



**Governing Council
of the
United Nations
Development Programme**

Distr.
GENERAL

DP/FPA/CP/13
2 March 1987

ORIGINAL: ENGLISH

Thirty-fourth session
26 May-19 June 1987, New York
Item 6 of the provisional agenda
UNFPA

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

PROPOSED PROGRAMME AND PROJECTS

Recommendation by the Executive Director

Assistance to the Government of Botswana

Support for a comprehensive population programme

Proposed UNFPA assistance: \$1.9 million, of which \$1.2 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to \$700,000 will be provided by UNFPA. If and to the extent this is not the case, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources, Estimated value of the Government's contribution: To be determined

Duration: Five years

Estimated starting date: January 1987

Executing agencies: Government of Botswana
United Nations
Food and Agriculture Organization of the United Nations (FAO)
United Nations Educational, Scientific and Cultural Organization (UNESCO)
World Health Organization (WHO)

Government co-ordinating agency: Ministry of Finance and Development Planning

BOTSWANA

Demographic facts

Population by sex		Population density (/sq. km.) ..	2
Total (in 1000)	1,107	Average annual change	
Male (in 1000)	534	Population increase (in 1000)	45
Female (in 1000)	574	Births (in 1000)	60
Sex ratio (/100 females)	93.0	Deaths (in 1000)	14
Population in year 2000 (in 1000)	1,917	Net migration (in 1000)	-1
Population by age group		Rate of annual change	
Age 0-14 (in 1000)	544	Population change total (%) ..	3.70
Age 15-64 (in 1000)	541	Urban (%)	7.8
Age 65 + (in 1000)	22	Rural (%)	2.6
Age 0-14 (percentage)	49.1	Crude birth rate (/1000)	48.8
Age 15-64 (percentage)	48.9	Crude death rate (/1000)	11.3
Age 65 + (percentage)	2.0	Natural increase (/1000)	37.5
Age indicators		Net migration (/1000)	-0.6
Median age	15.4	Fertility and mortality	
Dependency: age 0-14	100.4	Total fertility rate	6.50
Dependency: age 65 +	4.1	Completed family size	N/A
Dependency: total	104.5	Gross reproduction rate	3.20
Youth: 15-24 (in 1000)	221	Net reproduction rate	2.59
Women: 15-49 (in 1000)	256	General fertility rate (/1000)	214
Urban-rural population		Child-woman ratio	N/A
Urban population (in 1000)	213	Infant mortality rate (/1000).	67
Rural population (in 1000)	894	Life expectancy: male	54.9
Per cent urban (%)	19.2	Life expectancy: female	58.1
Per cent rural (%)	80.8	Life expectancy: total	56.5
Agricultural population density		GNP per capita	
(/hectare of arable land)	0.48	(U.S. dollars, 1984)	960

Sources: Area and population density on arable land: derived from Food and Agriculture Organization of the United Nations, FAO Production Yearbook 1980; gross national product per capita: World Bank, World Development Report 1986; completed family size: Noreen Goldman and John Hobcraft, "Birth Histories", in Comparative Studies, No. 17, (International Statistical Institute: Voorburg), 1982; all other data: Population Division, United Nations Department of International Economic and Social Affairs, World Population Prospects, Estimates and Projections as Assessed in 1984 (United Nations publication, Sales No. E.86.XIII.3) - "population by sex" through "life expectancy: total" as of 1985-1990.

I. SUMMARY

1. The United Nations Fund for Population Activities (UNFPA) proposes to support a comprehensive population programme in the amount of \$1.9 million over a five-year period, starting in 1987, to assist the Government of Botswana to achieve its population and development objectives. Should resources not become available to UNFPA for the funding of the entire programme, UNFPA proposes to commit \$1.2 million from its regular resources. If UNFPA's funding situation permits, the balance of up to \$700,000 will be provided by UNFPA. If and to the extent this is not possible, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.

2. Assistance to Botswana was initiated in 1971 when UNFPA supported the national family planning programme and assisted other activities in the areas of data collection and analysis and population policy formulation. In 1984, UNFPA undertook a comprehensive assessment of the population needs and population assistance required by the Government for future years. The proposed programme has taken this assessment into account.

3. All projects under the proposed programme, as in all UNFPA-assisted programmes, will be undertaken in accordance with the principles and objectives of the World Population Plan of Action, that is, population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)), respect for human life is basic to all human societies (para. 14 (e)) and all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

4. Botswana's development has been handicapped by its land-locked location and largely desert climate, compounded by years of persistent drought. As 80 per cent of the country is semi-arid, the greatest concentration of population is to be found in the eastern strip of the country where the soil is fertile. Because of its mineral resources, per capita income in Botswana is among the highest in Africa, but the rural community, comprising 80 per cent of the population, is poor. Their condition is further exacerbated by drought which has curtailed beef exports, a complement, in the past, to rural agricultural earnings.

5. Ninety per cent of Botswana's population has access to health services, but available statistics reveal an acute shortage of trained health workers. It is estimated that there is one doctor for every 6,000 people, one nurse/midwife for every 600 and one family welfare educator per 1,600 persons. However, nearly all regional medical officers and MCH/FP specialists are non-nationals. The small number of doctors projected for training under the current national development plan is due to the limited number of high school graduates over all. Family welfare educators are the most numerous health workers in the rural areas and account for 70 per cent of all out-patient visits in Botswana. In addition to

training more health workers, the 1984 needs assessment mission recommended that teaching skills in many fields be incorporated in the curricula for health workers so that they can serve as trainers in the rural areas. There is also a general need for adequate and readily available medical equipment and drugs.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

6. UNFPA assistance to Botswana through 1986 totalled \$1,857,307 for the following projects in the areas of maternal and child health and family planning (MCH/FP), data collection and analysis and population dynamics.

Maternal and child health and family planning

7. Assistance to the national family health programme. Family planning is an integral part of the national MCH programme. In 1973, the Government took over 50 service delivery points from the International Planned Parenthood Federation (IPPF) and UNFPA assistance was requested to strengthen services. With the United Nations Children's Fund (UNICEF) and WHO as executing agencies, international advisory services were provided as well as salaries for additional national staff. Clinics were renovated and funds were provided for local training in family planning techniques, fellowships, equipment and other supplies. There were three objectives: reduction of infant morbidity and mortality, improvement of the health of children under five years and reduction of maternal morbidity and mortality by enabling couples to plan the number and spacing of their children. In 1981, an in-depth evaluation of UNFPA inputs and their impact was conducted. The findings indicated that programme performance had been hampered by staff shortages for the supervision and management of the programme. Also, the programme had not established statistical targets to facilitate evaluation. Other problems experienced in the execution of the programme included delays in agency purchase of vehicles and procurement of contraceptives. The many varieties of pills supplied with different instructions on usage also created problems for both nurses and clients. The 1981 evaluation mission recommended strengthening the management and supervisory structure of the programme, local and fellowship training in MCH/FP service delivery and management for middle-level personnel and the provision of support equipment. Some of the recommendations of the 1981 evaluation mission have been implemented, for example, programme policy guidelines have been set and MCH/FP techniques and methods were introduced at the National Health Institute for student nurses and family welfare educators. In addition, MCH/FP educational seminars were carried out for community leaders. The more significant elements of the evaluation recommendations will be taken into account in the new programme of assistance to the Government.

Basic data collection and analysis

8. Population census. Preparatory activities for a population and housing census were initiated in 1979 when the technical and administrative infrastructure was set up. The population enumeration took place as scheduled in August 1981. UNFPA supported advisory services, in-service training programmes and provision of support equipment. A census information dissemination seminar was held in November 1984 and was attended by participants from all political-administrative regions.

Three publications were issued in 1984: an administrative/technical and national statistical tables report, summary statistics on rural areas and a guide to villages and towns. The project terminated successfully in December 1984. The United Nations was the executing agency.

Population dynamics

9. Demographic Unit at Central Statistical Office. The project developed from the data analysis phase of the population census project with the aim of providing in-depth and sectoral analysis of population data required by the Government. The long-term aim was to make the project the focus for activities related to the development of a population policy and the training of nationals. Project staff have participated in and provided resource materials for seminars and workshops on population and development held by the various ministries and a parliamentary group. Nationals have received on-the-job as well as fellowship training in data processing, population studies and demographic analysis. The project will come to an end in 1987. The United Nations is the executing agency.

10. Training in demography at the University. Since 1979, UNFPA has assisted the Government to establish a demographic unit at the University of Botswana. By 1985, the Unit had successfully developed into a full-fledged department with a degree programme in demography. The Department is preparing short courses, workshops or special training in demographic statistics for government departments. UNFPA assistance has supported advisory services, fellowships and expendable and non-expendable equipment. The United Nations executed the project.

Other external assistance

11. UNICEF has provided training for rural communities in oral rehydration therapy and is providing essential drugs for immunization and training of family welfare educators in nutrition. The World Bank has funded technical expertise for upgrading hospitals and clinics. WHO supported training for disease control and an expanded programme of immunization while the United States Agency for International Development (USAID) provided assistance for training in family planning and for the provision of contraceptives and equipment. Denmark and Norway are also providing assistance. The emphasis of all assistance has been on improving rural standards of living.

IV. FINDINGS OF THE NEEDS ASSESSMENT MISSION

12. The needs assessment mission that visited Botswana in May 1984 recommended that assistance be provided in various areas, including the following:

(a) Family planning services should be made available on a daily basis as an integral part of MCH services and nurses should be trained in family planning counselling and dispensing of contraceptives. Assistance should be made available for professionals as well as religious and community leaders to undertake study tours of successful MCH/FP programmes elsewhere. Management, supervisory and administrative components should be introduced into basic training programmes of

all health cadres to strengthen the system and relieve the few existing professionals of routine duties;

(b) As population education is a prerequisite for the implementation of population policy, population information, education and communication (IEC) should be introduced in both the formal and the informal education sectors, taking into account psycho-social and cultural aspects of the population;

(c) The Central Statistical Office should be strengthened through the provision of hardware for demographic analysis and increased staff training;

(d) The civil registration system should be strengthened;

(e) Legislation which has proved to be disadvantageous to women should be revised and women should be advised of their legal rights. The Women's Affairs Unit should be strengthened in terms of staff and facilities and activities to enhance women's technical and management skills should be identified.

V. PROPOSED PROGRAMME 1987-1991

13. The five-year programme, proposed in the amount of \$1.9 million, has components in MCH/FP, IEC, data collection and analysis, population policy formulation and women in development. The proposed programme will have the objective of strengthening the management of the national family health programme and the delivery of services through training and multisectoral communication activities to promote awareness of and support for family planning. The planning structure will be strengthened to intensify the process of formulating and evaluating population programmes and the participation of women will be promoted.

Maternal and child health and family planning

14. Assistance to the national family health programme. This project aims to strengthen the management capacity of the family health division by increasing training of nationals and streamlining the administrative structure for better supervision of the health programme, extending MCH/FP service coverage by improving the quality of services in the programme and making services more accessible to a wider population. UNFPA assistance would cover the cost of international advisory services in evaluation and management; fellowship training in specialized areas for selected health personnel in bio-statistics, programme management and advanced public health; short-term fellowship training for selected nurses, midwives and nurse/tutors in planning, co-ordination and management skills; seminars for political leaders on issues of population, health and development; medical equipment and contraceptives; data-processing equipment; and a limited number of vehicles for use by the regional health teams. The project would be implemented by the Government and WHO. UNFPA proposes \$800,000 in assistance.

Information, education and communication

15. Communication support for the population programme. This project aims to sensitize political and community leaders to population and development issues and

to mobilize risk groups to seek MCH/FP services. UNFPA assistance in the amount of \$300,000 would cover the cost of IEC materials and equipment; workshops for community and youth leaders in major towns; and family life education orientation seminars for health workers including extension workers from all related ministries and town councils. The Government, IPPF, FAO and UNESCO would execute components of this project.

Basic data collection and analysis

16. Strengthening institutional capacity for population data collection and analysis. UNFPA proposes to assist the Government in developing the necessary infrastructure and maintaining decennial population censuses by strengthening government capabilities in the areas of research, surveys, data collection and programming, analysis and dissemination. The Demographic Unit at the Central Statistical Office will collaborate closely with the Demography Department at the University in training middle-level staff in demographic statistics and in organizing seminars for population information dissemination. UNFPA assistance in the amount of \$395,000 would provide for technical advisory consultancies in civil registration, demographic analysis and survey methodology, consultancies, data-processing equipment, local training and preparatory activities relating to the 1991 population census. The United Nations would execute the project.

Population policy formulation

17. Support to population policy development. The activities in the area of data collection and analysis, coupled with active support from the Ministry of Health, have raised the level of awareness in the policy-making echelons of the Government. Parliamentarians and traditional chiefs, at a 1986 conference on population and development, adopted a resolution calling for comprehensive population policies with targets, introduction of population education in the school system and creation of an office for population matters. There is already a national parliamentary group on population and development. This project would assist the Government, through the Ministry of Finance and Development Planning, to formulate and co-ordinate population-related policies. UNFPA's support would fund technical advisory consultancies, hardware for analysis and projections of data, awareness-creation, policy seminars and printing costs. The United Nations would execute the project for which UNFPA proposes \$125,000 in assistance.

Women, population and development

18. The Government has established a Women's Affairs Unit under the Ministry of Labour and Home Affairs which is charged with co-ordinating development activities at national and local levels and undertaking research on issues of concern to women. The Unit needs to be strengthened. UNFPA support would be given for training in project formulation, management and evaluation, study tours and seminars on population, health and development issues of direct concern to women. Activities would also include research on law and population in relation to the status of women. In addition, in compliance with UNFPA strategy on women, population and development, efforts will be made to ensure that women benefit from all projects supported by the Fund and that they are given the opportunity to

participate in project activities. The Government and an executing agency yet to be determined would execute the project. UNFPA proposes \$280,000 in assistance.

Monitoring and evaluation

19. The Government and UNFPA will assess the progress of the programme in periodic country reviews which will focus on co-ordination between the individual projects and, in particular, on the role of the population policy development project in formulating and co-ordinating population-related policies. Plans for monitoring and evaluating individual projects will be developed in accordance with revised UNFPA guidelines. In addition to progress reports, self-evaluations and tripartite reviews, more extensive evaluations will be planned for some of the projects, for example, the family health project, which has made provisions for consultancies in this area.

Financial summary

20. As indicated in paragraph 1, a programme of \$1.9 million is proposed, of which \$1.2 million will be committed from UNFPA's regular resources. This commitment of \$1.2 million would cover all projects but at a lower level, as indicated in the table below. If UNFPA's funding situation permits, the balance of up to \$650,000 will be provided by UNFPA. If and to the extent this is not possible, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources. The following table shows how the programme areas will accommodate these two levels of funding:

	<u>UNFPA regular resources</u> \$	<u>Other resources including multi- bilateral sources</u> \$	<u>Total</u> \$
Maternal and child health and family planning	650 000	150 000	800 000
Information, education, and communication	220 000	80 000	300 000
Basic data collection and analysis	130 000	265 000	395 000
Population policy formulation	100 000	25 000	125 000
Women, population and development	<u>100 000</u>	<u>180 000</u>	<u>280 000</u>
Total	<u>1 200 000</u>	<u>700 000</u>	<u>1 900 000</u>

21. The status of the programme and project development, as of June 1987, is expected to be as follows:

	\$
Approved for allocation	900 000
Pending	<u>1 000 000</u>
Total	<u><u>1 900 000</u></u>

VI. RECOMMENDATION

22. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Botswana in the amount of \$1.9 million for five years;

(b) Authorize the Executive Director to commit an amount of \$1.2 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to \$700,000 from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Botswana and with the executing agencies.

