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Item 6 (a) of the provisional agenda\*

**Draft country programme document\*\*****Botswana***Summary*

The draft country programme document (CPD) for Botswana is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of \$4,300,000 from regular resources, subject to the availability of funds, and \$5,750,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2022 to 2026.

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\* E/ICEF/2021/23.

\*\* In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. This draft CPD, and a costed evaluation plan, will be presented to the Executive Board for review from 16 June to 6 July 2021. The final CPD will be posted to the Executive Board web page in English six weeks in advance of the 2021 second regular session and in the other designated languages four weeks in advance.

## Programme rationale

1. The total population of Botswana is 2.4 million, with approximately 63 per cent of people living in urban areas. Children aged under 18 years represent 35 per cent of the population, while adolescents and young people between the ages of 10 and 24 years comprise over one third (36 per cent) of the total.<sup>1</sup>

2. Botswana progressed to upper-middle-income status in 2005 and has largely experienced political, economic and fiscal stability, although there is evidence of transitions in this regard, partly fuelled by coronavirus disease 2019 (COVID-19)-related economic disruptions. The Botswana human development index was 0.735 in 2019, ranking 100th globally out of 189 countries and territories.<sup>2</sup>

3. Compared to other countries in sub-Saharan Africa, Botswana has low public debt and receives minimal official development assistance funding outside of HIV/AIDS programmes. The country is experiencing a period of fiscal transition as the diamond industry matures, with no significant growth expected from other revenue sources. The financial buffer, including foreign exchange reserves and government savings that had been accumulated by the Government in the past, is gradually being depleted. This will have far-reaching implications on the public finance situation, making it difficult for the Government to commit adequate resources to finance the delivery of basic social services. At the same time, despite its relatively strong economic performance, the Government has been unable to create sufficient formal employment for its growing population.

4. The COVID-19 pandemic has exposed structural weaknesses in the Botswana economy, which recorded one of the deepest gross domestic product contractions in sub-Saharan Africa. According to government estimates, the domestic economy was projected to contract by 7.7 per cent in 2020 and to grow by 8.8 per cent in 2021. International Monetary Fund estimates show a similar expected pattern of growth (8.3 per cent for 2021), mainly driven by a strong rebound in mining activity, the easing of restrictions on mobility and a recent public wage increase.<sup>3</sup> The unemployment rate stood at 24.5 per cent, and youth unemployment increased from 30.5 per cent in the first quarter of 2020 to 32.4 per cent in the fourth quarter of 2020.<sup>4</sup>

5. Botswana has a Gini coefficient of 0.53 (consumption-based) and ranks eleventh in terms of the most unequal countries in the world.<sup>5</sup> Districts in the western part of the country, including Ngamiland, Ghanzi, Kgalagadi and Kweneng-West sub-district, are the most impoverished and deprived of services. Around one in two children experience multidimensional poverty, with rates as high as 68 per cent in rural areas, compared to 27 per cent in cities.<sup>6</sup> The most deprived children are those residing in remote rural areas, in lower-income households, woman-headed households and households with a member who is HIV-positive. Botswana has mature and domestically funded social protection programmes. However, the COVID-19

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<sup>1</sup> Statistics Botswana, Botswana Population Projections 2011–2026, 2015.

<sup>2</sup> UNDP, 'Briefing note for countries on the 2020 Human Development Report: Botswana'.

<sup>3</sup> IMF, Press Release 21/103, 'IMF Staff Completes 2021 Article IV Mission to Botswana', 9 April 2021.

<sup>4</sup> Statistics Botswana, Quarterly Multi-Topic Survey: Labour Force Module Report, Quarter 4: 2020.

<sup>5</sup> World Bank, Development Research Group, Gini index (World Bank estimate) – Botswana, <[https://data.worldbank.org/indicator/SI.POV.GINI?locations=BW&most\\_recent\\_value\\_desc=false](https://data.worldbank.org/indicator/SI.POV.GINI?locations=BW&most_recent_value_desc=false)>, accessed on 14 June 2021.

<sup>6</sup> Statistics Botswana and UNICEF, Child Poverty in Botswana: Updating the National Multiple Overlapping Deprivation Analysis (N-MODA), April 2021.

pandemic has stressed that the need for social protection in Botswana is much broader than previously recognized.

6. Monitoring of progress towards the country's development goals as well as the Sustainable Development Goals is hampered by limited quality data in the social sectors. Data gaps result from backlogs in publishing administrative data and infrequent national surveys that include child-focused indicators. Limited disaggregation relating to age, sex, residence, wealth and data on children with disabilities is compounded by structural barriers, including limited capacity to analyse data.

7. First decade: Children aged 0 to 9 years suffer from deprivations related to their right to survive and thrive in the early years, which is indicated by stagnating mortality rates and relatively high malnutrition rates. Children's access to integrated early childhood development and education services is limited and learning outcomes at primary level remain a challenge.

8. Despite achieving near universal access to primary health services and 95 per cent coverage of skilled birth attendance, progress has been slow in reducing neonatal, infant, under-five and maternal mortality over the past three decades. Mortality rates have stagnated over the past decade, although the limited availability of recent data makes reliable estimates difficult.<sup>7</sup> Neonatal deaths account for 70 per cent of under-five mortality and are caused by prematurity, birth asphyxia, sepsis and congenital anomalies. An estimated 13 per cent of infants are born with low birthweight.<sup>8</sup> Adolescent girls (aged 15–19 years) and young women (aged 20–24 years) account for 6.9 per cent and 12.6 per cent of all maternal deaths, respectively.<sup>9</sup> The underlying causes are inadequate care in facilities, poorly functioning referral mechanisms, inadequately skilled personnel and low male partner involvement. Drop-out rates from the Expanded Programme on Immunization resulted in only 76 per cent of children under 1 year of age being fully vaccinated in 2019, and restrictions on movement during the COVID-19 response further threaten progress.<sup>10</sup>

9. Malnutrition contributes significantly to under-five mortality. Data from 2016 show the prevalence of wasting, stunting and overweight at 5.1 per cent, 19.8 per cent and 3.5 per cent, respectively, in children under age 5.<sup>11</sup> The causes are food insecurity, poor maternal nutrition, and inhibitive social norms and practices. Lack of a comprehensive multisectoral policy framework and guidelines on quality of care for malnutrition, as well as inadequately skilled health workers are bottlenecks in addressing malnutrition.

10. Botswana has the third highest HIV prevalence rate globally.<sup>12</sup> More than one out of every five adults in the country are living with HIV. This contributes to its overall mortality rates, which are higher than the average upper-middle-income

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<sup>7</sup> Data published by the Inter-Agency Group for Child Mortality Estimation show rates ranging from 10 to 17, 24 to 32, and 35 to 41 per 1,000 live births for infant, neonatal and under-five mortality, respectively, between 2011 and 2019. These estimates are based on a very limited number of national data sources, with only one data point for the past decade, resulting in large confidence intervals.

<sup>8</sup> Statistics Botswana, Botswana Demographic Survey Report 2017, 2018.

<sup>9</sup> Statistics Botswana, Botswana Maternal Mortality Ratio 2019, 2021.

<sup>10</sup> UNICEF/WHO, Joint Reporting Format, 2019.

<sup>11</sup> 2020 unpublished analysis of nutrition data by UNICEF, Ministry of Health and Wellness (MOHW) and Statistics Botswana from the 2015/16 Multi-Topic Household Survey (pending final endorsement by MOHW senior management).

<sup>12</sup> UNAIDS/AIDSinfo, HIV Spectrum Estimates July 2020, <<http://aidsinfo.unaids.org/>>, accessed on 14 June 2021.

mortality rates. Botswana has succeeded in virtually eliminating mother-to-child-transmission of HIV – the rate was reduced from 40 per cent in 2003 to 2 per cent in 2019, and early infant diagnosis improved from 49 per cent in 2016 to 85 per cent in 2019.<sup>13</sup> Paediatric HIV treatment coverage and HIV prevention among women of childbearing age remain significant challenges.

11. Like other countries in the southern African region, Botswana is vulnerable to the effects of climate change as increases in severe weather events, including droughts, impact agriculture, water supply and ecosystems. This threatens livelihoods based on traditional crop production and animal rearing as well as food security, thereby affecting young children's nutrition and increasing the number of people in need of social protection.

12. The proportion of the population with at least basic water services is relatively high at 90 per cent (76 per cent in rural and 97 per cent in urban areas).<sup>14</sup> Nevertheless, periodic droughts impact water supply and quality. Furthermore, Multiple Overlapping Deprivation Analysis has shown that 7 out of 10 children are deprived of access to adequate sanitation, making it the most common deprivation, regardless of age group.<sup>15</sup>

13. Botswana has integrated counselling on feeding practices and early stimulation into services at child welfare clinics, although delivery is still uneven across the country. Only 30 per cent of children have access to early child development services, and 20 per cent of 3- to 5-year-olds attend pre-primary school, mainly provided by local authorities, the private sector and the non-profit sector. A free national one-year reception class was introduced in 2014 as the initial year of primary education, and about 43 per cent of eligible children are enrolled.<sup>16</sup>

14. Net enrolment at the primary level stands at 97 per cent. Out of all children who entered Standard 1 in 2007, 84 per cent completed seven years of primary schooling, but only 78 per cent completed the desired 10 years of basic education.<sup>17</sup> One third of children lack basic numeracy and literacy skills after four to five years of primary education due to poor teacher competencies in effective pedagogy, high teacher-pupil ratios, the lack of high-quality teaching materials and limited implementation of the mother-tongue policy.

15. Children are affected by physical, emotional and sexual violence, neglect and abuse. The causes are deeply rooted in social norms and lack of awareness of the harmful effects of violence against children. Prevention and response mechanisms are weak and the social workforce has limited capacity to identify, refer and respond to cases of violence against children.

16. Second decade: Adolescent girls and young women, especially the poorest and most excluded, suffer from overlapping deprivations due to HIV infection, early sexual initiation, early and unintended pregnancy, lack of access to sexual and reproductive health services, gender-based violence, school dropout and poor mental health.

17. Adolescent mortality in Botswana is primarily due to HIV, followed by factors related to poor antenatal and maternity care for adolescent girls aged 15–19 years. Annually, adolescents and young people account for approximately one third of all new HIV infections, and a quarter occur in females aged 15–24 years. While

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<sup>13</sup> Ministry of Health and Wellness, Botswana National Elimination of Mother-to-Child Transmission of HIV and Syphilis Report, 2021.

<sup>14</sup> WHO/UNICEF Joint Monitoring Programme, 2017.

<sup>15</sup> Child Poverty in Botswana: Updating the National Multiple Overlapping Deprivation Analysis.

<sup>16</sup> Statistics Botswana, Education Statistics Report 2014, 2019.

<sup>17</sup> Ibid.

Botswana experienced a steady decline in new HIV infections from 14,000 in 2010 to 8,600 in 2020, the country did not meet its 2020 fast-track target of a 75 per cent reduction in new HIV infections among persons aged 15 and above. Antiretroviral therapy (ART) coverage among adults stood at 84 per cent in 2019, but only 66 per cent among 15 to 24-year-olds.<sup>18</sup> Structural barriers, including poverty, stigma, inequity and gender inequalities, hinder efforts to reduce HIV transmission. Social norms and traditional practices further exacerbate young girls' vulnerability to the triple threat of HIV, early and unintended pregnancy and sexual exploitation and abuse.

18. Early and unintended pregnancy remains a public health concern in Botswana and a major contributor to girls dropping out of school, since legislation requires them to return to school within one year of delivery. Around a quarter of young people do not use any method of contraception, and the total number of births per 1,000 girls aged 15–19 years was 39 in 2019.<sup>19</sup> Over one third of women of reproductive age, between 15 and 49 years of age, are anaemic.<sup>20</sup> It is well established that the poor nutritional status of adolescent girls and pregnant women affects the intrauterine developmental process, resulting in poor birth outcomes such as low birthweight, pre-term delivery and severe neonatal conditions.

19. The double burden of overweight/obesity and undernutrition among adolescents is triggered by changes in diets accelerated by modernization, urbanization and increased wealth. Despite anecdotal evidence of high levels of childhood obesity, there is a dearth of data on the nutritional status of children attending school. Modelled data from 2016 indicate overweight and obesity prevalence at 18 per cent for children aged 5–19 years. Furthermore, there are limited data on other issues affecting adolescent health, including mental well-being, disability, substance and alcohol abuse, smoking and non-communicable diseases.

20. The net enrolment rate in secondary education (for children aged 13–17 years) is 71 per cent. The transition rate from junior secondary to senior secondary school is 67 per cent, and about half of primary school entrants complete secondary education. School dropout rates at secondary level are significantly higher in the remote western regions, and for children from poor households, girls in general, and pregnant adolescent girls.<sup>21</sup> Dropout rates are also driven by the fact that learners go through secondary school without sufficient grounding in foundational skills, due to poor quality learning at primary level. Furthermore, the education system does not fully equip adolescents with the 21st century skills they require to be successful in the labour market or as entrepreneurs.

21. Physical violence is the most common form of violence against children aged between 13 and 18 years. Data show that 28 per cent of girls and 43 per cent of boys in Botswana experience physical violence before the age of 18. The prevalence of sexual violence prior to age 18 was 9.3 per cent for females and 5.5 per cent for males. There is a high incidence of rape (11 per cent) among girls and women. Among adolescents aged 13–17 years who had ever had sexual intercourse, 25.1 per cent of females and 4.6 per cent of males reported having experienced unwanted sex at the time of their sexual debut.<sup>22</sup> One third of sexually experienced students had sexual

<sup>18</sup> Preliminary UNAIDS 2021 estimates.

<sup>19</sup> Statistics Botswana, Botswana Maternal Mortality Ratio 2019, 2021.

<sup>20</sup> WHO Global Health Observatory, Prevalence of anaemic in women of reproductive age, <[who.int](http://who.int)>, accessed on 15 June 2021.

<sup>21</sup> Statistics Botswana, Education Brief 2015, 2019.

<sup>22</sup> Ministry of Local Government and Rural Development, Report on Violence Against Children Survey (VACS)/National Survey on Life Experiences and Risk of HIV Infection among 13–24-Year-Old Males and Females in Botswana, 2019.

intercourse for the first time before the age of 13.<sup>23</sup> Police records indicate an increase in sexual violence during the COVID-19 lockdown, illustrated through a 20 per cent increase in defilement cases. Only one in nine girls report rape to the police and only one in seven seek medical attention. Harmful gender and social norms are drivers of gender-based violence. A child-friendly police station was established in 2020. Yet referral mechanisms are weak, and there is a limited number of specialized juvenile justice personnel in the police and justice system.

22. Despite notable strides made on adolescent engagement, there are limited platforms for meaningful participation of adolescents and young people in decision-making, policy development and programming on HIV prevention and treatment, access to sexual and reproductive health services, access to secondary education and skills-building, and other relevant issues that affect their lives.

23. The main lessons learned from the previous country programme are informed by stakeholder consultations and the evaluative review of the country programme for 2017–2021: (i) The need for more multisectoral programming, to ensure that child rights are addressed in a holistic manner, especially on sexual exploitation and abuse. The COVID-19 pandemic further highlighted the importance of cross-sectoral efforts in integrated HIV, mental health, child protection and social and behaviour change interventions, combined with innovation, private sector and civil society partnership engagement; (ii) The COVID-19 pandemic also highlighted that sectoral systems are not shock-responsive. The impact of climate change on child rights, for example through food security, further underlines the importance of risk-informed programming that is responsive to sudden and slow-onset emergencies.

## **Programme priorities and partnerships**

24. The overall vision of the country programme is to ensure that the rights of children and adolescents to survival, development, protection and participation – particularly of the most vulnerable – are realized through access to quality gender-responsive social services and the adoption of healthy and protective behaviours, and by promoting active participation. The country programme is guided by a theory of change that is based on investing in two critical windows of opportunity in the life cycle of the child: childhood (0–9 years) and adolescence/youth (10–24 years), with equitable social policy as a programming area that cuts across the life cycle. Therefore, the country programme will have three programme components: (i) First decade: Young child survival, development and learning (0–9 years); (ii) Second decade: Adolescent and young people’s well-being, learning and participation (10–24 years); and (iii) Social policy.

25. The proposed country programme is fully aligned with the 11th National Development Plan, Botswana Vision 2036 and the UNICEF Strategic Plan. The programme is aligned with and derives from the United Nations Sustainable Development Cooperation Framework (UNSDCF), particularly the outcomes focusing on gender equality (outcome 1), equitable access to quality social services and social protection (outcome 2) and transparency and access to justice (outcome 5).

26. The programme will adopt the following strategies:

- (a) systems strengthening to enhance equitable access to social services;
- (b) community engagement and social and behaviour change programming, focusing on addressing social and gender norms;

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<sup>23</sup> Ministry of Basic Education, Second Botswana Youth Risk Behavioural and Biological Surveillance Survey Report, 2016.

- (c) strengthening of evidence generation, dissemination and use, including from real-time monitoring;
- (d) risk-informed programming, emergency preparedness and response;
- (e) expansion of sustainable partnerships with the public and private sector and civil society.

27. To ensure availability of reliable and timely data to track progress towards the Sustainable Development Goals, UNICEF will support the national statistics system to generate age- and sex-disaggregated data. Furthermore, UNICEF will support evidence-based planning and decision-making, including by strengthening national capacity for real-time data generation and evaluation.

28. In addition to strong partnerships with government ministries, partnerships with public and private stakeholders as well as with the Southern African Development Community, which is headquartered in Botswana, will be critical to accelerate the results envisaged in the country programme. The UNSDCF will anchor collaboration with other United Nations entities, especially with the United Nations Population Fund, the World Health Organization, the United Nations Educational, Scientific and Cultural Organization, the United Nations Development Programme and the Joint United Nations Programme on HIV/AIDS. Against the backdrop of a contracting global and national economy, leveraging the influence and resources of development banks and international financial institutions, and of development partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief, will be critical. Finally, creating strategic alliances with the private sector focused on child rights, business principles, innovation and digital transformation, including with the CEO Council for Children's Rights, will play a prominent role in the country programme. Partnerships with civil society organizations will be strengthened, particularly for social and behaviour change and adolescent engagement.

#### **Young child survival and development (0–9 years)**

29. This programme component aims to ensure that young children have improved access to quality health, HIV, nutrition, sanitation and education services, and that caregivers adopt positive practices. UNICEF will adopt a multisectoral approach to address bottlenecks in realizing young children's rights to survive, thrive and learn, focusing on improved health and nutrition outcomes for neonates, infants and young children, elimination of mother-to-child transmission of HIV, and on strengthening early childhood education and primary education services to improve learning outcomes for children. This will be combined with social and behaviour change programming in support of healthy caregiving practices, nurturing care, as well as prevention of violence, exploitation and harmful practices affecting children.

30. As part of a wider health systems strengthening approach, UNICEF will support capacity-building of health workers on antenatal and postnatal care to address high rates of neonatal mortality. UNICEF will continue to provide strategic support to sustain the elimination of mother-to-child transmission of HIV, also focusing on adolescent and young mothers, and increase treatment coverage in children. UNICEF will continue to support immunization through procurement and supply chain strengthening for essential health and nutrition supplies, building trust and increasing demand for vaccines, in addition to strengthening the Government's emergency preparedness and response for disease outbreaks.

31. UNICEF will support multisectoral interventions to address the double burden of undernutrition and childhood obesity. This will require integrated programming on early childhood development and sexual and reproductive health interventions to

break the intergenerational cycle of malnutrition. Support to district health management teams to identify and address bottlenecks in nutrition interventions will be a priority, in addition to capacity-building of frontline health workers on prevention and treatment of malnutrition. Linkages will be established to cash-based social assistance through effective messaging on child-related issues and social and behaviour change interventions.

32. To address deprivations in access to sanitation, UNICEF will provide technical assistance and policy advice on developing sanitation models adapted to the Botswana context, including through community-led approaches to sanitation and improved sanitation facilities in schools.

33. In early childhood education and primary education, UNICEF will provide policy guidance to the Ministry of Basic Education based on evidence generated from research and studies. UNICEF will also support coordination and design of community-based interventions to bring parents and caregivers together on the issues of positive parenting, early stimulation and nurturing care.

34. For improved learning outcomes at the primary level, UNICEF will support the development of remediation and enrichment methods aimed at increasing the proportion of learners with foundational skills at the appropriate grade level. Furthermore, support will be provided to strengthening the use of information and communication technology for learning, in line with the national digital transformation strategy. UNICEF will support an inclusive education policy focusing on learners with disabilities and the use of indigenous languages in the lower primary years.

35. Programming for children's first decade of life will be underpinned by cross-cutting social and behaviour change interventions. UNICEF will strengthen the capacity of caregivers, communities and local authorities to demand improved services, reinforcing a culture of accountability, and adopt behaviours that promote healthy child development and learning, including infant and young child feeding practices. In order to engage families and communities in preventing and responding to violence, exploitation and harmful practices affecting children in their first decade of life, UNICEF will strengthen the capacity of front-line workers, community leaders and influencers to implement behaviour change interventions.

**Well-being (health, nutrition, HIV, protection), learning and participation of adolescents and young people (aged 10–24 years)**

36. This programme component aims to ensure that adolescents and young people claim their rights and have access to integrated and gender-responsive health, HIV, nutrition, child protection services and skills development. The programme will prioritize engagement with adolescents and young people to co-create programmes and involve them in decision-making, as well as social and behaviour change interventions to promote healthy and protective behaviours.

37. Integrated and gender-responsive adolescent programming will ensure that early and unwanted sexual activity, teenage pregnancy and violence against children, especially sexual abuse and gender-based violence against adolescent girls, as well as the risk of HIV infection, are addressed in a coordinated manner. Access to adolescent-friendly health and HIV services, including services for adolescents with disabilities (such as mental health and psychosocial support) will be supported through tested models of peer support and youth networks. UNICEF will support the Government and partners to enable communities to implement behaviour change solutions for the prevention of early and unintended pregnancies and new HIV infections, and to address the poor nutritional status of adolescents and young mothers. Interventions on HIV and sexual and reproductive health will be coordinated



with interventions on nutrition, education, social protection and adolescent participation. Positive parenting and caregiving skills will be supported, including among adolescent mothers.

38. The challenge of low secondary school performance, school drop-out and the high rate of adolescents not in education, employment or training, will be addressed by integrating information and communication technology and blended learning approaches to expand 21st century readiness, skills-building programmes and alternative education pathways for adolescents who cannot rejoin the formal education system. To this end, UNICEF will leverage Generation Unlimited as a multisectoral partnership around expanded education, training, entrepreneurship and employment opportunities and the Giga initiative to connect schools to the internet.

39. To provide greater protection to children, especially adolescent girls, against violence, UNICEF will support the child protection system through professionalization of the social workforce and strengthening referral and reporting mechanisms for survivors of gender-based violence. At community level, the capacity of village child protection committees to use social and behaviour change approaches will be enhanced, focusing on addressing harmful social and gender norms. Furthermore, UNICEF will support strengthening of the law enforcement and justice system through child-friendly guidelines, procedures and training on dealing with survivors of gender-based violence and children in contact with the law, and establishment of safe spaces. Finally, UNICEF will provide support to reviewing national legislation to ensure compliance with international standards and address the recommendations made by the Committee on the Rights of the Child.

40. To promote meaningful participation, decision-making and the voice of adolescents and young people in programming, including on gender and social norms, UNICEF will work with adolescents to expand the use of digital technology and support participatory initiatives. The empowerment of adolescents, especially girls, with knowledge and positive attitudes to demand and use health, HIV, child protection and education services will be equally important.

### **Social policy**

41. This programme component aims to ensure that the most vulnerable children and adolescents benefit from adequate and effective government investments and are supported by social protection programmes.

42. UNICEF will continue to advocate for and support a life-course approach to social protection, with programmes targeting the most vulnerable individuals at different life stages linked with a range of complementary services, and social and behaviour change measures. It will focus on universal and gender-responsive social protection interventions, including a child support grant, planning and financing for children, and enhancing institutional capacity for real-time tracking of children's vulnerabilities related to socio-economic and other shock.

43. UNICEF will support the Government to enhance capacities at the national and subnational levels in effective and transparent planning, implementation and monitoring of social sector budgets, with the meaningful participation of children, adolescents and non-government organisations. This will include support to the Government to mobilize domestic and international resources and analyse their impacts on children.

44. In addition, UNICEF will support the Government to routinely measure monetary and multidimensional child poverty. It will also work to ensure that evidence informs local and national policies, plans and budgets across sectors.

## Programme effectiveness

45. Measures to enhance the effective implementation and management of the country programme will involve strategic communication and advocacy, and partnership development, including with the private sector, with a focus on research, evaluation and evidence generation to inform programming and monitor child rights. Effective coordination between the different programme areas will ensure the achievement of programmatic outcomes and the operationalization of cross-sectoral functions.

### Summary budget table

| <i>Programme component</i> | <i>(In thousands of United States dollars)</i> |                        |               |
|----------------------------|--|------------------------|---------------|
|                            | <i>Regular resources</i>                       | <i>Other resources</i> | <i>Total</i>  |
| First decade               | 560  | 2 036                  | 2 596         |
| Second decade              | 1 760  | 2 664                  | 4 424         |
| Social policy              | 1 200  | 500                    | 1 700         |
| Programme effectiveness    | 780  | 550                    | 1 330         |
| <b>Total</b>               | <b>4 300</b>                                   | <b>5 750</b>           | <b>10 050</b> |

## Programme and risk management

46. The country programme will be implemented under the leadership of the Ministry of Finance and Economic Development and the Ministry of Local Government and Rural Development as the custodian of the Children's Act, and in collaboration with other line ministries, civil society organizations, the private sector and academic and research institutions. The country programme will be implemented in alignment with the UNSDCF, 2022–2026 and UNICEF will participate in the governance structures that will be established to monitor implementation of the UNSDCF, in particular on the outcomes to which it will contribute.

47. UNICEF will continuously monitor and mitigate risks, including the impact of the COVID-19 pandemic and the increasingly severe effects of climate-induced events, which continue to threaten livelihoods and the nutritional status of children. Furthermore, UNICEF Botswana will assess and mitigate potential risks related to the global funding environment and domestic economy, which, compounded by uncertainties associated with the global pandemic, may lead to shrinking public investments in the social sectors.

48. UNICEF will strengthen the management of the harmonized approach to cash transfers and sustain compliance with other risk control mechanisms. UNICEF will continue to strengthen the efficiency and effectiveness of its operations by monitoring governance and management systems, the stewardship of financial resources and the management of human resources.

49. This country programme document summarizes UNICEF contributions to national results and is the principal mechanism for accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. The responsibilities and accountabilities of managers at the country, regional and headquarters levels are defined in the policies and procedures regarding the organization's programmes and operations.

## **Monitoring and evaluation**

50. Progress towards planned results will be monitored based on indicators in the results and resources framework (see the annex below). UNICEF will work with Statistics Botswana and other national institutions to monitor progress towards realizing child rights. UNICEF will work with partners to strengthen national capacity on results-based management, evidence-based planning, and demand for and use of evaluations. The Government will be supported in conducting quantitative and qualitative studies and household surveys to monitor progress towards the Sustainable Development Goals and to generate evidence on child well-being, including disparities relating to sex, wealth quintiles, ethnicity, location and disabilities. UNICEF will leverage the country's digital transformation agenda and support real-time monitoring for more effective tracking of the situation of children.

51. Monitoring and evaluation of the country programme will also be done through participation in the working groups under the UNSDCF, 2022–2026.

## Annex

### Results and resources framework

#### Botswana – UNICEF country programme of cooperation, 2022–2026

**Convention on the Rights of the Child:** All articles.

**National priorities:** Vision 2036, National Development Plan 11, Sustainable Development Goals 2–6, 9 and 10

#### United Nations Sustainable Development Cooperation Framework outcomes involving UNICEF:

Outcome 1: By 2026, gender inequality is reduced, and women and girls are empowered to access their human rights and participate and benefit from inclusive development.

Outcome 2: By 2026, all people, particularly vulnerable and marginalized groups have equitable access to quality services of education, health, nutrition, and social protection.

Outcome 5: By 2026, Botswana is a just society, where leaders are accountable, transparent and responsive, corruption reduced, and where people are empowered to access information, services and opportunities, and participate in decisions that affect their lives and livelihoods.

#### Related UNICEF Strategic Plan Goal Areas: 1–5

| <i>UNICEF outcomes</i>  | <i>Key progress indicators, baselines (B) and targets (T)</i>  | <i>Means of verification</i>         | <i>Indicative country programme outputs</i>  | <i>Major partners, partnership frameworks</i>  | <i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i> |           |              |
|---|--|--------------------------------------|--|--|--|-----------|--------------|
|   |  |                                      |  |  | <i>RR</i>  | <i>OR</i> | <i>Total</i> |
| 1. By 2026, young children (0–9 years), particularly the most vulnerable, have improved access to quality health, HIV, nutrition, sanitation, education, child protection services and family care. | Live births attended by a skilled health personnel (doctor, nurse, midwife)<br>B: 99.8% (2019)<br>T: 100% (2026) | Health Management Information System | 1.1 Government has improved capacity to plan, monitor and provide quality maternal, child and neonatal health, HIV, nutrition and sanitation services. | Ministry of Health and Wellness (MOHW), Ministry of Basic Education (MOBE), Ministry of Nationality, Immigration and Gender Affairs (MONIGA), Ministry of Local Government and Rural | 560  | 2 036     | 2 596        |
|   | Percentage of children under five years of age who are stunted<br>B: 19.8% (2016)<br>T: 10% (2026)               | Nutrition Information System         | 1.2 Government has improved capacity to plan, monitor and provide quality inclusive pre-primary  |  |  |           |              |

| UNICEF outcomes   | Key progress indicators, baselines (B) and targets (T)  | Means of verification                   | Indicative country programme outputs  | Major partners, partnership frameworks   | Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars) |       |       |
|---|---|---|---|--|---|-------|-------|
|   |   |   |   |  | RR  | OR    | Total |
|   | Percentage and number of pregnant women living with HIV with lifelong access to ART for prevention of mother-to-child transmission and for their own health.<br>B: 95% (2019)<br>T: 100% (2026) | MOHW programme reports                  | and primary education.<br><br>1.3 Caregivers, communities and local authorities have strengthened capacity to adopt behaviours for healthy child development, nurturing care and to prevent and respond to violence, and exploitation.                      | Development (MOLGRD), Council of Chiefs<br><br>United Nations funds and programmes<br><br>Civil society, academia, the media, professional associations                |   |       |       |
|   | Percentage of children aged 36–59 months attending an early childhood education programme<br>B: 24.1% (2017)<br>T: 80% (2026)   | Education Management Information System |   |  |   |       |       |
|   | National examination pass rates at the end of primary education<br>B: 73.4% (2020)<br>T: 85% (2026)   | Botswana Examinations Council           |   |  |   |       |       |
| 2. By 2026, adolescents and young people (10–24 years), particularly the most vulnerable, are more empowered and engaged to access quality and gender-responsive HIV, health, nutrition, education and child protection services. | Percentage of children aged 0–17 years who are overweight.<br>B: TBC<br>T: TBC  | Nutrition Information System            | 2.1 Government has improved capacity to plan, implement and monitor quality health, HIV and nutrition programmes for adolescents and young people.<br><br>2.2 Government has enhanced capacity to plan, implement and monitor equitable learning solutions, | MOHW, MOBE, MONIGA,<br><br>MOLGRD, National AIDS and Health Promotion Authority, Council of Chiefs, Botswana Police Service<br><br>United Nations funds and programmes | 1 760   | 2 664 | 4 424 |
|   | National examination pass rates at the end of   | Botswana Examinations Council           |   |  |   |       |       |

| UNICEF outcomes   | Key progress indicators, baselines (B) and targets (T)   | Means of verification   | Indicative country programme outputs  | Major partners, partnership frameworks  | Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars) |     |       |
|---|--|---|---|---|---|-----|-------|
|   |  |   |   |   | RR  | OR  | Total |
|   | <p>lower secondary education</p> <p>B: 37.5% (2020)<br/>T: 50% (2026)</p>  |   | including alternative pathways, digital learning and skills development programmes.   | Civil society, academia, the media, professional associations                 |   |     |       |
|   | <p>Percentage of girls and boys aged 15–17 years who have ever experienced any sexual violence and sought help from a professional</p> <p>B: 21% female, 2.6% male (2016)<br/>T: 75% both sexes (2026)</p> | Violence against children survey  | 2.3 The child protection system is strengthened to review laws and policies, and implement and monitor quality gender-responsive child protection and gender-based violence services.   |   |   |     |       |
|   | <p>Percentage of adolescents aged 15–19 who have comprehensive knowledge about HIV and AIDS</p> <p>B: 47.5% (2013)<br/>T: 90% (2026)</p>   | Botswana AIDS Impact Survey   | 2.4 Adolescents and young people have increased capacity to adopt positive behaviours, uptake health, HIV, nutrition, education, child protection and gender-based violence services, and to actively engage in decision-making on issues of concern to them. |   |   |     |       |
| 3. By 2026, children and adolescents, particularly the most vulnerable, benefit from an expanded, inclusive and shock-responsive social protection system guided by evidence-based planning and | <p>Percentage of children living in multidimensional poverty</p> <p>B: 49% (2016)<br/>T: 35% (2026)</p>  | Multi-Topic Indicator Survey, Multiple Overlapping Deprivation Analysis | 3.1 Government has improved capacity, evidence and policy instruments to formulate, implement and monitor effective social protection   | MOLGRD, MOFED, Statistics Botswana<br><br>United Nations funds and programmes | 1 200   | 500 | 1 700 |

| <i>UNICEF outcomes</i>   | <i>Key progress indicators, baselines (B) and targets (T)</i>                                     | <i>Means of verification</i> | <i>Indicative country programme outputs</i>   | <i>Major partners, partnership frameworks</i>                             | <i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i> |           |              |
|--|---|------------------------------|---|---|--|-----------|--------------|
|  |   |                              |   |   | <i>RR</i>  | <i>OR</i> | <i>Total</i> |
| adequate public spending, and live free from poverty.                      | Number of children covered by social protection systems<br>B: 683,815 (2020)<br>T: 700,000 (2026) |                              | policies and programmes for children and adolescents.<br><br>3.2 Government has improved capacity and evidence to plan, implement and monitor public budget effectively and transparently for social sectors with meaningful participation of children and adolescents in policymaking. | Civil society, Parliament, academia, the media; professional associations |  |           |              |
| 4. The country programme is effectively designed, coordinated and managed. | Percentage of management and programme indicators on track<br>B: 83% (2020)<br>T: 100% (2026)     | Programme monitoring         | 4.1. Effective communication and advocacy to drive results for children.<br><br>4.2 Evidence to inform policy,  | MOFED, National Strategy Office, Statistics Botswana                      | 780  | 550       | 1 330        |

| <i>UNICEF outcomes</i> | <i>Key progress indicators, baselines (B) and targets (T)</i> | <i>Means of verification</i> | <i>Indicative country programme outputs</i>   | <i>Major partners, partnership frameworks</i>                              | <i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i> |              |               |
|------------------------|---|------------------------------|---|--|--|--------------|---------------|
|                        |   |                              |   |  | <i>RR</i>  | <i>OR</i>    | <i>Total</i>  |
|                        |   |                              | programmes and advocacy.<br>4.3 Key partnerships formed with the private sector and resources leveraged to mitigate child deprivations. | United Nations funds and programmes<br>Academia, the media, private sector |  |              |               |
| <b>Total resources</b> |   |                              |   |  | <b>4 300</b>   | <b>5 750</b> | <b>10 050</b> |