In each of the five districts surveyed, records were available. It was apparent that seven out of the nine proposed indicators were being monitored.

All pregnant women who attended ante-natal care clinics were tested for HIV and syphilis. Those who tested positive for HIV were aware of their HIV status. There were variations in performance of other indicators that were monitored, by district and facility, as detailed in the report. Only one indicator was not tracked in any of the records, and that was the percentage of adults aged 15 to 49 years old who had more than one sexual partner in the past 12 months and reported using a condom during their most recent intercourse.

Generally, all sources of data were useful in establishing the state of records for services at both SRH and HIV service points. The descriptive statistics provided information for each district, while the facility profiles indicated the state of progress in SRH and HIV linkages. In addition, perceptions provided on service providers highlighted gaps and strengths.

Why is it important?

Calls have been made to link sexual and reproductive health (SRH) at all levels. This study is a response to this global call. It aims to assist with the formulation of indicators and targets for Botswana's Sexual and Reproductive Health and Reproductive Rights (SRHR) and HIV Linkages National Programme.

The results of this baseline survey are useful for developing SRHR and HIV programmes and policies. They also give greater insight into SRHR, HIV and maternal health in Botswana.

Methodology

The study assesses and describes the status of each proposed indicator for data quality, user friendliness and statistics, and proposes recommendations to strengthen the design of the monitoring and evaluation (M&E) strategy for the national programme. The study also assesses and profiles selected health facilities.

Surveys and interviews were held at hospitals, clinics and health posts in five health districts to assess existing challenges and difficulties. Indicators used included the percentage of pregnant women accessing antenatal care (ANC) whose male partners were tested for HIV; the number of women accessing dual family planning services; the percentage of ANC attendees who were tested for syphilis at first ANC visit; the percentage of ANC attendees who tested positive for syphilis; the percentage of HIV-positive women screened for cervical cancer; the percentage of HIV-positive women who receive antiretroviral therapy (ART) to reduce the risk of mother-to-child transmission; and the number of partners of HIV-infected women provided with family planning services.

Key findings

In each of the five districts surveyed, records were available. It was apparent that seven out of the nine proposed indicators were being monitored.

All pregnant women who attended ante-natal care clinics were tested for HIV and syphilis. Those who tested positive for HIV were aware of their HIV status. There were variations in performance of other indicators that were monitored, by district and facility, as detailed in the report. Only one indicator was not tracked in any of the records, and that was the percentage of adults aged 15 to 49 years old who had more than one sexual partner in the past 12 months and reported using a condom during their most recent intercourse.

Conclusion

Generally, all sources of data were useful in establishing the state of records for services at both SRH and HIV service points. The descriptive statistics provided information for each district, while the facility profiles indicated the state of progress in SRH and HIV linkages. In addition, perceptions provided on service providers highlighted gaps and strengths.

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