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### United Nations Children's Fund

Executive Board

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Item 3 (b) of the provisional agenda\*

### Short-duration country programme document

#### Botswana

#### *Summary*

The short-duration country programme document for Botswana is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of \$1,260,000 from regular resources, subject to the availability of funds, and \$4,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2008 to 2009.

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\* E/ICEF/2007/13.

**The situation of children and women**

1. The situation of children and women in Botswana continues to improve gradually, with the greatest risk being the negative impact of the AIDS epidemic. Botswana is a middle-income country where rates of access to basic social services, primary school attendance, immunization coverage and access to safe water are all above 90 per cent. The country's systems for justice, transport, telecommunications, insurance, banking, security and commerce are all fully functional. Botswana has achieved the Millennium Development Goal on gender parity in education. Services to address the impact of HIV/AIDS are in place, including material support for orphans and over 90 per cent coverage by programmes for prevention of mother-to-child transmission (of HIV) (PMTCT). The Government has a rigorous planning process and routinely collects, analyses and disseminates data through the national census, demographic surveys, multiple indicator cluster survey, etc.

2. Nonetheless, infant and child mortality have increased sharply. In 2005, the infant mortality rate was estimated at 87 per 1,000 live births, nearly double the rate of 45 reported in 1990. There are signs of a less than protective environment for children, with emerging issues of child labour, alcohol abuse, trafficking and increasing gender-based violence. Some 23 per cent of the population is poor by standard development benchmarks, 58 per cent of households are headed by a single parent, absentee fathers are common and some 2 per cent of households are headed by children.

3. The main driver of increased child morbidity and mortality is HIV and AIDS. A study by *The Lancet* in 2003 showed that 58 per cent of all child mortality in Botswana is directly or indirectly attributable to HIV and AIDS. The remaining 42 per cent is largely explained by respiratory infections, diarrhoeal disease and, in five endemic districts in the north, malaria, suggesting the need for a more targeted approach to child survival and development. Surveillance data show that HIV prevalence among pregnant women is 32 per cent (2006). According to population-based survey data, prevalence among 15-19 year-olds is 9 and 3 per cent for females and males respectively, and for 20-24 year-olds it is 27 and 10 per cent respectively (2004). Despite the number of information campaigns that have taken place, adolescents and young people still lack correct and comprehensive information about HIV and AIDS, and it is not clear how and why they make decisions about sexual behaviour. Addressing this knowledge gap will require a more robust research agenda among partners, including UNICEF, so that agreement can be reached on the design and approach of evidence-based interventions. The spread of HIV, particularly among adolescents and young people, is alarming and must be stopped in order for Botswana's children to realize their rights to development.

## The country programme, 2008-2009

### Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		<i>Total</i>
	<i>Regular resources</i>	<i>Other resources</i>	
Young child survival and development	410	1 350	1 760
Child and adolescent protection and participation	410	1 750	2 160
Advocacy and planning	280	590	870
Cross-sectoral costs	160	310	470
<b>Total</b>	<b>1 260</b>	<b>4 000</b>	<b>5 260</b>

### Reason for short-duration submission

4. The two-year transition programme (2008-2009), part of the United Nations Development Assistance Framework (UNDAF), is proposed in order to harmonize the United Nations planning cycle with that of the Government of Botswana. The UNDAF has been extended without modification to match the period covered by the ninth National Development Plan. The transition programme is designed to allow the United Nations to contribute more fully to the tenth National Development Plan (2009-2010 to 2013-2014). A new Common Country Assessment and UNDAF (2010-2014) will be updated and developed during this transition period, and the 2010-2014 UNICEF programme of cooperation will be developed subsequently within this framework.

### Relationship to international and national priorities

5. The current UNDAF has three pillars, of which the most significant is focused on HIV and AIDS. For UNICEF, the short-duration programme provides an opportunity to realign, expand and accelerate efforts in HIV prevention for children of all ages, and to reposition itself as a strategic partner to influence social policy and protection. To enable this realignment, UNICEF will further disengage from direct support to service delivery, with the exception of two to four districts which are markedly remote and poorly served, and concentrate on support to the development of policies, norms, standards, legislation, capacity-building, monitoring, evaluation and advocacy. Of particular importance during this two-year period will be exploratory work towards the development of a social policy agenda for children. Thus, the two-year country programme will be aligned with efforts to achieve the Millennium Development Goals, particularly in child survival, and the UNICEF medium-term strategic plan (MTSP) for 2006-2009, and will consist of the following components: HIV and AIDS and children (MTSP focus area 3) as the overarching concern, supported by young child survival and development (focus area 1), child protection (focus area 4) and policy advocacy and partnership for children's rights (focus area 5).

### Goals, key results and strategies

6. As in the current country programme, the overall goal of the programme of cooperation is to contribute to the achievement of the ninth Botswana National Development Plan in areas directly and indirectly affecting the survival, development, protection and participation of children and women.

7. Key expected results are: (a) reduction of morbidity and mortality; (b) reduction of disparities in access to services arising from gender, location or income levels; and (c) participation of all groups in decisions that affect their well-being. For the transition period, specific results are defined under each programme component.

8. Within a rights-based approach to programming, in all UNICEF-supported programmes there will be increased strategic emphasis on evidence-based decision-making, the normative role of UNICEF and the United Nations, human resources capacity-building, monitoring and evaluation and more meaningful participation of children, youth, women and communities in programming.

### Programme components

9. **Young child survival and development.** Efforts under key result area 1, PMTCT and paediatric care, will strengthen existing interventions in order to achieve universal access to and participation in PMTCT and universal treatment and care for HIV-positive children. In both these areas, UNICEF will work continue to work closely with the World Health Organization. Key result area 2, integrated early childhood development, will address the other major causes of child morbidity and mortality by providing increased access to malaria prevention in five endemic districts, access to treatment for acute respiratory infections and information on safe water, sanitation and hygiene among groups vulnerable to diarrhoeal diseases. Aspects of nutrition and cognitive development will be addressed through increased knowledge and practice of caring practices among most vulnerable groups.

10. **Child and adolescent protection and participation.** Efforts under key result area 1, prevention and mitigation of HIV and AIDS, will focus on the universal acquisition of correct and comprehensive knowledge about HIV and AIDS among primary and secondary school-aged children. This will provide a springboard for further behavioural change programming beyond 2009, and will complement similar efforts supported by the United Nations Population Fund for young people. Support will also be provided to develop and begin implementation of a comprehensive national long-term plan of action for the care and support of orphans and vulnerable children. Work under key result area 2, child protection, will strengthen the legal framework and instruments for child protection, and undertake an assessment to identify priorities for 2009 and beyond. The programme will also develop and implement approaches and mechanisms for increased and enhanced participation of children and adolescents in decision-making, particularly among rural, poor and disabled populations. As is the case of the young child survival and development programme, the complementarity and synergy between these two projects, among the three programme components and with other United Nations agencies and development partners will be important to achieving results.

11. **Advocacy and planning.** Work under key result area 1, research, planning and evaluation, will develop and implement a strategic monitoring, evaluation and

research plan to generate data and information to support effective advocacy and inform subsequent design of the next National Development Plan, UNDAF and UNICEF programme of cooperation. Through key result area 2, information, communication and advocacy, the most up-to-date data and information on the situation of children and women will be collected, analysed and communicated effectively in order to influence key decisions. Advocacy on social policy issues, i.e. budget allocations, development of the tenth National Development Plan, social safety nets and follow-up to the Convention on the Rights of the Child will be undertaken accordingly. A mostly electronic public-access resource centre on the situation of children and women will also be established.

### **Major partnerships**

12. Explicit efforts will be made to involve men and boys, and to work more closely with and in support of civil society organizations, the media, religious organizations and the private sector. Existing partnerships will be adjusted to reflect this shift in approach and emphasis on behavioural change and the effective utilization of the widely available social services. UNICEF will engage with such large-scale funding mechanisms as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief to leverage resources for women and children. It will also influence policy through such subregional bodies as the Southern African Development Community. Drawing upon the support of the Regional Directors' Team, the development of joint programmes will also expand as the United Nations country team adopts the joint funding mechanisms for AIDS programme and moves towards one United Nations programme.

### **Monitoring and evaluation**

13. Research, monitoring and evaluation activities will be fully integrated in the Joint United Nations Plan on AIDS. They will focus mainly on increasing understanding on decision-making among children and young people, as well as collecting, disseminating and using evidence to inform prevention policies and strategies.

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