

<b>Summary Results Matrix: Government of Botswana – UNICEF Country Programme, 2010 – 2014</b>					
<b>MTSP Focus Area</b>	<b>UNICEF Key Results Expected in this Focus Area/ Baseline Estimates for these Results</b>	<b>Key Progress Indicators</b>	<b>Means of Verification of Results</b>	<b>Major Partners, Partnership Frameworks and Cooperation Programmes</b>	<b>Expected Key Results in this Focus Area will contribute to:</b>
1. Young Child Survival and Development	<p>1.1 Increased and sustained coverage of high-impact preventive and outreach interventions for children and families.</p> <p>1.2 60% malnourished children in communities identified and take appropriate action</p>	<p>1.1.1 Proportion of Under 5s sleeping under ITNs (Baseline: &lt;12% in 2007. Source Malaria Indicator survey)</p> <p>1.1.2 Proportion of children 6-59months receiving two doses of VitA (Baseline 20% EPI Coverage survey 2007)</p> <p>1.2.1 Proportion of malnourished children identified by HEA who receive therapeutic feeding or food supplements. (Baseline: not available)</p> <p>1.2.2 Proportion of infants aged 6-8 months who receive complementary foods (solid/ soft foods) (disaggregated by breast feeding status, gender and wealth quintile) (Baseline: 57% MICS 2000)</p>	<p>1.1.1/ 2, 1.2.2 Botswana Demographic and Health Survey/ MICS</p> <p>1.1.1 Malaria surveys</p> <p>1.1.2 Post – campaign evaluations</p> <p>1.2.1 KAP study 2010</p> <p>1.2.1/2 Nutrition surveillance reports</p>	<p>Ministries of Health, Local Government; WHO, CDC, Clinton Foundation and NGOs. Professional Associations.</p> <p>UN Theme Group on ‘Health and HIV &amp; AIDS’</p> <p>Ministry of Health ‘Strategic Plan’</p> <p>ICC ‘ACSD Strategic Plan’</p> <p>Ministry of Health, ‘National Nutrition Action Plan’</p>	<p>UNDAF outcome on Health and HIV/AIDS.</p> <p>MoH Strategic Plan, NDP 10 and Vision 2016 , “Ensure affordable and Quality Healthcare: “Prevent new HIV Infections” NDP 10</p> <p>WFFC goal to: Promote healthy lives.</p> <p>MDGs to: Eradicate extreme poverty and hunger; Reduce child mortality; Improve maternal health , Combat HIV/AIDS, malaria and other diseases</p>
2. Basic Education and Gender Equality	2.1 National standards, norms, policy frameworks and tools monitoring school readiness and the quality of primary education.	<p>2.1.1 Evidence of national standards, policy frameworks and norms to monitor and promote quality education.</p> <p>2.1.2 Proportion of schools with the capacity to serve as centres for care and support, as per guidelines (criteria to be established). (Baseline: not available)</p>	<p>2.1.1 MoESD policy statements</p> <p>2.1.2 MoESD records, evaluations.</p> <p>2.1.3/4 Census, Education Statistics Report</p>	<p>Ministries of Education and Skills Development and Local Government;</p> <p>UN Theme Groups on Governance &amp; Human Rights Promotion; Health and HIV/AIDS; Children, Youth and Women</p>	<p>UNDAF outcomes on Governance and HR Promotion and Health and HIV/AIDS.</p> <p>NDP 10 – an Informed and Educated nation.</p>

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		<p>2.1.3 % of children starting school at the officially prescribed age, disaggregated by variables related to disadvantaged groups (Baseline: 20%, Education Statistics, 2004)</p> <p>2.1.4 % of children 3 to 4 years old participate in some form of ECE programme (Baseline: 10%, Analysis of child focus indicators based on Census, 2001)</p>	MICS	Empowerment	
3. HIV/AIDS and Children	<p>3.1. Reduce number of new pediatric HIV infections.</p> <p>3.2 Improved treatment and care for HIV infected children</p>	<p>3.1.1 Proportion of children 18 months to four years who are HIV-positive (disaggregated by ART status). (Baseline: 6% m, 7% f, BAIS 2004)</p> <p>3.1.2 Proportion of HIV-positive pregnant women on ART for PMTCT or their own health. (Baseline: 89%, 2007 project records)</p> <p>3.2.1 Distribution of feeding practices (exclusive breastfeeding, infant formula, mixed feeding, other) for infants born to HIV-infected women at 3 months (No baseline available)</p> <p>3.2.2 Proportion of children in PMTCT programme who initiate</p>	<p>3.1.1/2 Botswana AIDS Impact Studies and project records</p> <p>3.2.1 Study of infant feeding practices</p> <p>3.2.2 Project records.</p>	<p>Ministries of Health, Local Government, Youth, Culture &amp; Sports and Communication, Science and Technology; WHO, CDC, Clinton Foundation, media and NGOs.</p> <p>UN Theme Group on 'Health and HIV &amp; AIDS'</p> <p>Ministry of Health 'Strategic Plan'</p> <p>Ministry of Health 'National Nutrition Action Plan'</p> <p>NACA 'National Strategic Framework' and 'Prevention Operational</p>	<p>UNDAF outcome on Health and HIV&amp; AIDS.</p> <p>MoH Strategic Plan, Vision 2016 "Ensure affordable and Quality Healthcare" and NDP10 "Prevent new HIV Infections"</p> <p>WFFC goals to: Combat HIV/AIDS, Promote healthy lives.</p> <p>MDGs to: Reduce child mortality; Improve maternal health; Combat</p>

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	<p>3.3 60% of adolescents, in school and out of school, have correct information and relevant skills and services to reduce their risk and vulnerability to HIV (especially among young women/girls)</p> <p>3.4 Strengthened evidence informed behavioral and social change interventions, towards to reduce multiple concurrent partners and age disparate sex; and to increase safe male circumcision, and correct and consistent condom use among adolescents</p> <p>3.5 The proportion of vulnerable children whose households received external care and support from non family sources that supplement existing</p>	<p>cotrimoxazole prophylaxis within 2 months after birth. (Baseline: 83%, project records 2007)</p> <p>3.3.1 Proportion of males and females aged 8-24 (with sub-analysis for 8-14, 15-19) with comprehensive correct knowledge of HIV/AIDS. (Baseline: 40%+ knowledge (women &amp; men, 15-49) – UNGASS 2008)</p> <p>3.3.2 Proportion of primary and secondary school age children with access to life skills programmes. (Baseline: not available.)</p> <p>3.4.1 Proportion of females 15-19 years who have a regular partner at least 10 years older . (Baseline: 8% BAIS, 2004)</p> <p>3.4.2 Proportion of sexually active females 15-19 years having more than one sexual partner in past 12 months (Baseline: 4% BAIS, 2004)</p> <p>3.5.1 Proportion of OVCs whose households received external support (Baseline: 34.3% 2005)</p>	<p>3.3.1, 3.4.1/2 Botswana AIDS Impact Surveys and KAP studies.</p> <p>3.3.2. Project records and KAP studies.</p> <p>3.5.1 Project records, safety net studies.</p>	<p>Plan'</p>	<p>HIV/AIDS, malaria and other diseases</p>

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	family-based activities, reaching at least 60%.				
4. Child Protection from Violence, Exploitation and Abuse	<p>4.1 Model “child friendly” and “gender appropriate” justice system for child victims, witnesses and offenders adopted.</p> <p>4.2 Effective public social protection mechanisms reaching at least 60% of families living below the poverty line.</p> <p>4.3. A model for integrated response services (police, justice, health, social welfare) for child and women survivors of abuse and violence replicated in selected districts.</p> <p>4.4 Universal birth registration of all children under-5.</p>	<p>4.1.1. Government formal adoption of models. (Baseline: zero)</p> <p>4.2.1. Proportion of families below the poverty line receiving some form of social assistance from government (Baseline: 19% in 2002, BIDPA, 2007)</p> <p>4.3.1. Government formal adoption of models. (Baseline: zero)</p> <p>4.4.1 Proportion of all children (under 5 years) registered (Baseline: 58% of all children under-18, 2001 MICS)</p>	<p>4.1.1, 4.3.1 Project reports/ Policy statements</p> <p>4.2.1 Social safety net studies/ evaluation.</p> <p>4.4.1 MICS</p>	<p>Ministries of Local Government, Justice, Health, Education, Youth, Culture &amp; Sports and Labour &amp; Home Affairs. Ministry of Finance and Development Planning.</p> <p>UN Theme Groups on ‘Children, Youth and Women Empowerment’ and ‘Poverty Reduction and Economic Diversification’</p>	<p>UNDAF outcome on ‘Children, Youth and Women Empowerment’ and ‘Poverty Reduction and Economic Diversification’</p> <p>WFFC goal to: Protect against abuse, exploitation and violence.</p> <p>MDG to: ‘Eradicate extreme poverty and hunger’ and ‘Protect the Vulnerable’ (Millennium Declaration, Section VI).</p>
5. Policy Advocacy and Partnerships for Children’s Rights	5.1. Research and analysis on efficiency and effectiveness of social protection mechanisms and poverty/ vulnerability trends and determinants, with particular focus on children	<p>5.1.1. # of high quality studies carried out or commissioned</p> <p>5.1.2 # rigorous impact evaluations (No baseline)</p> <p>5.2.1 # of initiatives/policies (reforming</p>	<p>5.1.1/2, 5.2.1, 5.4.1 Project records</p> <p>5.2.1, 5.3.1 Government policy statements</p> <p>5.3.1, 5.4.1</p>	University of Botswana, Botswana Institute of Development Policy Analysis, Ministry of Local Government, Ministry of Finance and Development Planning, and Ministry of Communications, Science	UNDAF outcome on ‘Governance and Human Rights Promotion’ and ‘Poverty Reduction and Economic Diversification’

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	<p>and families.</p> <p>5.2. Social polices, programs and budgets are evidence-based and address priority concerns of children and women.</p> <p>5.3. Adoption of social development policies and subsequent implementation.</p> <p>5.4. Children/adolescents participation is a regular feature in local and national institutions and related processes (family, school, community, events, etc)</p>	<p>existing programs, improved implementation, capacity building, new programmes and legislation) adopted based on evidence-based advocacy.</p> <p>5.3.1. Approval by parliament of social development policies and subsequent implementation.</p> <p>5.4.1 # of mechanisms that enhance equal opportunity for girls and boys to participate</p>	Evaluations.	<p>and Technology. Planning and Research Units of Line Ministries.</p> <p>Parliament, <i>Ntlo Ya Digkosi</i>, media.</p>	MDG to: ‘Develop a global partnership for development’ and ‘Protect the Vulnerable’ (Millennium Declaration, Section VI).
6. Programme Support	6.1 Successful programme approaches and strategies documented in the above MTSP Priority Areas.	6.1.1. Programme approaches documented and deemed successful through external evaluations	6.1.1, UNPOP MTR 2012; individual evaluations as included in the IMERP	Vision 2016, NDP10 and UNDAF II	Please see above