the SRH and GBV thematic working groups within the UNCT relevant to the UNFPA mandate. • Evidence of UNFPA actively contributing and taking initiative in UNCT meetings • Evidence of UNFPA CO being part of joint programmes with other UN agencies in a related thematic focus • Evidence that synergies have been actively sought in the design, implementation and monitoring and evaluation of the UNFPA CP and programmes and interventions of other UNCT members • The extent to which the comparative advantages and technical expertise of UNFPA in the CP thematic areas of programming added value to the UNCT support for sustainable development
Data collected	**Sources of information**
• UNFPA is represented in the management and leadership forum for the coordination and implementation of the UNSDCF, in addition to contributing to the implementation of four out of the five outcome areas of the UNSDCF	• Interviews with participating UN agencies and UNFPA staff, and document review

• UNFPA CO chairs the Gender Equality and GBV Results Group 1 (Outcome 1) in collaboration with the Ministry of Youth and Gender Affairs (MoYGA), with the participation of 10 other United Nations agencies within the United Nations Development System (UNDS), including UNAIDS, UNDP, UNICEF, UNESCO, UNHCR, FAO, ILO, WHO, UN Women, OHCHR, as part of the implementation results area, with UNDP and UNICEF chairing Justice and economic empowerment, and child protection sub-groups, respectively. In this role as the Chair of the Result Group 1, UNFPA coordinated the country's gender activities, particularly the implementation and documentation of CEDAW and the ESA framework with CSOs, government, and UN agencies. Further results show that Result 1 is the most active result group, with participation from over 32 members drawn from government line ministries, CSOs, Academia, and United Nations agencies.	• Interviews with UNFPA, participating UN agencies, CSOs, and MoYGA staff, and review of 7th CP annual reports
• The 7th CP aligns with and contributes to the achievement of the UNSDCF results through its planning, implementation, and reporting processes and adheres to the UNCT delivery mechanisms.	• Interviews with UNFPA, participating UN agencies' staff, and documentary review
• UNFPA co-chairs the Youth Thematic Group with UNICEF, where UNFPA successfully collaborated with UNESCO on the implementation of CSE targeting teenage pregnancies, HIV infection, GBV, child marriage, and drug abuse among adolescents and young people. Additionally, its contributions to the Inter-Agency teams, the Communication Group, and the prevention of sexual exploitation and abuse (PSEA)	• Interviews with UNFPA, participating UN agencies' staff, and documentary review
• UNFPA, as a member of the Operations Management Team, provided support to the heads of agencies' support systems, guiding their operations, including leading the catering services and hotel during the harmonisation of the standard operating procedures (SOPs) for the country.	• Interviews with UNFPA, participating UN agencies' staff, and documentary review
• In the absence of a gender theme group in the country, UNFPA stepped in to fulfil some of the roles mandated by the UNCT, playing a key role in leading the development and consolidation of the CEDAW framework report, ensuring that diverse voices were included, with contributions from United Nations agencies. UNFPA also collaborated with the NUNHRO Regional Office, ensuring that the work of United Nations agencies, ongoing efforts, country responses, implementation status, and recommendations were well documented. UNFPA facilitated the confidential reporting and presentation of the results to Geneva, and additionally mobilised the UNCT to support the government in responding to the CEDAW report.	• Interviews with UNFPA, Government, participating UN agencies' staff, and documentary review

• UNFPA participated in joint programmes during the evaluation period, building on the respective comparative advantages of the members within the framework of engagement. For example, the leadership of UNFPA, in collaboration with UNAIDS, UNDP, UNESCO, UNICEF, FAO, WHO, and UNHRC, developed a joint programme that coordinates the promotion of gender equality and the ending of GBV in Botswana, with each agency focusing on its area of expertise. UNFPA is also part of the SDG Fund (SDG Trust Fund), where it jointly works with UNDP and UNICEF on data generation. • UNFPA is also an implementing partner of UNAIDS under the UBRAF funding, alongside UNICEF, UNESCO, WHO, UN Women, and UNFPA, with a focus on HIV prevention. Additionally, the UNFPA CO further collaborated with its United Nations counterparts to strengthen the country's data systems. For example, UNFPA and UNDP collaborated on developing the strategy for monitoring SDG indicators, working closely with Statistics Botswana and sharing the costs of workshops	• Interviews with UNFPA, Government, participating UN agencies' staff, and documentary review
Evaluation Question 6: To what extent did UNFPA Botswana's interventions successfully deliver planned outputs and contribute to the achievement of key country programme outcomes, particularly in: (i) Increasing access to and use of integrated SRHR services; (ii) Empowering adolescents and youth to access SRHR services and exercise their rights; (iii) Advancing gender equality and empowering women and girls; and (iv) Enhancing the use of population data for evidence-based policymaking?	
Evaluation Criteria: [**Effectiveness**]	
Assumptions for verification 6.1: UNFPA Botswana 7th CP interventions successfully delivered the SRHR, A&Y, GEWE, and P&D outputs and contributed to the achievement of the CP Outcomes during the period of coverage	**Indicators:** • Degree of completion of SRH, A&Y, GEWE and P&D-related outputs planned in the M&E Framework against indicators • Evidence that completed SRH, A&Y, GEWE and P&D outputs contributed to planned outcomes • The extent to which the SRH, A&Y, GEWE and P&D interventions were completed on a timely basis
Data collected	**Sources of information**

• The 7th CP significantly advanced FP priorities through strategic advocacy, capacity building, and policy development that place FP at the centre of the national health agenda, including advancing evidence-based advocacy on the importance of FP access through financing and technical support for the Family Planning Investment Case, enhancing an evidence-based framework to justify resource allocation and guide programme scaling by the government and other stakeholders • The CO also contributed to revisions of service delivery guidelines, training curricula, and provider job aids, thereby improving counseling and contraceptive provision in supported health facilities • UNFPA also supported the MoH in developing Botswana's FP2030 commitment, identifying priority areas for the country, thereby enhancing the government's investment in FP	• Interviews with MoH and UNFPA staff and review of Annual reports
• The CO contributed to the strengthening of the Logistics Management Information System (LMIS) for RH commodities by collaborating with the MoH and the Central Medical Stores to train senior officials from 17 out of the 18 health districts on supply chain management, targeted at addressing persistent RH commodities stockouts. This further enabled the identification of the key issues affecting access to FP services by the targeted populations. • However, stock-outs of contraceptives, dependence on donor-procured commodities, and limited government financing for FP commodities constrain the access and sustainability of the 7th CP results. Additionally, cultural and social barriers, especially among adolescents and young women, also continue to inhibit uptake of contraceptives.	• Review of the 2022 Annual report and Interview with the MoH
• UNFPA collaborated with the MoH and WHO to support the implementation of interventions to improve the quality of SRH services delivered to targeted populations through technical and financial support, contributing to strengthening the national health system's capacity to deliver quality, accessible, and equitable maternal and newborn care.	• Interviews with MoH and UNFPA CO staff and review of Annual reports
• UNFPA supported the MoH with review and development of strategy and guidelines, and dissemination strengthened the policy environment and ensured that maternal health is prioritised within the national health sector strategy and SDGs framework.	• Interviews with MoH and UNFPA CO staff and review of Annual reports

• UNFPA enhanced evidence-based responses by supporting Maternal Mortality Audit Committees (MMACs) at both national and district levels to improve maternal mortality and perinatal death surveillance and response (MPDSR). enabling the establishment of a national mechanism to review maternal deaths and identify actionable measures to prevent recurrence. The support was significant in ensuring accurate and timely audits to understand the causes of maternal deaths and facilitating responses through enhancing the functionality of the MMACs. • The CO supported aligning the MPDSR guidelines with WHO standards and trained healthcare providers and committee members in proper case review, data documentation, and root-cause analysis, contributing to the improvement in the quality of maternal death reviews.	• Interviews with MoH and UNFPA CO staff and review of Annual reports
• The CO facilitated capacity building and operational support to strengthen data systems and reporting mechanisms for maternal mortality audits through targeted training and mentorship, health workers thereby equipping them to consistently identify, record, and analyse maternal deaths across districts, using standardised reporting tools	• Interviews with MoH and UNFPA CO staff and review of Annual reports
• Despite the progress made in supporting MPDSR, resource constraints, especially in rural districts, have hindered consistent case reporting and timely review of deaths with instances of underreporting and incomplete documentation reported reducing the reliability of the data for informed decision-making. There was also a gap in translating audit findings into concrete remedial actions at the facility level, such as ensuring blood availability, strengthening referral systems, and addressing human resource gaps	• Interviews with MoH and UNFPA CO staff and review of Annual reports
• The CO contributed to strengthening the policy framework, particularly focusing on the quality gaps through enhancing integrations of services in post abortion care, family planning, HIV and GBV, including collaborating with WHO to improve uptake of contraceptives, reducing unintended pregnancies and the need for a multifaceted approach to prevent unsafe abortion as a means to reducing maternal mortality in Botswana, further enhancing the country's advocacy mechanisms to promote the integration of SRH services.	• Interviews with MoH and UNFPA CO staff and review of Annual reports
• Maternal mortality reduction remains uneven, with higher risk persisting in remote and underserved districts with inadequate blood supplies, delayed referrals, and retention of skilled personnel in rural facilities weaken continuity of care.	• Interviews with MoH and UNFPA CO staff and review of Annual reports
• The 7th CP contributed to improving the clinical management of complications of unsafe abortions through the development and rollout of national PAC guidelines and Training Manual and provider training on the same, to align with the latest evidence and best practices including the WHO CAC Guidelines of 2022. This enhanced provider skills in uterine evacuation techniques, infection prevention, and counselling on contraception post-procedure, helping to reduce post-abortion morbidity	• CP Annual Report 2023 and Interview with UNFPA, WHO, and MoH staff
• Despite the 7th CP achievements, rural and hard-to-reach communities continued to face barriers related to human resource shortages, delayed referrals, and limited access to comprehensive emergency obstetric care. Additionally, retention of trained midwives, inadequate blood transfusion services, and gaps in continuous professional development also constrain sustainability.	• CP Annual Report 2023 and Interview with UNFPA, WHO, and MoH staff

• The 7th CP was pivotal in strengthening Botswana's capacity to implement the MISP for SRH in emergency preparedness and response contexts through supporting the integration of MISP for SRH into national and district disaster management frameworks through collaboration with the National Disaster Management Office (NDMO), Ministry of Health, and District Disaster Management Committees • UNFPA facilitated capacity-building workshops for district health and disaster response personnel on MISP implementation, coordination, and monitoring • Despite these notable achievements by the 7th CP, the full operationalisation and sustainability of MISP for SRH in Botswana remain a challenge as the scope of MISP training and readiness assessments was limited to a few districts, limiting scale-up to the national level	• CP Annual Reports and Interview with UNFPA and MoH staff
• The 7th CP supported piloting the Drones for Health Project, contributing to a strengthened supply chain for sexual and reproductive health commodities, particularly in hard-to-reach areas, and addressing SRH service access challenges. This effectively provided technical and financial support, ensuring the integration of RH supplies into the project's logistics system	• CP Annual Reports and Interview with UNFPA and MoH staff
• UNFPA played a central and catalytic role in SRHR technical working groups (TWGs) and related stakeholder coordination mechanisms, serving as both a convener and a technical advisor. For example, UNFPA was a key member of the Health Sector Coordinating Mechanism and the RMNCAH TWG, providing leadership and evidence-based guidance to strengthen policy coherence, service integration, and multi-sectoral collaboration in SRHR programming, supporting the development, review, and harmonisation of national SRHR guidelines, strategies, and standards, and ensuring that they align with international best practices and the ICPD Programme of Action.	• CP Annual Reports and Interview with UNFPA and MoH staff
• The CO also provided financial and technical resources to facilitate regular meetings, stakeholder consultations, and joint planning sessions between government, CSOs, and development partners. These platforms have enabled cross-learning and alignment of interventions across thematic areas such as family planning, maternal health, adolescent and youth SRHR, GBV prevention, and HIV integration	• CP Annual Reports and Interview with UNFPA and MoH staff
• Through advocacy and working with relevant line ministries and other key stakeholders, the UNFPA CO contributed to creating an enabling environment for adolescent sexual and reproductive health through continued advocacy towards the revision of policies and legal frameworks to ensure that adolescents and young people access contraceptives and SRH services without discrimination or unnecessary barriers.	• CP Annual Reports and Interview with UNFPA, participating UN agencies and MoH staff
• The CO used various approaches to build capacity among adolescents and youth, creating awareness and upskilling them in integrated SRH, HIV, and GBV service availability and delivery.	• Review of CP Annual Reports and Interview with UNFPA, participating UN agencies and MoH staff

• The CO supported the launching and availability of the national commitments adolescents and youth well-being provides for an enabling environment upon which essential investment on adolescent and young people can be made e.g. fast-tracking the implementation and monitoring of CSE, development of digital monitoring tools to capture data on learners with special needs those who may drop out of school due to pregnancy as well as commitment to address unintended and unwanted pregnancies among AYP in and out of school	• Interview with UNFPA, participating UN agencies, MoYGA and MoH staff and review of CP Reports
• The CO, supported the government in establishing, expanding, and promoting Youth-Friendly Services (YFS) and youth centres to reduce barriers to adolescent access to SRHR. The CO also supported training of midwives, trained in adolescent SRHR, to help ensure comprehensive management of young people who attend public health facilities, as well as those seeking services at YFS clinics and youth centres, further facilitating the scaling of YFS clinics in the country.	• Interviews with UNFPA, participating UN agencies, MoYGA and MoH staff and review of CP Reports
• While efforts to expand YFS coverage across the country's health districts face challenges such as resource constraints, infrastructural barriers, and healthcare worker turnover, it is worth noting that capacity building for healthcare providers has improved service quality where YFS are implemented.	• Interviews with UNFPA, participating UN agencies, MoYGA and MoH staff and review of CP Reports
• The UNFPA CO, together with WHO and UNICEF, worked with the National Planning Commission under the Office of the President to develop the National Commitment for Adolescents and Young People's Wellbeing	• Interviews with UNFPA, participating UN agencies, and MoYGA staff and review of CP Reports
• The UNFPA CO collaborated with MoYGA to ensure the participation of adolescents and youth in the review and development of the National Youth Policy. Supporting the inclusion and meaningful engagement of young people in decision-making processes on issues that concern them ensured that plans and policies effectively address their expressed needs	• Interviews with UNFPA, and MoYGA staff, FGDs with Youth beneficiaries and review of CP Reports
• The UNFPA CO supported high-level stakeholder engagement with the Ministries of Education, Health, Youth & Gender, civil society organisations, and UN agencies to review, estimate, and operationalize the 2030 ESA Commitment.	• Interviews with UNFPA, and MoYGA staff, and review of CP Reports
• *"UNFPA has been instrumental in our development and participation in social and development issues that affect adolescent and youth – it is a whole movement building. Through their support and constant engagement, young people are taking up spaces, have more safe space to discuss their issues. We even see more and more healthcare workers being more open, mindful and supportive, it is good"*	• FGDs with youth beneficiaries,
• The 7th CP includes "advocate for and support review and alignment of key national laws, policies, and legal reforms to protect the rights of women and girls" as a strategic intervention. Further, the 7th CP supported the review of the Domestic Violence Act, aligning it with the Penal Code, review of the Marriage Act, considering the implications on GBV, and also collaborated with IOM on the review of the Human Trafficking Act, removing the provision for paying fines instead of jail terms as a deterrent to human rights violations, particularly through a gender lens.	• Interviews with UNFPA, participating UN agencies, MoYGA and CSO staff and review of CP Reports

• UNFPA supported the MoH, with technical contribution by WHO, in the development of Prevention and Management of Gender-Based Violence: A Guide for Health-Care Providers, which aligns with updated legal, policy, and institutional frameworks, and regional/global standards to protect the rights of women and girls and ensure their dignity in accessing health services	• Interviews with UNFPA, participating UN agencies, MoH and CSO staff and review of CP Reports
• "*The development of the guideline for healthcare providers in the prevention and management of GBV has been crucial in bringing GBV responders together to ensure efficiency in the handling of the cases, where sexual assault cases no longer queue at the health facilities, they are then referred to the local social workers, who profiles the case and provide counselling* services *and referred for legal assistance until the matter is brought before courts.* This is unlike what it was before, when teams would work in silos. The *cases would be reported, then taken to the hospital for assessment, and the hospitals would treat them as any other patient in the queue. This has really improved, and the cases are priorities,* "	• Key Informant during the CPE
• UNFPA facilitated a training on the *Prevention and Management of Gender-Based Violence: A Guide for Health-Care Providers,* for training institutions, hospitals, clinics, NGOs and the District Administration, included nurses, social workers and psychologists from six districts, and facilitated by forensic pathologist from Botswana Police, expert from University of Botswana, UNFPA and the SRH/MoH Programme Managers. • The training enabled the service providers to respond adequately to the evolving challenges and needs, where the healthcare workers were effectively targeted, as health facilities are the first point of response by enhancing their capacity for service delivery and access for GBV survivors, with a particular focus on human rights-based approaches. As a result, the Botswana Police established a separate desk for the private and safe handling of cases at the respective police stations. • The CO further supported the update, development, and training of data collection tools to align with the revised guidelines, enabling the collection of information on the services provided and their follow-up, enabling monthly reporting • While the data collection registers are supposed to be in every hospital unit, feedback interviews revealed that this is not the case, as the data requires computers, which are not adequately available.	• Interview of MoH, Botswana Police, CSO and UNFPA staff, and review of 2024 annual report
• UNFPA led advocacy to engage parliamentarians in reforming the constitution based on recommendations for PWDs and Intersex.While this was influenced by the change in government and the CSOs' efforts to prevent the bill's passage, successes were achieved during the evaluation period. These included the registration of LEGABIBO and a group for sex workers, due to the repeal of the laws and the Judiciary's responsiveness to the issues	• Interviews with UNFPA, participating UN agencies, MoH and CSOs staff and review of CP Reports
• UNFPA initiated a consultancy to review and evaluate the existing National Strategy Towards Ending GBV (2015-2020), providing technical and financial support, particularly in developing culturally sensitive, rights-based policies; advocating for strengthened legislation; promoting community-based change; raising awareness; and collaborating with government and CSO partners to combat the GBV issue	• Interviews with UNFPA, participating UN agencies, MoYGA and CSOs staff and review of CP Reports

• The CO played a central role in coordinating the gender equality and GBV thematic area, acting as both a technical leader and convener within the UNDS and in national platforms, providing consistent policy guidance and evidence-based advocacy that aligned with national priorities, such as the Gender and Development Policy and the GBV Response Frameworks, while also reinforcing the country's obligations under international commitments, including CEDAW, the ICPD Programme of Action, and Agenda 2063. UNFPA's leadership ensured that gender equality and GBV issues were integrated across interventions, encompassing broader development and health priorities, thereby fostering coherence and effectiveness.	• Interviews with UNFPA, participating UN agencies, MoYGA and CSOs staff and review of CP Reports
• UNFPA coordinated with the MoYGA, to ensure effective leadership for the UNSCDF Results Group 1, which focuses on Gender Equality (Outcome 1) of the CF by convening meetings to coordinate a multisectoral response aimed at achieving gender equality and ending GBV and harmful practices in Botswana. • UNFPA played a crucial role in fostering collaboration with CSOs and grassroots actors, who are essential in reaching vulnerable groups and addressing harmful norms at the community level. There was evidence of UNFPA's unique role in bringing CSOs, the government, and service providers together to expand access to GBV services, community education, and advocacy for legal reforms.	• Interviews with UNFPA, participating UN agencies, MoYGA and CSOs staff and review of CP Reports
• The CO leadership in Gender equality and GBV response coordination has also enhanced and strengthened the GBV referral pathways within the country, provided a platform for GBV case management through the participation of stakeholders from different ministries, institutions, and CSOs.	• Interviews with UNFPA, participating UN agencies, MoYGA, MoH and CSOs staff and review of CP Reports
• While progress was made in creating more inclusive frameworks, sustaining government ownership and ensuring adequate resourcing for CSO engagement, and inadequate capacity of institutions outside the health sector limiting the extent of prevention and response to GBV and gender inequality among the stakeholders. Furthermore, while advocacy efforts are being implemented, the scale across all districts, both rural and urban, remains uneven, particularly in remote areas or less-served districts.	• Interviews with UNFPA, participating UN agencies, MoYGA, MoH and CSOs staff and review of CP Reports

• UNFPA CO advanced advocacy efforts towards the elimination of harmful practices and the prevention of GBV in the community, building on its mandate to promote gender equality and uphold human rights supporting advocacy at both the national policy level and within communities, ensuring alignment with the existing strategies and frameworks, including international commitments such as the CEDAW and the ICPD Programme of Action. Additionally, the CO promoted evidence-based advocacy, drawing on national surveys and research, to amplify the urgency of addressing deeply rooted social norms that perpetuate GBV, framing these as both a public health concern and a development barrier. • The 7th CP successfully facilitated the engagement of the **Ntlo Ya Dikgosi (Traditional leaders)** in advocacy for the prevention of GBV and the elimination of harmful practices. This was a particularly critical element in advocacy where the CO recognised the influence of the traditional leaders in shaping cultural attitudes and community practices, and strategically partnered with the Ntlo Ya Dikgosi to foster dialogue on GBV, child marriage, and harmful gender norms. This strengthened local ownership of GBV prevention efforts, while ensuring that messaging reached rural and remote communities where harmful practices are often most entrenched	• Interviews with UNFPA, Ntlo Ya Dikgosi, participating UN agencies, MoYGA, MoH and CSOs staff and review of CP Reports
• *The training and advocacy workshop with Ntlo Ya Dikgosi was an eye-opener and played a crucial role in helping leaders understand the policy and legal frameworks, identify challenges to SRHR and GBV, including harmful social norms. Participants from various governance structures contributed to the sessions, providing valuable clarifications on key issues. Most importantly, the workshops and engagements empowered the Bogosi (local chiefs) and ensured their commitment to supporting the campaign efforts to combat GBV and other harmful practices in their communities. They also aimed to restore peace and harmony among partners, since they are involved in conflict resolution, including disputes between couples"*	• Key Informant Interview
• Despite these successes, gaps remain in translating advocacy gains into sustainable behavioural and institutional change. While UNFPA has succeeded in influencing national dialogue, resistance from some traditional and community structures persists, slowing down reforms on sensitive issues such as marital rape or entrenched gender hierarchies. Moreover, advocacy campaigns have sometimes faced resource constraints, limiting their geographic reach and continuity	• Interviews with UNFPA, participating UN agencies, MoYGA, MoH and CSOs staff and review of CP Reports
• The CO considerably contributed to the country's population and housing data system by providing technical assistance, supporting capacity-building workshops, census dissemination, and facilitating thematic data analysis.	• Interviews with Statistics Botswana and UNFPA staff, and review of annual reports

• The CO supported Statistics Botswana in preparing the census project document and in developing a thematic data analysis plan to ensure that the results captured critical dimensions, resulting in five volumes of analytical census reports, including those on fertility, mortality, gender, disability, and youth, positioning the census as both statistical exercise and a tool for monitoring progress on national priorities, the SDGs, and Vision 2036.	• Interviews with Statistics Botswana and UNFPA staff, and review of annual reports
• The CO also supported capacity development by training national analysts and technical staff on data processing, analysis, and reporting, strengthening the institutional base for future demographic work and ensured that local expertise could sustain analytical functions beyond the census itself.	• Interviews with line ministries, University of Botswana and UNFPA CO staff and review of CP reports
• UNFPA Botswana CO also supported the development of national population projections following the 2022 census, covering the period 2023–2038, designed to provide forward-looking demographic insights that could guide strategic planning in health, education, labour, and social protection. This enabled national planners to anticipate population dynamics such as fertility decline, mortality trends, ageing, and urbanization, all of which are critical for aligning development priorities with future demographic realities.	• Interviews with Statistics Botswana and UNFPA staff, and review of annual reports
• The 7th CP contributed to strengthening the country's civil registration and vital statistics (CRVS) systems, recognizing that reliable vital statistics are essential complements to census and survey data in collaboration with Statistics Botswana and the Ministry of Labour and Home Affairs to enhance the completeness, accuracy, and timeliness of birth and death registration. • The UNFPA CO provided technical assistance in aligning the country's CRVS framework with international standards, advocated for stronger legal and policy frameworks through supporting reviews of the laws governing registration and the CRVS strategy, and promoted interoperability between CRVS and other population data systems, such as the census. • UNFPA further supported review, development, and assentation of the Birth and Deaths Registration Act of 1998 to emerging global practices and needs. It also supported the development of the regulation for the Births and Deaths Registration Act, including addressing the needs of street children to prevent statelessness. • CO also contributed significantly to the functioning of the CRVS department through a review of its strategy, costing it, and the development of the M&E framework that enabled its implementation.	• Interviews with Ministry of Labour and Home Affairs, Statistics Botswana, NPC and UNFPA staff and review of CP reports

• The CO support for the review and development of the CRVS strategy enabled the ministry to advance its mandate on CRVS, addressed gaps in the birth and death registration, for example, the strategy did not have a provision for children born and deaths outside the country; including further contributing to the review of the Citizenship Act, incorporating issues related to foreign nationals, including emerging issues such as the transgender community, where the Act allows for a change in sex in cases of transition during adolescence, late birth registration, and presumed death. • Despite these advances in strengthening the country's CRVS system, ensuring complete coverage remains a challenge, particularly in rural and hard-to-reach areas, where logistical constraints and limited public awareness hinder timely registration.	• Interviews with Ministry of Labour and Home Affairs, and UNFPA staff and review of CP reports
• The 7th CP also supported the initiative to review of the National Population Policy, through preparatory work, including advocating for it by generating evidence, which entailed assessing the performance of the existing policy since 2010, highlighting data gaps in the country, particularly the reliance on outdated data	• Interviews with NPC and UNFPA Staff and review of CP documents
• The UNFPA contributed to the monitoring of the country's progress in implementing the SDGs by supporting the production of the 2nd Voluntary National Review (VNR) and its presentation at the 2022 UN High-Level Political Forum on the SDGs. • UNFPA also supported a comprehensive review of the status of SDG targets and indicators in GEWE, and contributed to the CO advocacy efforts towards achieving gender equality and women's empowerment in Botswana, particularly from an SRHR perspective	• Interviews with NPC, UNRC, UNFPA Staff and review of CP documents
• UNFPA technically contributed to the review and production of the Bi-Annual Report on the Addis Ababa Declaration on Population and Development, in support of the AU's Agenda 2063 through supporting review of the progress made and achievements, as well as the gaps and challenges faced by Botswana during the past ten years of its implementation	• Interviews with NPC, UNFPA Staff and review of CP documents
• the 7th CP supported the operationalization of findings on the demographic dividend (DD) and developed a roadmap for monitoring the progress of the sectors in various activities	• Interviews with NPC, University of Botswana, and UNFPA Staff and review of CP documents
• The UNFPA contributed to strengthening the country's capacity in evidence generation and the use of data for decision-making by training government staff on data analysis, assessments, and peer learning mechanism	• Interviews with NPC, Statistics Botswana, University of Botswana, and UNFPA Staff and review of CP documents
• While the 7th CP contributed to the development of various capacities and the production of various documents, enhancing integration of population dynamics, there was disharmony in the utilization of official and unofficial data, where the government insists on using official data, although it is often outdated.	• Interviews with NPC, Statistics Botswana, University of Botswana, and UNFPA Staff and review of CP documents
Evaluation Question 7: To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the Country Programme?	
Evaluation Criteria: [**Efficiency**]	

Assumptions for verification 7.1: Implementing partners received UNFPA financial and technical support as planned and promptly, and UNFPA was able to mobilise appropriate resources promptly to support the implementation of the Country Programme.	**Indicators:** • Evidence that implementing partners received resources promptly • Evidence of coordination and complementarity among the programme components of UNFPA • Evidence of progress towards the delivery of multi-year, predictable, core funding to implementing partners
Data collected	**Sources of information**
• UNFPA CO was prompt in its implementation process during the period, ensuring that decisions were facilitated effectively to deliver the interventions	• Interviews with the CO, CSO, and Government staff and CP reports reviews
• However, the 7th CP efficiency was constrained by systemic bottlenecks, particularly delays from government partners where fund disbursement was experienced, affecting programme implementation, given that the 7th CP only provided technical support in most cases, thereby affecting the timeliness of programme delivery, particularly at the district level.	• Interviews with the CO, CSO, and Government staff and CP reports reviews
• While UNFPA played a leading role in inter-agency coordination, there were challenges in ensuring that partnerships translate into joint programming with tangible collaborations rather than parallel initiatives.	• Interviews with the CO, CSO, and Government staff and CP reports reviews
•	•

Assumption 7.2: Programme strategic approaches, administrative, procurement, and financial procedures, as well as the mix of implementation modalities, led to efficient achievement of programme outputs	Indicators: • Evidence that UNFPA personnel (all types of contracts) have adequate expertise and experience to deliver development assistance • Evidence that the CO staffing structure is appropriate for timely and effective implementation, • The planned inputs and resources were received as set out in the AWPs and agreements with partners. • The resources were received on time according to project timelines and plans • Budgeted funds were disbursed promptly • Quality technical assistance to build capacity was available at the planned level • Evidence that technical assistance increased capacity among recipient stakeholders • Inefficiencies were corrected as soon as possible
Data collected	**Sources of information**
• Evidence revealed that the UNFPA CO staff were competent in their respective areas of responsibility, with their expertise cited as critical in advancing various mandates and policy dialogues with government counterparts, supporting service delivery, and ensuring alignment with corporate priorities and the UNSDCF.	• Interviews with the Government line ministries, CSO, and the collaborating United Nations agencies
• While the human resource staff structure generally aligns with the 7th CP, there was a misalignment in the GEWE and Adolescent and Youth components. Given that Outcome 1 of the 7th CP had two outputs covering SRH and Adolescent and Youth aspects, the staff structure does not follow this, as the adolescent and youth aspects are handled by a single staff member who also manages the GEWE component.	• Interviews with UNFPA CO staff and review of the CO structure
• The CO intentionally mainstreamed inclusion within the programme through the engagement of a technical expert on disability under the youth component and was instrumental in guiding the implementation of the 7th CP during the period of implementation, particularly through a disability inclusion lens.	• Interviews with UNFPA CO staff and review of the CO structure

• While the CO possessed the technical expertise required to deliver the 7th CP interventions, maintaining sufficient staffing levels to meet the programme's diverse demands was a challenge, leading to workload pressures, resulting in staff being overstretched across various aspects of partner engagement, particularly given the high workload and extensive portfolio coverage.	• Interviews with UNFPA Staff and document review
• *"Considering the country's size and its UMIC rating, the CO utilised the Strategic Plan Business Model, adopting policy dialogue, knowledge management, capacity development, partnerships, and south-south cooperation, which enabled us to prioritise interventions, particularly in areas with both geographical and thematic needs, such as unmet family planning and SRH needs, youth needs, and others."*	• Interviews with UNFPA CO staff and Review of Annual Reports
• The CO strategically established partnerships with the various stakeholders in the country, particularly leveraging its areas of comparative advantage to foster collaboration with government ministries, UN agencies, civil society, and development partners for effective programme delivery, enabling it to align its interventions with national policies and the UNSDCF, strengthening coherence and complementarity. These strategies enabled cost-sharing and the sharing of technical expertise among partners to support programme delivery.	• Interviews with UNFPA, participating United Nations agencies, CSOs, and Government staff, and review of UNFPA reports
• The physical presence of the UNFPA CO in the country enabled direct staff meetings and engagement of partners and stakeholders, facilitating ease of consultations and follow-ups on implementation progress, while at the same time building trust among the stakeholders. UNFPA also utilized its leadership role within the UNSDCF, serving as the lead of Result Group 1, to provide excellence, thought leadership, and capacity to the various United Nations team members.	• Interviews with UNFPA, Government, and CSO staff
• Funding shortfalls, especially considering the UMIC rating of the country, have constrained the coverage of interventions in critical areas such as CSE, youth-friendly health services, and the elimination of harmful practices with the CO heavily relying on core resources and a limited pool of donors, creating vulnerabilities to shifts in donor priorities and again limiting the CO's level of influence due to its limited resources. • Partnerships with grassroots organizations, though present, have often been project-based and under-resourced, limiting their ability to sustain community-level interventions and build long-term ownership	• Interviews with UNFPA, other United Nations, CSOs, and Government staff, and review of UNFPA reports
• The CO anchored its financial and administrative resource management for the 7th CP on UNFPA's global accountability framework, including the Atlas and Quantum Plus platforms, with the CO maintaining compliance with corporate rules and ensuring financial transparency. • The CO also utilised limited resources efficiently by prioritising programme activities and, in most cases, cost-sharing activities with various partners, especially the government and CSOs. • The programme results have been achieved within the approved budget for the evaluation period, with the annual implementation rate of regular resources moderate at 79 per cent, though varying across years.	• Interviews with UNFPA, other United Nations and Government staff, and review of UNFPA reports • Review of the CO Financial Records

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Annex 3: List of persons met and their organisational affiliations/institutions

No.	Institution	Title	Sex
	Government / CSO Partners		
1.	Ministry of Child Welfare and Basic Education	Principal Education officer	F
2.	National Planning Commission	Senior Economist	F
3.	National Planning Commission	Chief Economist	M
4.	National Planning Commission	Senior Economist	F
5.	Broadcast Media- Gabz FM	Content manager, Assistant program manager	F
6.	Botswana Police Service	Sergeant- Gender and Child Protection	F
7.	SAT Botswana	Country Director	M
8.	Kanye Adv. Hospital	Matron	F
9.	Kanye Adv. Hospital	In-Charge MHC – Ambulatory Dept.	F
10.	Kanye Adv. Hospital	PNO 2 – All the wards	F
11.	Kanye Adv. Hospital	Nurse, Medical Ward – ToT	F
12.	Kanye Adv. Hospital	Head of Male Ward	M
13.	Palapye Hospital	Chief Medical Officer	M
14.	Okavango DHMT	Deputy Council Secretary	F
15.	Botswana Defence Force	Lt. Colonel	M
16.	Nursing and Midwifery Council of Botswana	Registrar	F
17.	Nursing and Midwifery Council of Botswana	Deputy Registrar	M
18.	National AIDS & Health Promotion Agency	Adolescents and Young People – Focal Point / AYP Programmes	F
19.	Botswana Association of the Blind and Partially Sighted	Programs Manager	F
20.	Botswana Association of the Blind and Partially Sighted	Coordinator	M
21.	BONELA	Programmes Coordinator	F
22.	BONELA	Resource Mobilization and Programmes Officer	M
23.	BONELA	Finance Operations, resource mobilisation manager	F
24.	Ministry of Labour and Home Affairs	Assistant Director	F
25.	Botswana Council of Non-Governmental Organisations	Acting Executive Director	M
26.	Statistics Botswana	Director of Social Statistics	M

27.	Statistics Botswana	Census and Demography – Ag. Manager	M
28.	University of Botswana	Ag. Head of Pop Department	M
29.	Ministry of Health	M&E Officer	M
30.	Ministry of Health	Chief Health Officer	F
31.	Kavindama Hospital	MMI Coordinator	M
32.	Ministry of Youth and Gender Affairs	Acting Director	M
33.	Ministry of Youth and Gender Affairs	Chief Gender Officer	F
34.	Ministry of Youth and Gender Affairs	Principal Gender Officer I	F
35.	Ministry of Youth and Gender Affairs	Principal Gender Officer I	F
36.	Ministry of Youth and Gender Affairs	Principal Gender Officer I	F
37.	Ministry of Youth and Gender Affairs	Principal Gender Officer II	F
38.	Ministry of Youth and Gender Affairs	Principal Gender Officer II	M
39.	Ministry of Youth and Gender Affairs	Senior Gender Officer	F
40.	Ministry of Youth and Gender Affairs	Senior Gender Officer	F
41.	Ministry of Youth and Gender Affairs	Senior Gender Officer	F
42.	Ministry of Youth and Gender Affairs	Gender Officer I	M
43.	Ministry of Youth and Gender Affairs	Gender Officer II	F
44.	Ministry of Youth and Gender Affairs	Intern	F
45.	Ministry of Youth and Gender Affairs	Intern	F
46.	Botswana Gender-Based Violence Prevention and Support Centre (BGBVC)	Business Development Manager	M
47.	Botswana Gender-Based Violence Prevention and Support Centre (BGBVC)	Senior M&E Officer	M
48.	Botswana Gender-Based Violence Prevention and Support Centre (BGBVC)	GBV Capacity building and business development officer	F
49.	Botswana Gender-Based Violence Prevention and Support Centre (BGBVC)	Chief Executive Officer	F
50.	Ministry of Health	Chief Registered Nurse	F
51.	Kavindama Hospital	Midwife – Okavango District Coordinator	F
52.	Ministry of Health	Acting Chief Health Officer	F
53.	Ministry of Health	Deputy Drones coordinator	M
54.	LEGABIBO	Legal and Policy Focal Point	M
55.	HSM	Ag. Performance Improvement Strategic Management	M
56.	Ministry of Youth and Gender Affairs	Director for Youth	M

57.	Ministry of Youth and Gender Affairs	Youth Officer / Youth Expert- Youth Policy	F
58.	Ntlo ya Dokgosi	Secretary	M
59.	Ntlo ya Dokgosi	Deputy Secretary	M
60.	Central Medical Stores	Logistics MG Unity – Pharmacy Technologist	F
	United Nations Agencies		
61.	UNRCO	Data Manager	F
62.	UNRCO	Economist	M
63.	UNESCO	National Programme Officer	M
64.	UNAIDS	SI Advisor	F
65.	UNAIDS	Community Support Advisor	F
66.	UN Women	Programme Analyst	F
67.	UNICEF	Planning, Monitoring and Evaluation Officer	M
68.	WHO	Programme Officer	F
	UNFPA Staff		
69.	UNFPA	Head of Office	F
70.	UNFPA	SRH/HIV Specialist	M
71.	UNFPA	Youth Consultant, Inclusion	F
72.	UNFPA	Gender and Youth Specialist	F
73.	UNFPA	Resource Mobilisation and Communication Specialist	F
74.	UNFPA	SIS and M&E Specialist	M
75.	Formerly UNFPA	Youth Specialist	F
76.	Formerly UNFPA	SI Specialist	F
77.	Formerly UNFPA	SRH specialist	F
78.	UNFPA	Resource Mobilisation and Communication Specialist	F
	Beneficiaries		
79.	Friends of Diversity		M
80.	Friends of Diversity	Director and Founder	F
81.	International Network of Religious Living with HIV and AIDS	Beneficiary	F
82.	Sisonke Botswana Organisation	Beneficiary	F
83.	Sisonke Botswana Organisation	Beneficiary	F

84.	Captive Eye Organisation	Director	M
85.	SAT Botswana	Youth Officer	F
86.	Sir Ketumile Masire Teaching Hospital	Quality Assurance Officer	F
87.	Special Olympics Botswana	National Director	F
88.	SAT Botswana	Volunteer	F

Annex 4: Data collection tools

Key Informant Interview Guide for UNFPA Staff and UN Agencies

Introduction:

a. Introduce yourself and the purpose of the Interview: the objective of assessing experience and learning of the current program cycle with the view of proposing recommendations for the next Country Programme (CP) cycle.
b. Assure participants of the confidentiality of information exchange which will serve only for the purpose of analysis.
c. Ask for the participants' consent to participate in the CPE. Discontinue sessions with those declining to participate.
d. Write all participants' organisations and roles in the organisation

Probe: Focus on vulnerability, gender, disability and human rights as appropriate

1. **Rationale for the 7th CP and Interventions undertaken**

- How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- Who was consulted regarding the design? To what extent were they consulted?
- What other actors have been involved, how does this activity contribute to that of others?

2. Relevance

- How is the [SRHR, or GEWE] component of the CP aligned to the a) national needs and priorities in Botswana such as articulated in the national and sectoral policies b) Partners and beneficiaries needs? c) UNFPA Strategic Priorities and strategic plan? d) International frameworks, policies and strategies on [SRHR, or GEWE] and human rights? **(probe for the needs first)**
- What aspects of the national and sectoral policies do you consider are covered in the 7th CP?
- Were the objectives and strategies of the Country Programme M&E Framework discussed and agreed with national partners? [Probe]
- How did you identify the needs prior to the programming of the [SRHR, or GEWE] components?
- Who was consulted regarding the design? What other actors have been involved, how does this activity contribute to that of others?
- In your view, does UNFPA have the right strategic partnerships? Mutual benefit, critical to achieving the shared vision
- Were there any [SRHR, or GEWE] needs or priorities of the implementing partners that the country program did not address adequately or at all? If Yes, what were these needs and priorities

3. Coherence

- How active, relevant and effective is UNFPA in the coordination mechanisms in the country?
- How does UNFPA contribute to the coordination within the country? Probe for specific responsibilities.
- Where there are areas of potential overlap with other UN mandates, how is this resolved? e.g. re gender, disability, human-rights based programming, response in humanitarian situations as well as main focal areas of SRHR, Maternal Health/Family Planning, GBV and Humanitarian response.
- What are UNFPA CO's strengths, weaknesses/ limitations, and opportunities to improve its programming in the country?
- How has the UNFPA programme contributed to the development of new policies at various governance levels? Follow-up question: Which other actors have contributed to the development of these policies?
- How has the UNFPA programme complemented or not with interventions by other development partners?

4. Effectiveness

- What are the indications that the approach is working or making progress toward goals established for the CP (e.g. anecdotes which provide illustrations of positive, negative or unintended effects, or quantitative and qualitative evidence)?

- Overall, what are the achievements of the 7th CP in respect of the [SRHR, HIV, GEWE] component area**? Probe** for evidence
- How have the outputs been utilised?
- What are the barriers/challenges to increasing demand and access to services, and how are they being addressed?
- What factors have facilitated effective implementation of the 7th CP? Which ones hindered?
- What do you consider to be the best practices from the 7th CP?
- To what extent did internal communication strategies on various CP components facilitate improved outcomes of the other components in terms of funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered achievement of results.
- Were there any changes in national needs and global priorities during the implementation period? How did UNFPA CO respond to these changes?
- To what extent has UNFPA responded to [SRHR, or GEWE] emerging issues during calamities? What were the factors that facilitated UNFPA response to such emerging issues? What were the factors that hindered the UNFPA response to such SRHR or GEWE emerging issues?

Note: Remember to ask for documents if not already shared

5. Efficiency

- How many staff are in your unit? Qualified with appropriate skills?
- Do you think your staff strength and capacity are enough for the 7th CP implementation and achievement of results?
- How timely did you receive resources for implementing this programme?
- How timely were resources for interventions disbursed to implementing partners? Were the resources sufficient for implementing partners to complete activities?
- Describe UNFPA CO administrative and financial procedures in the 7th CP?
- Do you think UNFPA CO administration and financial procedures are appropriate for the 7th CP implementation? [**Probe]**
- Were there any delays? If yes, why? And how did you solve the problem?
- Are there occasions when the budget was not enough or you overspent?
- How appropriate was the programme approach, partner and stakeholder engagement for CP implementation and achievement of results?
- Have the programme finances been audited?
- To what extent were the activities managed in a manner to ensure delivery of high-quality outputs and best value for money?
- Any additional funding from the Government and other partners?
- How robust and adequate is the M&E System in place to enable measurement of the CP performance during implementation? How are M&E results used to support the CP management?

6. Sustainability

- What mechanisms is UNFPA putting in place to ensure that the results of the CP are sustained beyond the programme cycle?
- How is partner capacity building integrated into the UNFPA mode of engagement with partners?
- How have national partners utilized capacity developed through UNFPA support?
- How are national partners involved in UNFPA programming?
- To what extent are the benefits likely to go beyond the programme completion?
- Are the strategies, plans, protocols and practices developed within the programme anchored on IPs institutional arrangements
- Do you believe that there is political will and national ownership behind the CP interventions, and is this changing? Have programmes been integrated in institutional government plans?
- How has UNFPA addressed changes in knowledge and perceptions of the target beneficiaries based on various aspects of the programme?

7. UNCT Coordination

- Is there any Inter-Agency Technical Working Group on this 7th CP, involving other UN Country Team?
- What role has UNFPA played in the UNCT joint programs? Any specific contributions? Any lessons learned?

- What are the UNCT coordination structures and mechanisms in place?
- How active, relevant and effective is UNFPA in the UNCT?
- What is the role of UNFPA CO in the United Nations Country Team coordination structures and mechanisms in Botswana? What partnerships exist? Any specific contributions to the achievement of results?
- What are the special strengths of UNFPA when compared to other UN agencies and development partners?
- How do implementing and national partners perceive UNFPA?
- Is UNFPA collaborating with other UN Agencies in the implementation of interventions? Which UN Agencies and in which interventions? What are the roles of UNFPA and other UN Agencies? How has this contributed to the achievement of UNFPA results?
- How and to what extent are UNFPA priorities and mandate reflected in the UNDAF

Key Informant / Group Interviews: Government / IPs (adapted for **SRHR, HIV, A&Y, GEWE and PD)**

Introduction:

a. Introduce yourself and the purpose of the Interview: the objective of assessing experience and learning of the current programme cycle with the view of proposing recommendations for the next CP cycle.
b. Assure participants of the confidentiality of information exchange, which will serve only for analysis.
c. Ask for the participants' consent to participate in the CPE. Discontinue sessions with those declining to participate.
d. Write all participants' organisations and roles in the organisation

Probe: Focus on vulnerability, gender, disability and human rights as appropriate

1. Rationale of the Partnership and activities engaged in

- How did you decide to undertake this work? What were the indications that it would be effective and would reach the target populations (SRHR, Youth and adolescent or GEWE needs)?
- Have you conducted a problem analysis or needs assessment? Who was consulted regarding the design?
- What other actors have been involved? how does this activity contribute to that of others?

2. Relevance

- To what extent is the [SRHR, or GEWE] component of the 7th CP aligned to the a) national needs and priorities in Botswana, such as those articulated in the national and sectoral policies; b) International frameworks, policies and strategies on gender equality and human rights
- What aspects of the national and sectoral policies do you consider are covered in the 7th CP?
- How were the needs of vulnerable groups (i.e. youth, girls, women, young mothers, marginalised) addressed during the programming or planning process for your UNFPA project activities?
- What criteria did you use in the selection of target groups in the field of [SRHR, or GEWE]? [**Probe** if the identified needs of these target groups are included in the criteria]?
- Were there any [SRHR, or GEWE] needs or priorities of the implementing partners that the CP did not address adequately or at all? If yes, what were these needs and Priorities
- How does the CP intervention interface/merge with your institutional programmatic objectives and strategies?
- How were the needs of your institution identified before the programming of the [SRHR, or GEWE]?
- Do you see the work of UNFPA and its implementing partners as supporting the right interventions to address SRH/GEWE/GBV needs, harmful practices and discrimination against women and girls?

3. Effectiveness

- Looking at the implementation so far, to what extent have the planned 7th CP outputs/targets been achieved? Were the intended beneficiaries reached? **Probe**
- What are the indications that the approach is working or making progress toward goals established to be achieved in 2021?
- How did UNFPA provide support for challenges in the implementation of interventions to address outputs and outcomes?
- To what extent did the support address the needs of the target groups, i.e. women of reproductive age, survivors of GBV, adolescents and youth, boys and men?
- What factors have facilitated the effective implementation of the 7th CP? What factors hindered/affected the successful implementation of the programme?
- What else should be done to make the programmes more effective?
- Has there been evidence of expected or unexpected results from work on SRHR/GEWE/GBV/A&Y/PD that has been supported by UNFPA?
- How timely was the disbursement of UNFPA funds to the IPs? Probe for any challenges
- Did you experience any changes in the implementation context, crisis or a political change during the 7th CP? How did UNFPA support in each of the instances? Probe for the services or support provided
- To what extent has UNFPA responded to SRHR or GEWE emerging issues during calamities? What were the factors that facilitated UNFPA's response to such SRHR or GEWE emerging issues? What were the factors that hindered the UNFPA's response to such SRHR emerging issues?
- How did UNFPA ensure programme integration of gender and a human-rights approach, including people with disabilities
- To what extent did UNFPA support the use of disaggregated demographic and socio-economic data for evidence-based planning and development?

4. Sustainability

- What measures are in place for programme continuity in the absence of continued UNFPA support? [**Probe** e.g. re output/outcome areas integrated in institutional/government policies and plans/and budget allocations]. In which areas do you need support to continue on your own?
- To what extent have your capacities been strengthened in the areas of support by UNFPA?
- How have you utilised the capacity developed through UNFPA support?
- How is capacity building integrated into the UNFPA mode of engagement with its partners?
- Do you have other sources of technical and financial support? **[Probe]**
- What is the likelihood of sustained benefits (e.g. through capacity building, improved M&E and other systems, population data availability, etc., with or without continued UNFPA support)? **[Probe]**
- How has UNFPA ensured effective partnership in the country to facilitate strong sectoral networks in the country? **Probe** how they have participated
- Is your organization/agency a member of any national or local coordination mechanism (including bilateral dialogues) where UNFPA shares technical expertise either as a member or as a leader? [**Probe**: What are these coordination mechanisms?

5. Efficiency

- How appropriately and adequately are the available resources (funding and resources) used to carry out activities for the achievement of the outputs?
- How timely did you receive resources for implementing this programme? Were there delays? If yes, why and how did you solve the problem?
- To what extent were the activities managed in a manner to ensure delivery of high-quality outputs and best value for money?
- Any additional funding from the Government or other partners for the programmes funded by UNFPA?
- Do you think UNFPA CO administration and financial procedures are appropriate for 7th CP implementation?
- How about the programme approach, partner and stakeholder engagement, was it appropriate for implementation and achievement of results?
- How did UNFPA support capacity development for implementers of interventions?
- What implementation challenges were encountered?
- Were agreed outputs delivered?

- Was the programme approach, partner and stakeholder engagement appropriate for results delivery?
- Which partnerships were more strategic in bringing about results and value-for money?
- Were institutions adequately equipped to deliver on results-based management/ M& E for the CP?

Key Informant Interview/ Focus Group Discussion Guide for CP Beneficiaries

Introduction:

a. Introduce yourself and the purpose of the Interview: the objective of assessing experience and learning of the current program cycle with the view of proposing recommendations for the next CP cycle.
b. Assure participants of the confidentiality of information exchange which will serve only for the purpose of analysis.
c. Ask for the participants' consent to participate in the CPE. Discontinue sessions with those declining to participate.
d. Write all participants' organisations and roles in the organisation

Probe: Focus on vulnerability, gender, disability and human rights as appropriate

I (We) would like to know the type of support you received from (**UNFPA implementing partner**)

1. Relevance

- What are the national needs and priorities in Botswana/in your community in terms of the development agenda with regards to the CP component (SRH, HIV, A&Y, GEWE and PD)?
- How important is the work supported by (UNFPA implementing partner) to these needs and priorities at the local, provincial and national levels?
- Does the (UNFPA implementing partner)'s work address the needs in (SRH, HIV, A&Y, GEWE and PD)?
- How has (UNFPA implementing partner) consulted you in the identification of your local needs in (SRH, HIV A&Y, GEWE and PD)?
- How has (UNFPA implementing partner) integrated support for the marginalized, gender and other human rights?

2. Effectiveness

- To what extent has (UNFPA Implementing Partner) support reached the intended beneficiaries? **Probe** for vulnerable groups in the locality
- Are different beneficiaries appreciating the benefits of the UNFPA interventions? For example,
- What are the specific indicators of success in your programme?
- How are gender relations and human rights being influenced by the activities undertaken by the programme? Are there ways to sustain the positive changes?
- What do you think has worked best? What has not worked well
- What factors contributed to the effectiveness or otherwise?
- What else should be done to make the programmes more effective?

3. Sustainability

- What are the benefits of the programme interventions to you?
- To what extent are the benefits likely to go beyond the programme completion?
- What measures are in place at the end of the programme cycle for the various programmes to continue?
- Have programmes been integrated in institutional/government plans?
- How does the UNFPA CO/ (Implementing partner) ensure ownership and durability of its programmes?

Interview Guide for UNFPA Donors and Strategic Partners

Introduction:

a. Introduce yourself and the purpose of the Interview: the objective of assessing experience and learning of the current program cycle with the view of proposing recommendations for the next CP cycle.
b. Assure participants of the confidentiality of information exchange, which will serve only for analysis.
c. Ask for the participants' consent to participate in the CPE. Discontinue sessions with those declining to participate.
d. Write all participants' organisations and roles in the organisation

Probe: Focus on vulnerability, gender, disability and human rights as appropriate

1. Rationale for the Strategic Relationship

- What is the strategic involvement of [Donor/ partner] in Botswana?
- What specific needs is your institution addressing in the country?
- Which specific areas did your institution support the Botswana 7th CP (**Donor**)?

2. Relevance

- How is UNFPA CP contributing to addressing the same strategy that your institution is involved in the country
- How relevant is UNFPA programming in addressing the country's needs in the areas of (SRH, HIV, A&Y, GEWE and PD)? [**Probe** for specific approaches]
- What is UNFPA's comparative advantage in the country?

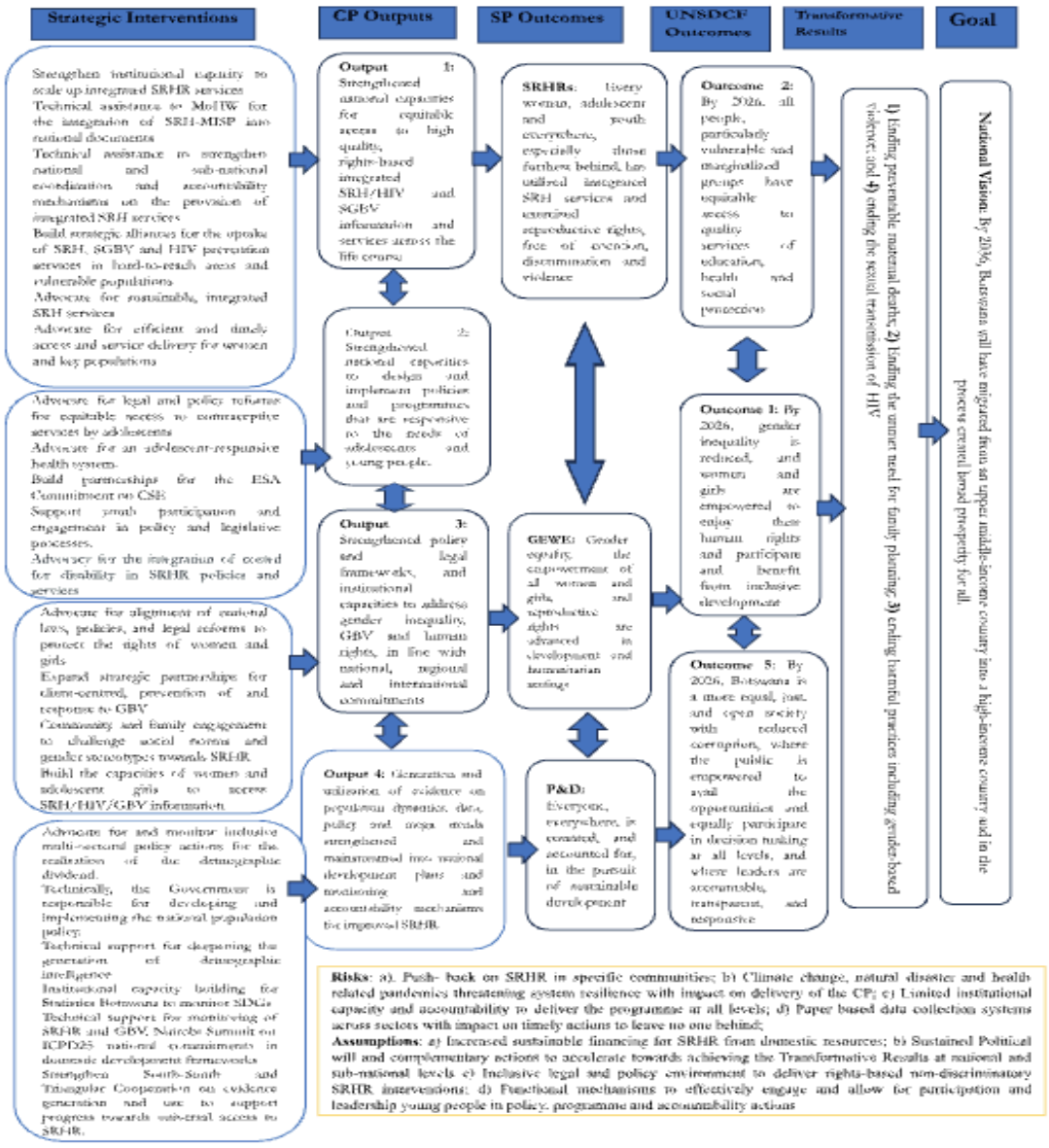
3. Effectiveness

- To what extent would you say UNFPA is addressing the national needs and priorities in Botswana?
- What has been realised in the country because of UNFPA's CP since 2019 to present? [Results achieved compared to plans – **Probe** for capacities developed]
- What has worked well and what has not worked well?
- Are there gaps in UNFPA's approaches? How would they be improved?

4. Efficiency and Sustainability

- M&E systems in place, ensuring
    - Timely reporting
    - Use of data to inform decision-making
- Capacities in place
- Effectiveness of partnership approaches

Annex 5: Reconstructed 7th CP ToC



Risks: a). Push- back on SRHR in specific communities; b) Climate change, natural disaster and health related pandemics threatening system resilience with impact on delivery of the CP; c) Limited institutional capacity and accountability to deliver the programme at all levels; d) Paper based data collection systems across sectors with impact on timely actions to leave no one behind;

Assumptions: a) Increased sustainable financing for SRHR from domestic resources; b) Sustained Political will and complementary actions to accelerate towards achieving the Transformative Results at national and sub-national levels c) Inclusive legal and policy environment to deliver rights-based non-discriminatory SRHR interventions; d) Functional mechanisms to effectively engage and allow for participation and leadership young people in policy, programme and accountability actions

6: Terms of Reference

Terms of Reference

United Nations Population Fund (UNFPA) Botswana cycle of assistance: 7th Country Programme
programme period: 2022 - 2026

Country Programme Evaluation

[April, 2025]

Acronym

CCA	Common Country Analysis
CO	Country office
CPD	Country programme document
CPE	Country programme evaluation
DSA	Daily subsistence allowance
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICT	Information and communication technologies
M&E	Monitoring and evaluation
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and reproductive rights
ToR	Terms of reference
UNCT	United Nations Country Team
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
YEE	Young and emerging evaluator
UNFPA ESARO	UNFPA East & Southern Africa Regional Office

Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled. The strategic goal of UNFPA is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals.[164]

In pursuit of this goal, UNFPA works towards three transformative and people-centred results: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); take urgent action to combat climate change and its impacts (Goal 13); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on "leaving no one behind" and emphasising "reaching those furthest behind first".

UNFPA has been operating in Botswana since 1971. The support that the UNFPA Botswana Country Office (CO) provides to the Government of Botswana under the framework of the 7th Country Programme (CP) 2022 - 2026 builds on national development needs and priorities articulated in:

a) Vision 2036
b) Second Transitional National Development Plan (April 2023 - November 2025)
c) National Transformation Strategy 2023 - 2030
d) United Nations Sustainable Development Cooperation Framework 2022 - 2026 for the Republic of Botswana.
e) United Nations Common Country Analysis

The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles.[165] The country programme evaluation (CPE) will provide an independent assessment of the performance of the UNFPA 7th country programme 2022 - 2026 in Botswana, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the UNFPA Evaluation Handbook. The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.[166] It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the CPE manager perform during the different evaluation phases. The evaluators, the CPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the Handbook throughout the evaluation process.

[164] UNFPA Strategic Plan 2022-2025
[165] UNFPA Evaluation Policy 2024, p. 22.
[166] UNEG, Norms and Standards for Evaluation (2016). The document is available at https://www.unevaluation.org/document/detail/1914

The main audience and primary intended users of the evaluation are: (i) The UNFPA Botswana CO; (ii) the Government of Botswana; (iii) implementing partners of the UNFPA Botswana CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA East and Southern Africa Regional Office (ESARO); and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the CPE manager within the UNFPA Botswana CO in close consultation with the Government of Botswana National Planning Commission that coordinates the country programme, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the UNFPA ESARO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

Country Context

Botswana has a youthful population, with 30.3 per cent of the population of 2.25 million being 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.

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. 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. 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.

The Common Country Analysis (CCA) notes that Botswana's maternal mortality ratio is more than double the SDG target of 70 births per 100,000 live births, with an estimated 240 deaths per 100, 000 live births (Statistics Botswana 2021). 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.

While the Government has strengthened efforts to prevent and respond to gender-based violence (GBV), the CCA notes that one in three women has experienced 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 normalise gender-based violence. Gaps in the harmonisation and
implementation of inclusive legislation and legal literacy for rights holders further compound the vulnerability of girls and women to gender-based violence.

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-prioritised 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.

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.

The programme contributes 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.

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.

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.

UNFPA Country Programme

UNFPA has been working with the Government of Botswana since 1971 towards enhancing sexual and reproductive health and reproductive rights (SRHR), advancing gender equality, realising rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 7th country programme in Botswana.

The 7th country programme (2022 - 2026) is aligned with the National Vision 2036, Second Transitional National Development Plan (2023 - 2025), United Nations Sustainable Development Cooperation Framework (2022 - 2026) and UNFPA strategic plan (2022 - 2025): In 2022, the UNFPA Botswana CO undertook the process of aligning the 7th country programme to the UNFPA Strategic Plan 2022-2025]. It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organisations, the private sector and academia, programme beneficiaries, particularly women and girls, persons with disability and young people.

The UNFPA Botswana CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, and (iv) partnerships and coordination. The **overall goal/vision** of the UNFPA Botswana 7th country programme 2022 - 2026) is to 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). The country programme contributes to the following national priorities, UNSDCF outcomes and UNFPA Strategic Plan 2022-2025 outcomes;

a) Ministry of Health - The Ministry will provide reliable and comprehensive quality health services to improve health of citizens [Indicators - Maternal Mortality Ratio, HIV Incidence]
b) UNSDCF - The programme contributes directly to three of five UNSDCF outcomes by 2026:
    i) gender inequality is reduced, and women and girls are empowered to enjoy their human rights and participate in and benefit from inclusive development;

ii) all people, particularly vulnerable and marginalized groups, have equitable access to high-quality education, health and social protection services; and
iii) 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.

c) UNFPA SP - The programme contributes directly to the three outcomes of the SP as follows;
i) By 2025, the reduction in the unmet need for family planning has accelerated.
ii) By 2025, the reduction of preventable maternal deaths has accelerated.
iii) By 2025, the reduction in gender-based violence and harmful practices has accelerated.

The UNFPA Botswana 7th country programme (2022 - 2027) has four thematic areas of programming with four interconnected **outputs**: (i) policy and accountability; (ii) quality of care and services; (iii) gender and social norms; (iv) population change and data; and (v) adolescents and youth]. All outputs contribute to the achievement of the Strategic Plan 2022-2025 outcomes, UNSDCF outcomes and national priorities; they have a multidimensional, 'many-to-many' relationship with these outcomes.

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.** To achieve this output, UNFPA has a) strengthened capacities at the institutional level to adherence to quality-of-care guidelines for non-discriminatory and respectful integrated SRHR services; (b) provided 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) forged 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; (d) advocated 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; (e) strengthened institutional capacity building to implement HIV-prevention standard service packages for adolescent girls, young women and key populations; (f) scale-up of innovative climate smart solutions and technology to expand access to SRH services, particularly family planning.

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**. This has been delivered through: 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) strengthening GBV prevention through a survivor-centred approach, improving referral pathways and supporting strategies to address social norms.

Output 3: **Strengthened policy and legal frameworks and institutional capacities to reduce gender inequality and address gender-based violence, in line with national and international commitments.** This was achieved through; a) expanding strategic partnerships to promote client-centred, quality-assured services for survivors of gender-based violence, (b) 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 (c) 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.

Output 4: **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**. This has been delivered through: 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.

The UNFPA Botswana CO also engages in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs. The central tenet of the CPE is the country programme **theory of change** and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the country programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The country programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the country programme theory of change and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change.

The UNFPA Botswana 7th country programme (2022 - 2026) is based on the results framework presented below.

Botswana/UNFPA 7th Country Programme ([2022-2026]) Results Framework

CPD Goal/vision: To 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)	
National Priority (s): Human and social development **a) 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** **b) Botswana will have made relevant investments in its youthful population to reap the demographic dividend**	**National Priority (s): 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 (s): **a) By 2026, all people, particularly vulnerable and marginalized groups, have equitable access to high-quality education, health and social protection services.**	**UNSDCF Outcome (s):** **a) By 2026, gender inequality is reduced, and women and girls are empowered to enjoy their human rights and participate and benefit from inclusive development** **b) 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(s): 1: By 2025, the reduction in the unmet need for family planning has accelerated; **2:** By 2025, the reduction of preventable maternal deaths has accelerated**;**	**Related UNFPA Strategic Plan Outcome(s): 1.** By 2025, the reduction in gender-based violence and harmful practices has accelerated

UNFPA [Botswana] [7]th Country Programme Output: 1 a) 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 cours	**UNFPA [Botswana] [7]th Country Programme 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.	**UNFPA [Botswana] [7]th Country Programme Output 3** Strengthened policy and legal frameworks, and institutional capacities to reduce gender inequality and address gender-based violence, in line with national and international commitments.	**UNFPA [Botswana] [7]th Country Programme Output: 4** 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

UNFPA [Botswana] [7]th Country Programme Intervention Areas: -	**UNFPA [Botswana] [7]th Country Programme Intervention Areas:**	**UNFPA [Botswana] [7]th Country Programme Intervention Areas:**	**UNFPA [Botswana] [7]th Country Programme Intervention Areas:**
1. Capacity building at the institutional level to strengthen adherence to quality-of-care guidelines for non-discriminatory and respectful integrated SRHR services. 2. 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. 3. Strengthening national and subnational coordination and accountability mechanisms 4. 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; 5. Advocacy for increased sustainable domestic financing towards the delivery of high-quality, rights-based, integrated SRHR services, including responsive financial risk protection mechanisms, particularly for women and girls 6. scale-up of innovative climate smart solutions and technology	1. Advocacy for legal and policy reforms 2. Advocating for an adolescent-responsive health system 3. Strengthening partnerships to advance the implementation of the East and Southern Africa Commitment 2030 on comprehensive sexuality education 4. Supporting youth participation and engagement in policy and legislative processes and other accountability mechanisms, particularly those that promote youth health, leadership and well-being; 5. Advocacy for integration of costed programming for disability in SRHR policies and services 6. Strengthening GBV prevention through a survivor-centred approach, improving referral pathways and supporting strategies to address social norms.	1. Advocate for and support review and alignment of key national laws, policies, and legal reforms to protect the rights of women and girls; 2. Expand strategic partnerships to promote client-centred, quality assured services for survivors of gender-based violence 3. 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; a 4. 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.	1. The development and implementation of a successor to the current national population policy 2. Joint vulnerability assessments and risk profiling efforts to map inequalities, identify those furthest left behind and guide targeted investments in SRHR 3. Implementation of the Population and Housing Census 2022, including thematic data analysis and development of population projections 4. Institutional capacity building of Statistics Botswana to monitor the national SDG indicators; 5. Monitoring progress on the national commitments on ICPD25 and their domestication in development frameworks 6. 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.

to expand access to SRH services.			

Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

4.2. Objectives

The **objectives** of this CPE are:

i. To provide the UNFPA Botswana CO, national stakeholders and rights-holders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Botswana 7th country programme (2022 - 2026).
ii. To broaden the evidence, base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

i. To provide an independent assessment of the relevance, effectiveness, and sustainability of UNFPA support.
ii. To provide an assessment of the role played by the UNFPA Botswana CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results.
iii. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope
The evaluation will cover national and district level interventions where UNFPA implemented interventions: Ghantsi, Okavango, Ngami, and Kweneng regions,

Thematic Scope
The evaluation will cover the following thematic areas of the 7th CP: (i) 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; ii) 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; iii) Strengthened policy and legal frameworks and institutional capacities to reduce gender inequality and address gender-based violence, in line with national and international commitments; and iv) 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 .policy and accountability.

In addition, the evaluation will cover cross-cutting issues, such as [human rights; gender equality; disability inclusion, etc.], and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization; strategic partnerships, etc.

Temporal Scope
The evaluation will cover interventions planned and/or implemented within the time period of the current CP: 2022 - 2025.

Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in section 6 (below) and in the UNFPA Evaluation Handbook, the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.[167]

Criterion	Definition
Relevance	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Coherence	The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country.
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
Efficiency	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?
Sustainability	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).

5.2. Preliminary Evaluation Questions

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the country programme theory of change, the country office has generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme. At the design phase (see Handbook, Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the CPE manager at the UNFPA Botswana CO and the ERG). In particular, they will ensure that each evaluation question is accompanied by a number of "assumptions for verification". Thus, for each evaluation question, and based upon their understanding of the theory of change (the different pathways in the results chain and the theory's internal logic), the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what are the critical elements to success, and pinpoint other external factors that have influenced the programme and contributed to change.

Relevance

1. To what extent was the UNFPA Botswana country programme adapted to (i) Botswana's national development strategies and policies; (ii) UNFPA's strategic direction and objectives;

[167] The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

and (iii) international commitments such as the **I**CPD Programme of Action and the Sustainable Development Goals (SDGs), African agenda 2063?

2. How effectively did UNFPA Botswana respond to changes in national priorities, emerging health and demographic challenges, and external factors such as the COVID-19 pandemic, climate change, economic shifts, and political changes, particularly in addressing the needs of vulnerable populations?

3. To what extent did UNFPA Botswana ensure that the needs of marginalized groups; including adolescents, youth, persons with disabilities, and indigenous communities, are integrated into the planning and implementation of all UNFPA-supported interventions under the country programme?
4. How well did UNFPA Botswana's interventions align with national strategies on sexual and reproductive health (SRH), gender equality, and population dynamics, particularly in supporting government efforts to reduce maternal mortality, improve family planning services, and prevent gender-based violence (GBV)?

Coherence

5. To what extent did UNFPA Botswana effectively leverage partnerships with national, local, and grassroots organizations (e.g., women's rights activists, youth-led groups, and disability advocacy organizations) to advance sexual and reproductive health and rights (SRHR) and address gender inequalities among vulnerable and marginalized populations?

6. How well did UNFPA Botswana coordinate and align its efforts with government institutions, UN agencies, civil society, and development partners to ensure a cohesive and complementary response to national SRHR, gender equality, and population challenges?

Effectiveness

7. To what extent did UNFPA Botswana's interventions successfully deliver planned outputs and contribute to the achievement of key country programme outcomes, particularly in:
   (i) Increasing access to and use of integrated SRHR services;
   (ii) Empowering adolescents and youth to access SRHR services and exercise their rights;
   (iii) Advancing gender equality and empowering women and girls; and
   (iv) Enhancing the use of population data for evidence-based policymaking?

Efficiency

8. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme?

Sustainability

9. To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents and youth, persons with disabilities) in developing capacities, achieving legal and policy shifts and establishing mechanisms to ensure the durability of effects?

The final evaluation questions and the evaluation matrix will be presented in the design report.

Approach and Methodology

6.1. Evaluation Approach

Theory-based approach
The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Botswana CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Botswana 7th country programme (2022 - 2026) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, coherent, effective, efficient and sustainable has the support provided by the UNFPA Botswana CO been during the period of the 7th country programme. Where applicable, the humanitarian context needs to be considered in analysing the theory of change.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Botswana 7th country programme 2022 - 2026 made.

Participatory approach
The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national level. The UNFPA Botswana CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth)]. They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.).

The CPE manager in the UNFPA Botswana CO has established an ERG comprised of key stakeholders of the country programme, including: key CO personnel, key governmental and non-governmental counterparts at national level including organizations of persons of disabilities, civil society organizations, the Regional M&E Adviser in UNFPA ESARO, and young people. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach
The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and online

databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. The use of innovative and context-adapted evaluation tools (including ICT) is encouraged.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook. This will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is essential that, once contracted by the UNFPA Botswana CO, the evaluators acquire a solid knowledge of the UNFPA methodological framework, which includes, in particular, the Evaluation Handbook and the evaluation quality assurance and assessment principles.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation,*[168] *Ethical Guidelines for Evaluation,*[169] *Code of Conduct for Evaluation in the UN System*[170]*, and Guidance on Integrating Human Rights and Gender Equality in Evaluations.*[171] When contracted by the UNFPA Botswana CO, the evaluators will be requested to sign the UNEG *Code of Conduct*[172] prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Botswana. The methodological design of the evaluation shall include in particular: (i) a critical review of the country programme theory of change; (ii) an evaluation matrix; (iii) a strategy and tools for collecting and analysing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

The evaluation matrix
The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) *what will be evaluated:* evaluation questions with assumptions for verification; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the Handbook.

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The CPE manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that

168 Document available at: http://www.unevaluation.org/document/detail/1914.
169 Document available at: http://www.unevaluation.org/document/detail/102.
170 Document available at: http://www.unevaluation.org/document/detail/100.
171 Document available at: http://www.unevaluation.org/document/detail/980.
172 UNEG Code of conduct: http://www.unevaluation.org/document/detail/100.

data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.

- In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the CPE manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting evidence for the evaluation results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the country programme (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix and shall be presented in the design report.

The evaluation questions must be complemented by a set of assumptions for verification that capture key aspects of how and why change is expected to occur, based on the theory of change of the country programme. This will allow the evaluators to assess whether the conditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions (and related assumptions for verification) will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Botswana CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Botswana CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national level who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, section 2.3). In the design report, the evaluators should also make explicit which groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Botswana CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the CPE manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. Secondary data will be collected through extensive document review, notably, but not limited to the resources assembled by the CO in a Document repository. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of three (2-3) weeks for data collection in the field. The data collection tools that the evaluation team will develop (e.g., interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

Data analysis
The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help them formulate evidence-based answers to the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, Chapter 4).

Validation mechanisms
All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information as highlighted in the Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyse data, and regular exchanges with the CPE manager. During a debriefing meeting with the CO and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

Use of Artificial Intelligence (AI) in CPEs

AI technologies cannot be used in the management and conduct of the CPE unless a prior written agreement is obtained from the CPE manager. Upon this prior agreement, the consultant is obligated to disclose the utilization of AI tools in evaluation and commits to upholding ethical standards and accuracy in the application of AI tools.

- **Prior approval for utilization of AI tools:** The use of AI tools must be explicitly agreed upon and approved in writing by the CPE manager
- **Declaration of the utilization of AI tools:** If the use of AI tools in evaluation is agreed upon with the CPE manager, the evaluator must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO
- **Verification of accuracy**: The evaluator commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity
- **Ethical and responsible use**: The evaluator is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System, Principles for the Ethical Use of Artificial Intelligence in the United Nations System, and UNFPA Information Security Policy. The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and

accountability. The consultant will adopt an approach that aligns with the principle of 'leaving no one behind', ensuring that AI tool usage avoids exclusion or disadvantage to any group.

Evaluation Process

The CPE process is broken down into five different phases that include different stages and lead to different deliverables: preparation phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The CPE manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

7.1. Preparation Phase *(Handbook, Chapter 1)*

The CPE manager at the UNFPA Botswana CO leads the preparation phase of the CPE. This includes:

- CPE launch and orientation meeting for CO staff
- Recruitment of a young and emerging evaluator (YEE) [optional]
- Evaluation questions workshop
- Establishing the evaluation reference group
- Drafting the terms of reference
- Assembling and maintaining background information
- Mapping the CPE stakeholders
- Recruiting the evaluation team. If the YEE was not recruited at the beginning of the preparation phase, the YEE can be hired during the recruitment of the entire evaluation team.

The full tasks of the preparation phase and responsible entities are detailed in Chapter 1 of the Handbook.

7.2. Design Phase *(Handbook, Chapter 2)*

The design phase sets the overall framework for the CPE. This phase includes:

- Induction meeting(s) between CPE manager and evaluation team
- Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team
- Desk review by the evaluation team and preliminary interviews, mainly with CO staff
- Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method
- Stakeholder sampling and site selection
- Developing the field work agenda
- Developing the initial communications plan
- Drafting the design report version 1
- Quality assurance of design report version 1
- ERG meeting to present the design report
- Drafting the design report version 2
- Quality assurance of design report version 2

The **design report** presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the CPE manager and the ERG; it will be submitted to the regional M&E adviser in UNFPA ESARO for review.

The detailed activities of the design phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 2.

7.3. Field Phase *(Handbook, Chapter 3)*

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the

thematic scope of the CPE. A period of three (2-3) weeks for data collection is planned for this evaluation. However, the CPE manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Preparing all logistical and practical arrangements for data collection
- Launching the field phase
- Collecting primary data at national and sub-national level
- Supplementing with secondary data
- Collecting photographic material
- Filling in the evaluation matrix
- Conducting a data analysis workshop
- Debriefing meeting and consolidation of the feedback

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The debriefing meeting presents an invaluable opportunity for the evaluation team to expand, qualify and verify information as well as to obtain feedback and correct misperceptions or misinterpretations.

The detailed activities of the field phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 3.

7.4. Reporting Phase *(Handbook, Chapter 4)*

One of the most important tasks in drafting the CPE report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the CPE report. The reporting phase includes:

- Brainstorming on feedback received during the debriefing meeting
- Additional data collection (if required)
- Consolidating the evaluation matrix
- Drafting the findings and conclusions
- Identifying tentative recommendations using the recommendations worksheet
- Drafting CPE report version 1 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 1 and recommendations worksheet by the CPE manager and RO M&E Adviser
- ERG meeting on CPE report version 1
- Recommendations workshop with ERG to finalize recommendations
- Drafting CPE report version 2 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 2 by the CPE manager and RO M&E Adviser
- Final CPE report with compulsory set of annexes (inch completed evaluation matrix)

The Handbook, Chapter 4, provides comprehensive details of the process that must be followed throughout the reporting phase, including details of all quality assurance steps and requirements for a good quality report.. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the CPE manager in the UNFPA Botswana CO.

At the end of the reporting phase, the CPE manager and the regional M&E Adviser will jointly prepare an internal EQA of the final evaluation report. The Independent Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase *(Handbook, Chapter 5)*

This phase focuses on strategically communicating the CPE results to targeted audiences and facilitating the use of the CPE to inform decision-making and learning for programme and policy improvement. It serves as a bridge between generating evaluation results, and the practical steps needed to ensure CPE leads to meaningful programme adaptation. While this phase is specifically about dissemination and facilitating the use of the evaluation results, its foundation rests upon the preceding phases. This phase is largely the responsibility of the CPE manager, CO communications officer and other CO staff. However, key responsibilities of the evaluation team in this phase include:

- Taking photographs during primary data collection and during the evaluation process
- Adhering to the editorial guidelines of the United Nations and the UNFPA Evaluation Office to ensure high editorial standards
- Contribute to the CPE communications plan

The detailed guidance on the dissemination and facilitation of use phase is provided in the Handbook, Chapter 5.

Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the country situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.
- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the CPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Botswana CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Version 1 evaluation report.** The version 1 evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the CPE manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.
- **Recommendations worksheet.** The process of co-creating the CPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see Handbook, section 4.3).
- **Final evaluation report.** The final evaluation report *(maximum 80 pages, excluding opening pages and annexes)* will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the CPE manager, in collaboration with the communication officer in the UNFPA Botswana CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in English.

Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process and involves a proactive approach which aims to prevent the production of an evaluation report that would not comply with the ToR. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

The EQAA of this CPE will be undertaken in accordance with the IEO guidance and tools. An essential component of the EQAA system is the EQA grid, which sets the criteria against which the versions 1 and 2 of the CPE report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the CPE report comply with the quality assessment criteria outlined in the EQA grid[173] before submission to the CPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the version 1 and version 2 of the evaluation report must meet.

- **Executive summary**: Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and country programme; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.
- **Background:** The evaluation (i.e. interventions under the country programme) and context of the evaluation are clearly described. The key stakeholders are clearly identified and presented.
- **Purpose, Objectives and Scope:** The purpose of the country programme evaluation is clearly described. The objectives and scope of the evaluation are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.
- **Design and Methodology**: The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, as well as sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc).
- **Findings:** They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.
- **Conclusions:** They are based on credible findings and convey the evaluators' unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.

[173] The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: https://www.unfpa.org/evaluation/database. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

- **Recommendations**: They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.
- **Structure and presentation**: The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the Handbook, section 4.5.
- **Evaluation Principles/cross-cutting issues:** Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, LNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

Using the EQA grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the CPE manager in the UNFPA Botswana CO, (iii) the regional M&E adviser in UNFPA ESARO, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, as well as their estimated duration for the submission of corresponding deliverables. The involvement of the evaluation team starts with the design phase and ends after the reporting phase. The Handbook contains full details on all the CPE activities and must be used by the evaluators throughout the evaluation process.

Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the CPE[174]

Main tasks	Responsible entity	Deliverables	Estimated Duration
Design phase			
Induction meeting with the evaluation team	CPE Manager and evaluation team		5 weeks
Orientation meeting with CO staff	CO Representative, CPE Manager, CO staff and RO M&E Adviser		
Desk review and preliminary interviews, mainly with CO staff	Evaluation team		
Developing the evaluation approach	Evaluation team		
Stakeholder sampling and site selection	Evaluation team, CPE Manager	**Stakeholder map**	
Developing the field work agenda	Evaluation team, CPE Manager	**Field work agenda**	
Developing the initial communications plan	CPE Manager and CO communications officer	*Communication plan (see Evaluation Handbook, Chapter 5)*	
Drafting the design report version 1	Evaluation team	**Design report- version 1**	
Quality assurance of design report version 1	CPE Manager and RO M&E Adviser		
ERG meeting to present the design report	Evaluation team, CPE manager	**PowerPoint presentation on design report version 1**	
Drafting the design report version 2	Evaluation team	**Design report - version 2**	

[174] For full information on all tasks and responsible entities, see the relevant chapters of the Handbook

Quality assurance of design report version 2	CPE Manager and RO M&E Adviser		
Final design report	Evaluation Team	**Final design report** (see Evaluation Handbook, section 2.4.4)	
Field phase			
Preparing all logistical and practical arrangements for data collection	CPE Manager		5 weeks
Collecting primary data at national and sub-national level	Evaluation team		
Supplementing with secondary data	Evaluation team		
Collecting photographic material	Evaluation team	**Photos** *(see Evaluation Handbook, Section 3.2.5)*	
Filling in the evaluation matrix	Evaluation team	**Evaluation matrix**	
Conducting a data analysis workshop	Evaluation team		
Debriefing meeting with CO and ERG	Evaluation team and CPE manager	**PowerPoint presentation**	
Reporting phase			
Consolidating the evaluation matrix	Evaluation team	**Evaluation matrix**	12 weeks
Drafting CPE report version 1	Evaluation team	**Evaluation report - version 1**	
Quality assurance of CPE report version 1	CPE Manager and RO M&E Adviser		
ERG meeting on CPE report version 1	Evaluation team and CPE Manager	**PowerPoint presentation**	
Recommendations workshop	Evaluation team, CPE manager, ERG members	**Recommendations worksheet**	
Drafting CPE version 2	Evaluation team	**Evaluation report - version 2**	
Quality assurance of CPE report version 2	CPE Manager and RO M&E Adviser		
Final CPE report	Evaluation team	**Final CPE report** *(see Evaluation Handbook, section 4.5)* **with PowerPoint presentation** and **audit trail**	

Nota Bene: Column "Deliverables": In italics: The deliverables are the responsibility of the CO/CPE Manager; **in bold:** The deliverables are the responsibility of the evaluation team.

11. Management of the Evaluation

The **CPE manager** in the UNFPA Botswana CO, in close consultation with the National Planning Commission that coordinates the country programme will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The CPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the CPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the CPE manager, for each phase of the CPE, are detailed in the Handbook.

At all stages of the evaluation process, the CPE manager will require support from staff of the UNFPA Botswana CO. In particular, the **country office staff** contribute to the identification of the evaluation questions and the preparation of the ToR (and annexes). They contribute to the compilation of background information and documentation related to the country programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the CPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Botswana CO, ESARO, representatives of the national Government of Botswana, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see Handbook, section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team's access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the CPE manager in the development of the ToR, including the selection of preliminary evaluation questions
- Provide feedback and comments on the design report
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation
- Provide comments and substantive feedback from a technical perspective on the version 1 evaluation report
- Participate in meetings with the evaluation team
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in UNFPA ESARO will provide guidance and backstopping support to the CPE manager at all stages of the evaluation process. In particular, the regional M&E plays a crucial role in the quality assurance of the CPE deliverables. This includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

The UNFPA **Independent Evaluation Office IEO)** commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics). As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process]. In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 7th UNFPA country programme in Botswana.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members will be recruited locally to ensure adequate knowledge of the country context including the young and emerging evaluator. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader
The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the CPE manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the country programme described below.

Evaluation team member: SRHR expert
The SRHR expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health, and family planning. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Botswana CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Adolescents and youth exper*t*
The adolescents and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Botswana

CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Gender equality and women's empowerment expert
The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices, such as female genital mutilation, child, early and forced marriage. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Botswana CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Population dynamics expert
The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, the demographic dividend, monitoring and evaluation and national statistical systems. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Botswana CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Young and emerging evaluator. The young and emerging evaluator (YEE) will contribute to all phases of the CPE. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will participate in data collection (site visits, interviews, group discussions and document review) and support data analysis, as agreed with the evaluation team leader and the CPE manager. The YEE will also support the dissemination and facilitation of use of the evaluation results. Finally, S/he will provide administrative support throughout the evaluation process and participate in meetings with the CPE manager, UNFPA Botswana CO staff and the ERG.

The modalities for the participation of the evaluation team members (incl. the young and emerging evaluator) in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the version 1 and version 2 evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Team leader
The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- **Demonstrated expertise in one of the thematic areas of the country programme covered by the evaluation (see expert profiles below).**

- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.]
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyse and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Botswana.
- Fluent in written and spoken English.

SRHR expert
The competencies, skills and experience of the SRHR expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, and family planning
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Botswana.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Adolescents and youth expert
The competencies, skills and experience of the adolescents and youth expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development
- Substantive knowledge of adolescent and youth issues, in particular SRHR of adolescents and youth.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.

- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Botswana.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Gender equality and women's empowerment expert
The competencies, skills and experience of the gender equality and women's empowerment expert should include:

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Botswana.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Population dynamics expert
The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Botswana.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Young and emerging evaluator
The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor's degree in development studies, population studies, economics, monitoring and evaluation, social sciences, public health, or any other relevant discipline;
- Certificate in evaluation or equivalent qualification;
- Less than 5 years of work experience in monitoring and evaluation, research or social studies in the field of international development;
- Excellent analytical and problem-solving skills;
- Demonstrated ability to work in a team;
- Strong organizational skills, communication skills and writing skills;
- Good command of information and communication technology and data visualization tools;
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage;
- Keen interest to progress professionally and become a competent evaluator;
- Fluent in written and spoken English.

13. Budget and Payment Modalities

The evaluators (incl. the young and emerging evaluator) will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
Upon submission of a draft final evaluation report of satisfactory quality	40%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

	Team leader	**Thematic experts**	**Young and emerging evaluator**
Design phase	*7*	*6*	*3*
Field phase	*21*	*21*	*21*
Reporting phase	*20*	*10*	*5*
Dissemination and facilitation of use phase	*2*	*1*	*1*
TOTAL (days)	*50*	*38*	*30*

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the CPE manager.

14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

UNFPA documents

1. UNFPA Strategic Plan (2018-2021) (incl. annexes) https://www.unfpa.org/strategic-plan-2018-2021
2. UNFPA Strategic Plan (2022-2025) (incl. annexes) https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218
3. UNFPA Evaluation Policy (2024)
4. UNFPA Evaluation Handbook
5. Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office. The evaluation reports are available at: https://www.unfpa.org/evaluation

Botswana national strategies, policies and action plans

6. National Poverty Reduction Strategy
7. National Development Plan
8. United Nations Sustainable Development Cooperation Framework (UNSDCF)
9. Relevant national strategies and policies for each thematic area of the country programme

UNFPA Botswana CO programming documents

10. Government of Botswana/UNFPA 7th Country Programme Document 2022 - 2026)
11. United Nations Common Country Analysis/Assessment (CCA)
12. Situation analysis for the Government of Botswana/UNFPA 7th Country Programme 2022 - 2026).
13. CO annual work plans
14. Joint programme documents
15. Mid-term reviews of interventions/programmes in different thematic areas of the CP
16. Reports on core and non-core resources
17. CO resource mobilization strategy

UNFPA Botswana CO M&E documents

18. Government of Botswana/UNFPA 7th Country Programme M&E Plan (2022 - 2026)
19. CO annual results plans and reports (SIS/My Results)
20. CO quarterly monitoring reports (SIS/My Results)
21. Previous evaluation of the Government of Botswana/UNFPA 6th Country Programme (2017 - 2021), available at: https://web2.unfpa.org/public/about/oversight/evaluations/

Other documents

22. Implementing partner annual work plans and quarterly progress reports
23. Implementing partner assessments
24. Audit reports and spot check reports
25. Meeting agendas and minutes of joint United Nations working groups

15. Annexes

A	Theory of change
B	Stakeholder map **(will be provided to the contracted consultants)**
C	Excel sheet on analysis of UNFPA interventions **(will be provided to the contracted consultants)**
D	Tentative evaluation work plan

Annex A: Theory of change

TOC Botswana Country Office _7th_CPD

Goal	**National Vision**: By 2036, Botswana will have migrated from an upper middle-income country into a high-income country and in the process created broad prosperity for all. **NDP 11**: Human and Social development - Batswana will live long and healthy lives; Marginalised 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; Botswana will have made relevant investments in its youthful population in order to reap the demographic dividend		
Transformative Results	a) Ending preventable maternal deaths; b) Ending the unmet need for family planning; c) ending harmful practices including gender-based violence; and d) ending the sexual transmission of HIV		
UNSDCF Outcomes	**Outcome 2:** By 2026, all people, particularly vulnerable and marginalized groups have equitable access to quality services of education, health and social protection	**Outcome 1:** By 2026, gender inequality is reduced, and women and girls are empowered to enjoy their human rights and participate and benefit from inclusive development	**Outcome 5**: By 2026, 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
UNFPA Strategic Plan Outcomes	**Sexual and Reproductive Health and Rights**: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence	**Gender equality and women empowerment**: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings	**Population and Development**: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development

Outputs	1. Strengthened national capacities for equitable access to high quality, rights-based integrated SRH/HIV and SGBV information and services across the life course ● Percentage of health facilities that experienced no stock outs of modern contraceptive methods during the previous year *Baseline*: [0]; *Target*: [60%] ● Number of financing frameworks that support an increase in financial flows for SRHR and implementation of effective risk pooling *Baseline:* [0]*; Target:* [3] ● Number of national SRHR/HIV strategies	2. Strengthened national capacities to design and implement policies and programmes that are responsive to the needs of adolescents and young people. ● Number of SRHR policies and strategies that engaged adolescents and youth, including marginalized adolescents and youth in the formulation. *Baseline*: [1]; *Target*: [2] ● Number of essential SRHR elements integrated in national essential health services *Baseline*: [3]; *Target*: [6] ● Existence of policy to facilitate girls to return to school after pregnancy *Baseline*: [No]; *Target*: [Yes] ● Existence of national framework to manage early and unintended pregnancies among adolescent girls *Baseline*: [No]; *Target:* [Yes] ● Programming for people with disability integrated in key SRHR policies and services *Baseline*: [No]; *Targe*t: [Yes] ● Institutional capacity strengthened for delivery	1. Strengthened policy and legal frameworks, and institutional capacities to address gender inequality, GBV and human rights, in line with national, regional and international commitments ● Number of national laws and policies that protect the rights of women and girls reviewed *Baseline*: [2]; *Target*: [4] ● Existence of functional platforms engaging civil society, including faith-based organizations and non-state actors to advance gender equality and reproductive rights, with support from UNFPA. *Baseline*: [No]; *Target*: [Yes] ● Availability of health sector guidelines that integrate response to GBV in line with essential services package for women and girls *Baseline*: [No]; Target: [Yes] Existence of a coordinated multi sectoral response to GBV accountability mechanism *Baseline*: [No]; Target: [Yes]	1.Generation and utilization of evidence on population dynamics, data, policy and mega trends strengthened and mainstreamed into national development plans and monitoring and accountability mechanisms for improved SRHR. ● Number of UNFPA prioritized SDG indicators integrated into population-based surveys and sectoral information management systems *Baseline*: [8]; *Target*: [17] Number of plans and policies plans that integrate the demographic intelligence Baseline: [2]; *Target*: [4] Number and type of knowledge products that synthesize evidence for SRHR and population and development programming *Baseline*: [5]; *Target*: [10] Number of analytical reports from census and surveys that inform policy making and programme planning *Baseline*: [0]; *Targe*t: [3]

	and disaster preparedness response plans that integrate SRH-MISP *Baseline*: [0]; *Target*: [2]	of quality youth friendly services *Baseline*: [No]; *Target*: [Yes] • Number of partnerships brokered by UNFPA for the implementation of CSE within ESA commitment framework *Baseline*: [0]; *Target*: [2]		
Strategic Interventions	a) Strengthen institutional capacity to scale up adherence to quality-of-care guidelines for non-discriminatory and respectful integrated SRHR services (FP, maternal health, HIV and SGBV) b) Technical assistance to MoHW for integration of SRH-MISP in National Disaster Preparedness and response strategies and plans and health systems resilience implementation frameworks c) Technical assistance to strengthen national and sub-national coordination and accountability	a) Advocate for legal and policy reforms, including policy on learner pregnancy and re-entry for pregnant and adolescent mothers and ensuring equitable access to contraceptives services for all adolescents b) Advocate for an adolescent responsive health system to enable access to integrated SRH, HIV and GBV services, including piloting self- care. c) Build partnerships for the ESA Commitment up to 2030 on the implementation of CSE through institutional, sustainable, innovative approaches and provision of quality youth friendly health services. d) Support youth participation and engagement in policy and legislative processes	a) Advocate for and support review and alignment of 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 and sustainable prevention of and response to GBV, including strengthening SRHR services and referral pathways with other essential services (police, justice, social services) for victims and survivors of sexual gender-based violence c) Engage with communities and families to challenge social norms and gender stereotypes that adversely impact SRHR, and build positive social norms and positive masculinities that advance gender equality d) Build capacities of women and adolescent girls to exercise bodily autonomy and demand access to SRH/HIV/GBV information and services particularly family planning	a) Advocate for and monitor inclusive multi-sectoral policy actions for realisation of the demographic dividend including integration of the Demographic Dividend agenda into sectoral and district level plans, monitoring and accountability mechanisms b) Technical support to the Government for the development and implementation of a successor to the national population policy. c) Technical support for deepening generation of demographic intelligence including undertaking vulnerability assessments and risk profiling to map inequalities, identify those furthest left behind and guide targeted investments in sexual and reproductive health and rights. d) Technical support for the implementation of the 2022 Population and Housing Census including thematic data analysis and development of population projections to guide decision making. e) Institutional capacity building for Statistics Botswana to monitor SDGs f) Technical support for monitoring of SRHR and GBV, Nairobi Summit on ICPD25 national commitments in domesticated development frameworks. g) Strengthen South-South and Triangular Cooperation on generation, analysis, dissemination and use of data to support progress towards universal access to SRHR.

	mechanisms for improved provision of integrated SRH services (including revitalising combination HIV prevention for young people and SGBV information and services), with focus on women, young people, persons with disabilities and key populations d) Build strategic alliances to identify and scale-up sustainable, evidence based and innovative solutions to ensure uptake of SRH, SGBV and HIV prevention services particularly too hard to reach areas and vulnerable populations e) Advocate for increased sustainable domestic financing towards delivery of quality, rights based, integrated SRH services (including HIV and GBV), including responsive financial risk protection for women and girls	and accountability mechanisms e) Advocacy for integration of costed programming for disability in SRHR policies and services		

	f) Advocate for efficient and timely procurement of quality-assured RH/FP commodities, including new and lesser-used commodities, particularly Long-Acting Reversible Contraceptives (LARCs) and female condoms. g) Support visibility of RH/FP commodity distribution and use through the UNFPA Last Mile Assurance (LMA) and use of findings h) Strengthening institutional capacity to implement combination HIV prevention packages for adolescent girls, young women and key populations			
Risks	a) Push- back on SRHR in specific communities; b) Climate change, natural disaster and health related pandemics threatening system resilience with impact on delivery of the country programme; 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 with impact on timely actions to leave no one behind;			
Assumptions	a) Increased sustainable financing for SRHR from domestic resources; b) Sustained Political will and complementary actions to accelerate towards achieving the Transformative Results at national and sub-national levels c) Inclusive legal and policy environment to deliver rights-based non-discriminatory SRHR interventions; d) Functional mechanisms to effectively engage and allow for participation and leadership			

	young people in policy, programme and accountability actions
Core Problem	Inequitable access to quality, comprehensive sexual and reproductive health information and services and reproductive rights delaying the realisation of the ICPD agenda, related Sustainable Development Goals (SDG) and improvement in the lives of women, adolescents, and young people in Botswana.

Annex B: Stakeholder Map

Donor	Implementing Partner							Other partners							Rights holders	Other
	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other		
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS																
Strategic Plan (2022-2025): Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated; **Outcome 2:** By 2025, the reduction of preventable maternal deaths has accelerated																
CP 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* ***CP 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.*																
Swiss Development Cooperation (SDC) China International Cooperation Development Agency[CIDCA] SDG Fund United Budget, Results, and	Ministry of Health Ministry of Local Government Ministry of Youth and Gender Affairs NAHPA							Botswana Defence Force (BDF) Botswana Innovation Hub (BNursing and Midwifer	Kanye Adv. Hosp			WHO UNICEF UNAIDS UNESCO UN Women World Bank			Women Adolescents & Youth Persons with Disability	Men Families

Donor	Implementing Partner							Other partners							Rights holders	Other
	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other		
Accountability Framework [UBRAF] Swedish International Cooperation Agency [SIDA] Office of the Executive Director [OED] Strategic Investment Facility [SIF] The Global Fund Ministry of Health National Planning Commission/Ministry of Finance								y Council of Botswana IH) Office of the President SAT Botswana (The Sexual Reproductive Health and Rights Africa Trust) Ministry of Child Welfare and Basic Education								

Donor	Implementing Partner							Other partners							Rights holders	Other
	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other		
GENDER EQUALITY AND WOMEN'S EMPOWERMENT																
Strategic Plan (2022-2025): Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.																
CP Output: *Strengthened policy and legal frameworks and institutional capacities to reduce gender inequality and address gender-based violence, in line with national and international commitments*																
	Ministry of Local Government Ministry of Youth and Gender Affairs NAHPA							Ntlo Ya Dikgosi/ House of Chiefs	Botswana Council for the Disabled Botswana Association of the Blind and Partially Sighted						Women Adolescents & Youth Persons with Disability	Men Families

Donor	Implementing Partner							Other partners							Rights holders	Other
	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other		
									(BABPS) LEGABIBO Botswana Gender Based Violence Prevention & Support Centre (BGBVC) BONELA Broadcast Media-Gabz FM							

Donor	Implementing Partner							Other partners							Rights holders	Other
	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other		
									Botswana Council of Non-Governmental Organizations (BOCONGO)							
POPULATION DYNAMICS																
Strategic Plan (2022-2025): Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated; **Outcome 2:** By 2025, the reduction of preventable maternal deaths has accelerated																
CP Output: *Strengthened national capacities to generate, utilise 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*																
	Statistics Botswana National Planning Commission												University of Botswana			

Donor	Implementing Partner							Other partners							Rights holders	Other
	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other	Gov	Local NGO	Int. NGO	Women's right org.	Other UN	Academia	Other		
	Ministry of Labour and Home Affairs															

Annex C: Tentative time frame and workplan

Evaluation Phases and Tasks	May 2025]: …				June 2025				July 2025				August 2025				September				October				November				December				[Indicate Month]: …				[Indicate Month]: …				[Indicate Month]: …			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Design phase																																												
Induction meeting with the evaluation team	x																																										
Orientation meeting with CO staff	x																																										
Desk review and preliminary interviews, mainly with CO staff		x	x																																							
Developing the initial communications plan		x																																								
Drafting the design report version 1				x																																						
Quality assurance of					x																																						

design report version 1																																											
ERG meeting to present the design report					x																																					
Drafting the design report version 2						x	x																																			
Quality assurance of design report version 2							x																																			
Submission of final design report to CPE manager								x																																		
Update of communicatio n plan (based on final stakeholder map and evaluation work plan presented in the approved design report)								x																																		
Fieldwork phase																																										
Inception meeting for data collection with CO staff									x																																	

Individual meetings of evaluators with relevant programme officers at CO									x																																		
Data collection (document review, site visits, interviews, group discussions, etc.)										x	x	x																														
Conducting a data analysis workshop													x																													
Debriefing meeting with CO staff and ERG														x																												
Update of communication plan (as required)														x																												
Reporting phase																																										
Preparation of CPE report version 1 and recommendations worksheet															x	x																										

Quality assurance of CPE report version 1 and recommendations worksheet																	x	x																										
ERG meeting on CPE report version 1																		x																										
Recommendations workshop																			x																										
Revision of CPE report version 1																				x																									
Drafting CPE version 2																					x	x																						
Quality assurance of CPE report version 2																							x																					
Submission of final evaluation report to EO																																												
Development of independent EQA of final evaluation report																								x	x																			
Update of communicatio																										x																		

n plan (as required)																																												
Dissemination and facilitation of use phase																																												
Preparation of management response and submission to PSD																										x																		
Finalisation of communication plan for implementation																										x																		
Development of PowerPoint presentation of key evaluation results																										x																		
Development of evaluation brief																											x																	
Publication of final evaluation report, independent EQA and management response in UNFPA evaluation database																																												

Publication of final evaluation report, evaluation brief and management response on CO website																								x																	
Dissemination of evaluation report and evaluation brief to stakeholders																									x																