Executive Summary

In 2014, UNICEF Botswana experienced changes in leadership, programming and office structure while the country went through peaceful and fair elections. The Office continues its transition toward a greater focus on upstream policy support, evidence generation and advocacy - in line with Botswana’s middle-income status, while strategically engaging at local level to overcome bottlenecks in policy and service implementation and access, and to gather evidence and lessons learned to feed into policy review and development processes.

UNICEF Botswana has identified the areas of child poverty, nutrition, HIV prevention among adolescents, early child development, education quality, social protection and child protection as priorities through the current Country Programme (CP) cycle, running through 2016. These priorities are aligned with Government priorities across partner ministries, UNICEF Strategic Plan outcomes and outputs and East and Southern Africa Regional priorities for 2014-2017. To strengthen policy, partnerships and social programme performance results in these priority areas, UNICEF Botswana will continue its focus on evidence generation, backed by strong public engagement and advocacy, and on capacity building and engagement of a wide range of partners.

In 2014, the Ministry of Education and Skills Development (MOESD) launched a one-year primary programme in 115 schools, a significant step toward its goal of universal access to two-years of pre-primary education. Currently, three-quarters of children lack access to pre-primary education, one-quarter are stunted and the same proportion are living in poverty, demonstrating the need for a more robust and integrated set of services for early child development. Three pre-primary education documents were finalised and UNICEF supported a child-friendly design and associated style guide for Early Childhood Care and Education (ECCE) publications. A successful Early Childhood Development (ECD) conference was jointly hosted by UNICEF, MOESD, Ministry of Health (MOH) and Ministry of Local Government and Rural Development (MOLGRD), with leadership from a former Vice President. ECCE policy review and updating, teacher training and quality assurance are planned in 2015.

As a build up to the CRC@25 commemoration a range of initiatives to increase public awareness and debate around children’s rights were undertaken. A weekly radio programme, “It’s Our Time”, covered issues of child rights and responsibilities. A stakeholder meeting led by the minister of MOLGRD reviewed and discussed progress made since the ratification of CRC by Botswana, resulting in greater support by Government in implementation of its 2009 Children’s Act. A panel discussion on the “effects of socio-cultural practices on realisation of children’s rights in Botswana” saw academics, civil society, children, politicians, Government officials and community member frankly discuss cultural practices that encourage or hamper the realisation of children’s rights. The main commemoration of CRC@25 event was held under the theme; “All Rights, All Children, All the Time”, with high-level Government participation alongside community level engagement. These events have raised UNICEF’s public profile, provided opportunities for broader engagement with partners and stakeholders and increased opportunities for child participation.
The initiation of Multiple Overlapping Deprivation Analysis (MODA), has resulted in strong partnerships with the Office of the President, Statistics Botswana and academic institutions to generate information on the multidimensional nature of poverty for children and the overall population. These partnerships, and the contribution of MODA, have provided the opportunity for UNICEF to bring child poverty directly into Government’s flagship programmes on poverty eradication.

Partnerships have supported UNICEF’s commitment to innovation, through the youth mHealth competition, providing opportunities for youth to develop locally-relevant mobile phone based solutions for health care systems or public health interventions. Partners include the MOH, the Orange Foundation, Cadline, the Botswana Innovation Hub, the University of Botswana, the Botswana-UPenn Partnership and the Southern Africa Innovation Support Programme.

With elections in 2014, timely implementation of planned activities was a challenge; some activities were delayed as Government officials were heavily involved in election preparations. Following peaceful and fair elections, these activities have been fast-tracked and are set for completion in 2015.

The impact of the downsizing resulting from the 2012 Mid-term Review was greatly felt in 2014, as changes took full affect. Office restructuring, re-profiling of positions and building capacity of staff to take on new and varied functions impacted work flow and productivity. In-line with CP priorities, UNICEF Botswana has put in place strategies for building staff capacities in critical support and programming areas, and for acquiring specific technical assistance in areas such as data analysis, policy review and development and reporting on the Convention on the Rights of the Child (CRC).

Humanitarian Assistance

UNICEF Botswana did not support humanitarian response activities in 2014. Botswana is a low-level risk country according to InfoRM risk ranking, facing seasonal issues with flooding, drought and outbreaks of diarrhoea, with response managed by local officials and through Government support programmes and initiatives. No requests were received from Government or non-governmental partners during the year.

Since the Ebola outbreak in Western Africa, UNICEF has worked closely with other UN agencies in development of preparedness plans for responding to Ebola. The UN has completed its UN Ebola Contingency Plan, outlining specific measures and actions required of the UN Designated Officials, the UN Ebola Task Force, Security and Safety Services, individual UN agencies and staff members to support an effective response should the outbreak reach Botswana and affect UN staff or its operations. This plan aims to: 1) raise awareness and promote correct preventive behaviour among UN staff and recognised dependents; 2) provide information on key actions to be taken during the different phases of the outbreak preparedness and response; 3) identify and mitigate potential business continuity implications; and 4) liaise and coordinate with local authorities, the UN System and other stakeholders. The UN in Botswana has held several consultations with staff regarding Ebola, elements of the UN Ebola Contingency Plan and preparedness levels and actions of Government authorities.

UNICEF Botswana has established an Ebola task force, led by the Representative, to closely monitor UN and national Ebola preparedness and response activities. Members participate in specific thematic work group meetings and inform and guide the office on new developments and required actions. UNICEF Botswana is also a member of the Ministry of Health Emergency
Preparedness and Response Committee and participates and provides support, as required and requested, in case of any emergency.

UNICEF has played an active role in the development and implementation of the Botswana Ebola Preparedness Response Plan, to better set targets, timelines and detailed budgets. While public awareness campaigns, development of treatment protocols, monitoring and surveillance tools and training of health workers have commenced, to date, implementation of procurement, treatment facility preparation and community mobilisation activities have been constrained by a lack of resources, from within Government and from development partners. In 2015 UNICEF will continue supporting the Government to improve the Ebola Preparedness and Response Plan and to pursue additional means for financing its activities.

**Equity Case Study**

Botswana’s impressive socio-economic development has resulted in the country’s classification as an upper-middle income country. Good governance and policies continue to serve Botswana well. But high levels of inequality have remained, and in some instances have been exacerbated. The country experiences high levels of income inequality, with a Gini coefficient of 0.645.

To best understand and apply UNICEF’s refocus on equity, UNICEF Botswana undertook a series of initiatives to better identify, understand and quantify inequalities for a range of issues related to women and children. Analysis showed that inequalities are mainly due to the small wealth base and non-diversified economy, dominated by extractive industries. A further reason for high inequalities is the wide dispersion of the population (average three persons per square kilometre). Many children and families live in remote rural areas, with pockets of deep structural poverty that continue to exist in areas where subsistence farming remains virtually the only form of employment. The impact of HIV continues to create vulnerabilities, resulting in increasing numbers of orphans and vulnerable children, while at the same time eroding traditional family and community coping mechanisms. Programme and policy implementation weaknesses, and the high cost of delivery per capita, are emerging as a significant factors. Social protection systems are in place, largely financed by the Government, but are not able to meet the demand or needs of a widely dispersed populations or address the multi-dimensional deprivations faced by the most vulnerable. Using this analysis, national policies and programmes were systematically assessed, with specific inequalities, vulnerabilities and affected populations identified. From this, a set of strategies for UNICEF programming was developed (some outlined below) to better articulate inequalities and address them.

UNICEF also undertook a secondary analysis of existing national survey data in 2011-12. The analysis provided valuable indicative insights into the well-being of children. Findings indicated that the most vulnerable children often face multiple deprivations. Children who are orphaned, poor, live in rural areas and have parents with low levels of education are worse off, and often unable to claim their rights to basic services such as water and sanitation. These are often children who are subjected to child labour, and suffer the highest infant and child mortality rates. Some gender disparities were observed in birth registration, child labour and access to water and sanitation. A publication based on the secondary analysis, “Indicators of Child Well-Being in Botswana Between 2001 and 2008” was launched as part of the commemoration of the Convention on the Rights of the Child in 2012. MODA analysis, to be completed in early 2015, will generate additional information on multidimensional poverty, for both children and the overall population, and provide direct inputs into the Botswana Poverty Eradication Policy Framework and Botswana Poverty Eradication Strategy, ensuring consideration for children.
within the national poverty eradication programme.

In Health, UNICEF supported two districts to implement a district health system strengthening approach on equitable programming - DIVA (Diagnose-Intervene-Verify-Adjust). The approach equipped District Health Management Teams (DHMTs) with knowledge on using light surveys and simple assessment tools (on supply and demand) to conduct a situation and bottleneck analysis, to identify possible solutions and to plan and monitor progress. Through the process, districts were able to identify underperforming areas for prioritisation of support. Application of DIVA has demonstrated that taking an equity approach often resulted in innovative solutions, such as improving communication channels or engaging stakeholders outside the health system, which not only benefited target populations, but strengthened systems and service delivery across the health system.

In education, UNICEF supported evidence-based policy development and programming on education for out-of-school children (OOSC). With technical support from UNICEF, MOESD has developed a comprehensive Out of School Programme, aimed at increasing retention in school, and successful re-entry to school and providing all children unable to be in school an alternative education. An initial research and baseline study identified reasons for children not attending or dropping out of school and developed profiles of children often excluded from education - primarily children of religious groups, street children, baby minders/maids, herd boys, orphans, children from ethnic minority groups, the physically challenged and farm workers' children. Mapping of stakeholders across Botswana involved in providing services to OOSC, a policy framework, curriculum and materials development and monitoring and evaluation tools were all supported from 2012-2014. Piloting is ongoing, with a national launch of the programme to be realised in 2015.

An equity approach has also guided UNICEF support in areas of: birth registration, targeting OVC and districts with lowest rates of registration; PMTCT, with extensive training and bottleneck analysis to address challenges in low-performing districts; nutrition, with focus on research and community mobilisation in areas with high vulnerabilities and related high levels of stunting; and in UNICEF’s external communication and engagement work, with equity an overarching theme of advocacy, partnership and community mobilisation activities.

Important lessons learned over the past five years highlight the need for more and better data, to allow for greater disaggregation and analysis and the importance of broad partnerships, as tackling the multiple deprivations of vulnerable children cannot be accomplished by and single entity. The most important lesson is the need for more on-the-ground engagement, to identify and document bottlenecks and barriers to vulnerable groups, as well as solutions to overcoming these bottlenecks and strategically link these to macro-level policy analysis and formulation.

Moving forward, UNICEF will continue to make the case for equity, with: improved data analysis, evidence gathering and development and design of solutions; expanded partnership and engagement, particularly with the private sector, civil society and at community level; and strengthened advocacy messages and strategies to highlight inequality and mobilise action. Importantly, the portfolio of UNICEF’s equity programming in Botswana, as a middle-income country, must balance upstream and downstream engagement and have the office structure, expertise and programmatic focus (i.e., geographical focus and convergence with UN at local level) to be fit for purpose.
### Summary Notes and Acronyms

#### Acronyms

AEFI - Adverse Events Following Immunisation  
ANC - Antenatal Care  
ART - Anti-retroviral Treatment  
AWP - Annual Workplan  
BAIS - Botswana AIDS Impact Survey  
BCP - Business Continuity Plan  
BCWIS - Botswana Core Welfare Indicator Survey  
BFHS - Botswana Family Health Survey  
BLNSS – Botswana, Lesotho, Namibia, Swaziland, South Africa  
BNYC - Botswana National Youth Council  
BPES - Botswana Poverty Eradication Strategy  
CCG - Component Coordination Group  
CHD - Child Health Day  
CMT - Country Management Team  
CP - Country Programme  
CPMP – Country Programme Management Plan  
CRB - Central Review Board  
CRC - Convention on the Rights of the Child  
CRC - Contract Review Committee  
CSO - Civil society organisation  
DaO - Delivering as One  
DHMT - District Health Management Team  
DIVA - Diagnose, Intervene, Verify, Adjust  
DCNR - Department of Civil and National Registration  
DCT - Direct Cash Transfer  
DSP - Department of Social Protection  
ECCE – Early Child Care and Education  
ECD – Early Child Development  
EID – Early Infant Diagnosis  
EIMC - Early Infant Male Circumcision  
EISM – Early Infant Safe Male Circumcision  
EPI – Expanded Programme for Immunisation  
ERM - Enterprise Risk Management  
ETSSSP - Education and Training Sector Strategic Plan  
GBV - Gender-based Violence  
GoB - Government of Botswana  
HACT - Harmonised Approach to Cash Transfers  
HR – Human Resources  
HIV - Human Immunodeficiency Virus  
ICT - Information and Communication Technology  
IMCI – Integrated Management of Childhood Illness  
IMEP - Integrated Monitoring and Evaluation Plan  
IPV - Inactivated polio vaccine  
IYCF – Infant and Young Child Feeding  
JCC - Joint Consultative Committee  
MDG - Millennium Development Goal  
MIC - Middle Income Country
Evidence Generation, Policy Dialogue and Advocacy

In 2014 MODA analysis was initiated, providing a unique opportunity to analyse existing data sets, such as BIAS IV and BCWIS, in a way not yet undertaken in Botswana. The findings will better articulate the problem of children facing multiple deprivations, support advocacy with political, Government, CSO, community and traditional leaders for a greater focus on the most vulnerable and ensure that dimensions of child poverty are adequately articulated and
addressed in national plans and programmes.

UNICEF, MoLGRD, CDC and a range of Government and civil society partners have endorsed implementation plans for a Vulnerability Assessment Committee survey in 2015. The survey results will inform development of an evidence-based response plan. Additionally, an adolescent profile, currently in draft form, will provide evidence on the issues and vulnerabilities faced by this critical population group.

2014 saw a dramatic uptake in UNICEF public advocacy and engagement activities. The notion that children are “seen but not heard”, is deeply embedded in local culture, and as a result, advocacy for children’s rights is often interpreted as abdication of child responsibilities. UNICEF Botswana designed CRC@25 activities to specifically address these concerns among rights-holders and duty-bearers. By involving a broad cross-section of society in presenting and discussing available evidence, advocacy efforts were enriched and made accessible to a wider spectrum of the population. A stakeholder’s breakfast meeting, a panel discussion on “the effects of socio-cultural practices on realisation of children’s rights,” and the CRC@25 commemoration event brought together children, human rights activists, academia, civil society, cultural experts and private sector representatives to share evidence on progress made in children’s rights and the challenges faced. In support of these events, traditional and social media were used to extend the conversation and to discuss and debate the evidence at hand.

As a result of the advocacy activities undertaken, Government has pledged to further strengthen the Children’s Consultative Forum, to promote greater child participation, to improve monitoring of implementation of the Children’s Act 2009, to urgently finalise reporting on the CRC and to increase partnership with civil society through a revitalised National Children’s Council.

Partnerships

The initiation of Multiple Overlapping Deprivation Analysis has resulted in strong partnerships and built capacity within the Office of the President, Statistics Botswana and academic institutions to generate information on multidimensional poverty for children and the overall population. Partners have been involved in all aspects of the development of MODA analysis, including specific training on methodology, section of indicators and thresholds and data analysis. UNICEF also facilitated Government participation in the African Union expert consultation on children and social protection systems in Africa, which led to concrete recommendations on how to make national social protection systems more child-sensitive.

Partnerships have supported UNICEF’s commitment to innovation, through the youth mHealth competition, which provides opportunities for youth to develop locally relevant mobile phone-based solutions for health care system or public health interventions. Partners include the MOH, Orange, Cadline, the Botswana Innovation Hub, the University of Botswana, the Botswana-UPenn Partnership and the Southern Africa Innovation Support Programme.

A regional private sector strategy developed by the Regional Office (ESARO) in 2014, in consultation with UNICEF country offices, provides a new approach to partnering with the private sector. In Southern Africa, since most private sector entities are concentrated in South Africa, a cluster approach will be used with South Africa as the lead to develop partnerships with private sector that will include Botswana, Namibia, Lesotho and Swaziland.

UNICEF Botswana continues to seek additional strategic funding opportunities, while recognising that leveraging Government and partner funds, through strong partnerships, to
support priority areas of ECD, HIV prevention among adolescents, stunting and child poverty, faces a funding gap of approximately US$1 million.

**External Communication and Public Advocacy**

In 2014 external communication activities raised awareness on children’s rights and built capacity of various stakeholders and the media on advocacy, implementation, monitoring and reporting on children’s issues. UNICEF commemorated International Children's Day of Broadcasting in partnership with three local radio stations under the theme; “Education: my right; my life,” offering children and communities an opportunity to explore solutions to declining performance at schools.

UNICEF Botswana supported MoLGRD in commemorating the Day of the African Child under the theme; “All together for urgent actions in favour of street children”, drawing attention to the plight of street children and the threat posed to their development. UNICEF partnered with Botswana Television to produce 54 episode of a children’s story programme to promote child rights and welfare, to be launched in 2015. In partnership with the Media Institute of Southern Africa (MISA), UNICEF sponsored the Best Children’s Reporting awards for print and broadcast, encouraging reporting on children’s issues.

As a build up to the CRC@25 commemoration, a range of initiatives to increase public awareness and debate around children’s rights were undertaken. A weekly radio programme, called “It’s Our Time”, covered issues on child rights and responsibilities. A stakeholder breakfast, led by the MoLGRD Minister, reviewed and discussed progress made since Botswana’s ratification of the CRC, resulting in greater support by Government in implementation of its Children’s Act of 2009. A panel discussion on the “effects of socio-cultural practices on realisation of children’s rights in Botswana” saw academics, civil society, children, politicians, Government officials and community members frankly discuss cultural practices that encourage or hamper realisation of children’s rights. The main commemoration of CRC@25 was held under the theme; “All Rights, All Children, All the Time”, with high-level Government participation alongside community level engagement. These events raised UNICEF’s public profile, provided opportunities for broader engagement with partners and stakeholders and increased opportunities for child participation.

The UNICEF Resource Centre maintained regular visits from scholars and students. The Office maintains an active Facebook page that primarily targets adolescents and young people. The country website is regularly updated; there are plans to revamp to website to make it more interactive in 2015.

**South-South Cooperation and Triangular Cooperation**

Significant progress was made in strengthening and operationalising South-South Cooperation between the UNICEF Country Offices of Botswana, Namibia, Lesotho, South Africa and Swaziland and their respective host governments. These cooperation efforts will improve learning, mobilise action, increase resources for children and foster inter-governmental and south-south cooperation required to tackle issues of common concern to women and children living in the BLNSS sub-region (including Botswana, Lesotho, Namibia, Swaziland and South Africa). Priority areas identified for cooperation include nutrition, violence against women and children, social protection, HIV and AIDS, Operations/HR, and the cross-cutting areas of monitoring and evaluation, communication and partnerships.

During 2014 a Framework for Analysis and Action for programming in BLNSS countries was
completed, identifying working modalities and concrete strategies for strengthening cooperation in key technical areas. Additionally, a Framework for Action on working in middle-income countries outlines shared issues faced in transitioning country programmes toward a more strategic fit within the shared middle-income country context. The document puts forward key strategies and milestones that will facilitate a deliberate transition for UNICEF country offices, individually and collectively, toward aligning programmes, office structures and resources – within the framework of DaO as appropriate – to changing realities of middle-income countries. Both documents were presented and endorsed at the November regional management team meeting.

Concept notes on Eliminating Mother to Child Transmission of HIV and Eliminating Gender-based Violence (GBV) and VAC, were completed, along with a draft concept note on Nutrition. These concept notes outline key areas of cooperation across country offices, as well as presenting an opportunity for sub-regional resource mobilisation. UNICEF Botswana is taking the lead in HIV, with an intended focus on primary prevention and testing and treatment for adolescents, with a focus on girls. UNICEF will host BLNSS country offices in early 2015 to review progress made and challenges faced and to map a way forward to address these issues across BLNSS countries.

UNICEF supported participation of Government partners in a wide range of global and regional conferences, providing opportunities for south-south learning and experience sharing. Topics covered included: PMTCT, social protection, health systems strengthening, community management of malnutrition, early infant male circumcision, violence against children, national and civil registration and early infant diagnosis of HIV.

**Human Rights-Based Approach to Cooperation**

In 2014, capacity was built on among UN programme staff from various agencies, building on the UN Common Understanding on a Human Rights-based Approach, to ensure that UN Agencies, Funds and Programmes consistently apply HRBA to common programming processes in Botswana, through the UNDAF and Delivering as One (DaO). A UNICEF staff was nominated to represent the UN system in Botswana at regional training aimed at building capacity within UNCTs on HRBA. This trainer subsequently worked with the UNCT to infuse HRBA & RBM into the 2-year bridging programme of the GOB-Un POP and provided training to representatives of Component Coordination Groups to ensure HRBA was sufficiently incorporated into planning and review processes.

Within UNICEF, capacity was built among staff on HRBA, through internal training and assistance, to mainstream human rights, especially children’s rights, within programmes. The training highlighted the principles that all programme activities and actions should further the realisation of human rights, that human rights standards should guide all phases of the programming process, and that UNICEF should continuously contribute to the development of the capacities of government ministries as ‘duty-bearers’ to meet their obligations and of children as ‘rights-holders’ to claim their rights. Staff used this knowledge in subsequent discussions and planning exercises with partners.

In 2014, UNICEF Botswana supported the Botswana Police service in the development of a Youth Strategy, developed through integration of the provisions of the Botswana's Children's Act (2009), the African Youth Charter (particularly Article 18) and the CRC. This strategy further incorporates the recommendations from the Report from the Joint Advisory Committee, as well as recommendations from internationally benchmarked youth programmes for addressing the
needs of youth. Additionally, UNICEF supported the development of the Probation and After Care draft Regulations and Guidelines, specifically aligning the strategy to Article 40 of the CRC.

Furthermore, a Child Protection Protocol was developed that defines roles and responsibilities of various stakeholders and child protection service providers, with the objectives of: prevention of children from harm; provision of right and effective response when a child is harmed; and rehabilitation of children who have been harmed.

**Gender Mainstreaming and Equality**

2014 saw the finalisation and launch of the UN Botswana Joint Gender Programme (JGP), comprised of the JGP on gender-based violence and the JGP on gender mainstreaming. The JGP is a culmination of active participation and partnerships across UN agencies, Government and civil society. A 2015 annual work plan (AWP) was prepared, in close cooperation with Government and CSOs, selecting priority areas for focus and partnership.

The UN-led flagship programme, to run during 2015-16, proposes strategies and activities to address gaps in coordination, monitoring and evaluation and implementation based on lessons learned. The programme targets policymakers, decision-makers, service providers, service beneficiaries, urging them to: make accountable decisions about gender and GBV; eradicate cultural and social beliefs that have a negative impact on gender; involve men in playing positive roles in promoting gender equality; create equitable access to health for both women and men; and improve the quality of life for children, youth and women.

The JGPs will be implemented through the Government of Botswana-United Nations Programme Operational Plan (GoB-UN POP), focused on the three outcome areas of Governance and Human Rights Promotion, Health and HIV/AIDS and Children, Youth and Women Empowerment. The JGP emphasises three critical roles the UN will assume: advocacy at all levels for accountability in the implementation of policies; technical support to ministries, CSOs and private sector partners; and support for implementation of select programmes and projects.

Within UNICEF programming, gender issues were highlighted in relation to adolescents and HIV. As part of the ongoing ‘Wise Up’ initiative, aimed at addressing risks, vulnerabilities and misconceptions associated with HIV infection among adolescents, specific efforts were made to engage adolescent girls at the community level to uncover the specific vulnerabilities they face and to empower them to make positive life choices. Through facilitated discussions, young women shared their specific concerns, discussed the significant vulnerabilities and risks they face and identified how they can better address these vulnerabilities and related risks of HIV infection - personally and collectively.

**Environmental Sustainability**

While climate change and environmental issues are priorities for Botswana, the small size of the UNICEF office and the dangers of overstretching, has resulted in UNICEF not actively engaging in this area. UNICEF is an observer member of the UN Component Coordination Group on Environment and Climate Change, but has no active projects relating to environmental sustainability, nor is it a significant part of other programme areas or activities.

UNICEF Botswana has taken steps to reduce its environmental impact, including: utilisation of more fuel-efficient vehicles for local travel, and when viable for field visits; improved
management of utilities use within the office; and greater reliance on electronic communication, documentation and filing to reduce printing and stationary consumables.

**Effective Leadership**

The UNICEF Botswana senior management team meets every Monday morning to set the pace for the week, discussing emerging issues, setting out key activities for the week and monitoring follow-up actions on previous recommendations. The Office has operationalised governance structures - comprised of statutory committees – such as Country Management Team (CMT), Contract Review Committee (CRC), Central Review Body (CRB), Local Human Resources Development Committee (HRDC), and PCA Review Committee – that continue to function effectively. The Joint Consultative Committee (JCC) met three times in 2014, to further enhance a participatory and enabling work environment between staff and management; minutes were shared with staff members and recommendations implemented.

UNICEF Botswana reviewed a risk-informed governance structure and adjusted membership of the statutory committees. The Office made significant revisions to its VISION Table of Authority (TOA) and VISION Roles Mapping Table, to adjust for staffing changes and restructuring. Briefing sessions on Segregation of Duties and TOA to increase staff awareness and understanding in the application of the new Internal Controls Policy in the day-to-day business process application were held. The Delegation of Authority Memo was signed and documented. The Office commissioned standard operating procedures (SOPs), in the absence of global SOPs on VISION, for a number of internal processes and organised training sessions on UNICEF rules and regulations and application of newly developed SOPs.

Country programme management indicators and VISION performance management reports were compiled regularly and discussed at CMT and general staff meetings, and more in-depth during mid-year and end-year reviews. Implementation of the new VISION programme and financial management system was monitored through CMT meetings, weekly senior management meetings and monthly Operations and Programme meetings.

The Office worked closely with the Staff Association to address areas of staff interest and concern. General Staff meetings were arranged to discuss pertinent staff issues, such as the Global Shared Services Centre (GSSC) and office restructuring, on a regular basis and before CMT meetings. The most important challenge was address staff morale issues following the changes outlined in the 2013 PBR and related downsizing and depletion of skilled staff and confusion in HR, supply and finance functions created by the creation of the Supply and HR Hub in South Africa.

The Business Continuity Plan was updated regularly to adjust to an evolving office environment, and was approved and uploaded into Early Warning Early Action on-line platform. To operationalise the BCP strategy, an OIC list was incorporated into the TOA to ensure uninterrupted business processes. The Enterprise Risk Management matrix was updated during the first and last quarters of 2014, with participation by all staff, reviewing the efficacy of identified risk reduction activities and identifying additional risk control measures. Key risks and control identified through review of the UNICEF Botswana Risk and Control Library included: programme process, procedures & controls, addressed through expansion of Vision users and training; aid environment, addressed through leveraging support from partners and BLNSS joint resource mobilisation; and talent management, addressed through a salary survey and increase in local staff salaries.
Financial Resources Management

Safeguarding adherence to the 2013 audit observations and recommendations, which were all closed, the TOA was reviewed twice in 2014, designating financial authority to staff, and requiring each staff member to confirm, in writing, his/her awareness of the responsibilities and accountabilities associated with exercising that authority. To augment these responsibilities, staff were trained in VISION for a week.

The Office completed bank reconciliations through December 2014 for its two bank accounts in a timely manner. In 2014, the Office conducted a thorough review of banking services aimed at achieving best value for money. Standard Chartered Bank had lower comparative charges, with further advantages accrued from establishing Internet banking and the SAP software interface with the UNICEF HQ finance department. The ability to transact banking remotely creates efficiency and frees finance staff time to perform quality assurance activities.

Effective financial management structures to ensure accountability were in place for regular tracking of funds utilisation as standing key agenda items for programme and operations, with review and discussion of information from Insight during Programme Coordination and CMT meetings. UNICEF Botswana has continued to closely monitor outstanding direct cash transfers (DCTs). No DCTs had aged over nine months, and as of 31 December 2014, the Office achieved 0 per cent DCT outstanding balance over six and nine months.

The performance of VAT refunds for the first and second quarters were satisfactory. VAT claims were cleared without queries. UNICEF Botswana monitors Regular Resources and Other Resources expenditure levels during the section chiefs meetings; expenditure levels of grants expiring during the coming three months are also regularly monitored. As of 31 December RR and OR expenditure level was 98 per cent.

Fund-raising and Donor Relations

With Botswana’s middle-income country status, acquiring and maintaining adequate human and financial resources to achieve the targets established in the CPD, to provide timely and high level technical assistance and to push innovation and equity is a constant and serious challenge. Regular resources ensure core human resources capacities and fund programmes that do not have other available funding sources – such as social inclusion and advocacy and communications.

Opportunities for obtaining other resources (OR) have steadily diminished, as donors have drastically reduced funding support for programmes in Botswana. The loss of traditional donor funding has resulted in the CO running at approximately 25 per cent of the OR ceiling of US$3 million, annually as envisioned in the 2010-14 CPD. With the approved two-year extension of the CP through 2016, the ceiling has been reduced to US$1.175 million.

The CO relies heavily on thematic funds for implementing its core programmes and for supplementing human resource capacity in key technical areas and support functions, allowing critical but unfunded activities to be expedited. All thematic funds expiring in 2014 were fully utilised. Required donor reports were submitted on time in 2014, and reviewed and approved by management.
Evaluation

UNICEF’s work in Botswana focuses on providing high-quality technical assistance on upstream policy development and analysis and identifying solutions to challenges in policy and programme implementation. The integrated monitoring and evaluation plan (IMEP) is prepared in conjunction with the annual work plan, through identification of opportunities to improve knowledge and evidence-generation with partners and identification of areas for UNICEF support. The IMEP is approved as part of the Annual Management Plan and reviewed by the expanded CMT through the mid-year and annual review process, with adjustments made as needed.

The Office supports and utilises the findings and recommendations of research, reviews and evaluations, with concrete contributions integrated into ongoing programming and advocacy areas of PMTCT, immunisation, and social protection. UNICEF support is most systematically provided in the areas of health and HIV, with strong partnerships with MOH and their commitment to regular review and evaluation of new initiatives and services, such as early infant male circumcision (EIMC) and introduction of new vaccines and review of national plans and policies on child and neonatal health and nutrition.

The lack of commitment to rigorous programme evaluation among decision makers and the scarcity of local human and financial resources remain bottlenecks toward establishing evaluation as a critical means for ensuring programme performance, efficiency and sustainability. Many government programmes focused on children have never been evaluated or systematically reviewed as to efficiency, sustainability or impact.

In 2014 UNICEF and its partners identified programmes which would most benefit from systemic review/evaluation, advocating for and pledging support to, systematic review, and when possible evaluation, of key Government policies and programmes affecting children. Reviews of EIMC, prevention of mother-to-child transmission of HIV (PMTCT) and maternal-child health (MNCH) interventions, social protection programmes and sectoral budgets are planned for 2015.

While no new evaluations were conducted in 2014, management responses to previous evaluations were addressed and closed.

Efficiency Gains and Cost Savings

In 2014, UNICEF Botswana undertook significant measures to identify and enact efficiency gains in its annual operations and programme costs, identifying and applying Effectiveness and Efficiency strategies in a number of areas.

The Office worked through UN common services to pool resources for contracting cleaning, security, courier and medical services. The UN Operations Management Team worked on establishing common rates for workshop and conference packages to bring coherence on common operational procedures and policies as a business operating strategy.

UNICEF Botswana established a lump sum accommodation rate for long-term consultants, which was lower than the established operational DSA rate, resulting in substantial savings.

As part of UN joint initiatives, a number of One UN long-term agreements (LTAs), such as those for medical services, joint staff briefings, joint salary surveys, were signed and operationalised with key stakeholders.
UNICEF Botswana had sufficient carryover of stationery and office consumables from the previous period to forgo further procurement and accrue significant savings.

The local communication service provider made a significant reduction, up to 75 per cent, on the going market rates, presenting an opportunity that the office seized and subsequently increased the bandwidth from 1 KBPs to 4 KBPs at the same terms and conditions.

A marginal cost reduction of 10 per cent was achieved on communication, vehicle repairs and maintenance, courier services and stationery costs.

### Supply Management

UNICEF Botswana developed a consolidated 2014 supply plan for goods and services that guided procurement obligations during this reporting period. These services ranged from contracting for individual and institutional services, through consultancies for strategic programme inputs, sourced both locally and internationally. Most procurement involved contracting for services - both low and high value.

Fifty-eight per cent of total Programme procurement services related to consultants, who delivered on results for child survival and development as well as protection and education of children. Other contracted services included provision of conference/meeting facilities, printing of programme supplies and general office security.

UNICEF and the government of Botswana, utilised procurement MOUs to procure specialised supplies through Copenhagen - fully paid by the Government. UNICEF prices are often used as a comparator by Government to conduct their own procurement; the Government values greatly access to our Procurement Services when needed.

UNICEF does not have a Warehouse in Botswana; all shipments received from Copenhagen are directly received by the Government and stored in their warehouses, from which distribution is made to the districts and health facilities. The Office provided support during custom clearance of Government shipments.

During the year, UNICEF Botswana cleared shipments of therapeutic food, consisting of ready-to-use foods (F75 and F100), and cold chain equipment, including fridges and fridge tags used for temperature monitoring, on behalf of the Ministry of Health.

During 2014 the Office facilitated and supported the Health and Nutrition Programme Officer to attend the global Supply Meeting that took place in Copenhagen. This was aimed at strategically positioning the Office, providing a competitive advantage in the area of supply chain management.

### Security for Staff and Premises

UNICEF Botswana premises are guarded by four trained security guards, who work in shifts of two. The day guards direct UNICEF guests, as well as control of exit and entry of vehicles into the basement. The premises are controlled through remote access control, augmented by a personal identification pin code. Real-time recording and display of system events on the computer, report on key-holders, doors and events can be sent to the local or network printer. The premises are also monitored by eight HD and infrared video camera, supported by an
Fire extinguishers are strategically placed within the building for ease of application. Every room is equipped with a smoke detector to trigger an alarm in the event of fire. The building is equipped with two emergency exits, if breached, the alarm system goes off. There is 24/7 power backup. There is a staircase in case the lift fails due to power outage or mechanical failure. First aid and PEP kits are available for emergencies.

UNICEF Botswana is looking at the option of relocating to UN Place; the feasibility study is to be completed in 2015. The in-country UN Department of Safety and Security (UNDSS) office finalised a UNICEF Minimum Operating Security Standards Security Risk Assessment, submitted in December 2014 to the UNDSS Regional Office. Security issues related to the move will continue to be assessed. The benefits for co-locating include increased collaboration with other UN agencies and improved pooling of resources around joint operational activities in programming, procurement and HR. The move will result in one-time costs, to establish the office and install ICT infrastructure, with cost possibly recovered in 3-5 years. The move is bound to create temporary disruptions of work, lack of parking spaces and costs tied to restoring the current office to its original state.

Activation of a warden system, where staff are zoned with chief and deputy wardens, was reviewed and updated. The chief wardens are given a small amount of airtime per month to enable them to monitor staff under their jurisdiction. The staff list and communication tree are regularly shared with UNDSS and OPSCEN.

The Office regularly shares security updates received from the regional and the country security advisors with staff, to enhance their security awareness and take informed action.

All mission travel is cleared by UNDSS. All UNICEF staff who complete the basic and advanced security e-learning obtain certification for travel.

**Human Resources**

The UNICEF Botswana Country Programme saw full implementation of staff restructuring from the 2012 MTR. The last CPMP finalisation was in August 2013 and all staff structure changes from the MTR and 2013 programme budget review (PBR) went into effect on 1 January 2014. As a middle income country, UNICEF Botswana continues to review and re-profile staff skills and competencies, as the nature of the programme evolves, to suit the MIC context.

The Office conducted a thorough and participatory review in preparation for establishment of the Global Shared Service Centre project, with a follow-up re-profiling of staff roles in July 2014, with support from the HR hub in South Africa. Significant gaps in human resource capacity were identified in the Finance and HR functions, creating risks to quality control and oversight. Following open consultations within the CMT, with the Staff Association and with potentially affected staff, the Office proposed changes and submitted a special PBR in November 2014, with the purpose of improving operational efficiency in HR and Finance. PBR approval was received in December 2014 for upgrading the Finance position. The proposed changes to increase capacities in HR were declined until March 2015, when a thorough review of HR needs analysis within BNLSS+A will have been completed - with reference to HR support offered by HR Hub in South Africa. It is expected the above adjustments will improve team productivity and efficiency in programme and operations by addressing improving efficiency and improving staff morale and motivation.
100 per cent of eligible staff members completed performance appraisal system (PAS) work plans in a timely manner. Mid-year performance reviews were held for staff members, as part of continuous feedback and coaching, to ensure the results were linked to the work plan outputs specified.

UNICEF was actively involved in UN Cares activities, coordinated by UNAIDs. UNICEF staff members were made aware of the broad counselling services available to them and their dependants, as well rededication to 10 minimum standards on HIV in the workplace through orientation of new staff members.

The Office facilitated one planned group training: on Leadership. The Human Resources Development Committee (HRDC) reviewed and supported individual learning for staff members, resulting in the approval of nine individual learning requests. One group VISION sessions was held, covering both operations and programme modules.

In 2014 UNICEF Botswana completed recruitment of two national professional staff within the Key Performance Indicators 90-day benchmarks. The overall staff gender ratio is 56 per cent female and 44 per cent male.

Three JCC meetings were held and minutes shared with staff members and recommendations implemented. Staff were actively encouraged to participate in the Staff Survey conducted in February. The Office worked closely with the Staff Association to address areas of staff interest. General Staff meetings were arranged to discuss pertinent staff issues.

Through negotiations with Vanbreda, local hospitals agreed to honour Vanbreda cards to access medical services for national staff and their dependents. Staff were actively involved in UN games, World AIDS Day commemoration activities to increase HIV awareness and CRC-related events.

Effective Use of Information and Communication Technology

During 2014 UNICEF Botswana rolled out the Office365 suite, including Outlook, Lync and OneDrive and SharePoint, offering real time storage and efficient access to data and information. Information on use of ICT resources was regularly shared with UNICEF clients and violations addressed. Data is securely backed up and stored. UNICEF business transactions were performed through VISION SAP modules to achieve scope, schedule and budget goals.

There was no outage of ICT resources during systems upgrades and maintenance assured ICT business continuity. ICT equipment management was carried out by after-sales appointed services agents to assure quality, uninterrupted service delivery at minimal cost. Assets were managed across their lifecycle to maximise efficiencies. The Office received Wi-Fi equipment from UNICEF’s South Africa and Mozambique offices and successfully negotiated with the local ISP provider to grant additional bandwidth at no extra cost.

In spite of these marginal improvements, the speed of Internet from the local ISP was slow, frustrating efforts to carry out video streaming and web based learning, with turnaround time for service calls long. Internally, it has taken extended periods of time to transfer VISION rights between duty stations and to provide VISION Rights after TOA changes. IT equipment purchases through local vendors have to be sourced from abroad, with no LTAs established by the supply hub, creating delays in in planned ICT projects.
UNICEF Botswana continues with IT innovations through proactive research to uncover and exploit new technologies, techniques, or processes that enhance partner business outcomes, such as mHealth projects, which automatically send SMS to pregnant women to attend antenatal clinic regularly. Furthermore, the Wise Up programme, an integral part of the HIV/AIDS education and awareness campaign, made significant use of social media and mobile SMS technology.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 By 2016, government capacity to deliver equitable quality child survival and development services reduces child mortality and morbidity.

Analytical Statement of Progress:

In 2014, UNICEF and partners focused efforts on improving effective and equitable health policies and service delivery of quality high impact interventions for reduction on child deaths and stunting in the following specific areas: strengthening coordination and quality of service delivery for integrated management of malnutrition; supporting processes for development of IYCF interventions in highest-malnutrition district; guidelines development for neonatal care; EPI capacity building and technical support for introduction of new vaccines; systems strengthening for improving PMTCT coverage in underperforming districts; HIV prevention interventions, including increasing knowledge and skills among adolescents and young people, as well as supporting Early Infant Male Circumcision efforts; and innovation for health.

Implementation of interventions for key priority areas to address high malnutrition rates (31% stunting and 8% wasting - BFHS, 2007) were initiated as per 2013 UNICEF-supported National Nutrition Strategy 2014-2017. These included support for strengthening infant feeding practices in Ghanzi, a district with the highest malnutrition rates. An integrated protocol for management of malnutrition was developed, including strengthening of coordination and monitoring, with expectations for improved quality of care and the enabling environment for service delivery at a national scale.

Botswana continues to register over 95% immunization coverage for most antigens (EPI Coverage Survey, 2013). However, challenges of continuous provision of quality services remain in some areas. To strengthen quality provision of services, Vaccine Management Guidelines and Adverse Events Following Immunization Protocol were developed in 2014. While newborn complications are the leading cause of death for infants in Botswana, there has been no standardized approach to prevention and management of complications at national level. In 2014, with UNICEF support, the government started developing neonatal care guidelines to standardize and improve quality of care.

Results of the 2013 Botswana AIDS Indicator Survey (BAIS IV), indicated HIV prevalence among adults remain high at 18.5%, while incidence remains worrying at 1.4%. Only 47.9% of young men and women can correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about transmission, with only a slight increase from previous surveys. UNICEF and the National AIDS Coordinating Agency (NACA), continued to implement the Wise-Up campaign, targeting young people with HIV prevention messages using youth-friendly platforms, reaching 1376 young people with life-skills and HIV prevention messages in
2014. The MoH introduced Early Infant Male Circumcision as an additional long-term strategy for HIV prevention, which is being reviewed with UNICEF support to inform development of a national strategy.

The PMTCT programme continues to register successes, as transmission has been reduced to 2.1% (administrative data), and 96% of eligible women receive services. However, coverage and uptake of PMTCT interventions differs between districts, with some districts performing significantly below the national average. With UNICEF support, government analyzed implementation bottlenecks in underperforming districts to inform further program improvements and child health outcomes. The introduction and scale up of Option B+ is planned, which will facilitate further elimination of HIV transmission from mother to child, while keeping more mothers alive.

An opportunity for improvement of child health outcomes has been the EU-supported introduction of Community Support Package. The initiative includes training Health Education Assistants for community-based promotion of critical health and nutrition interventions in six districts with poor health outcomes. These interventions include education on diarrhoea prevention and early care seeking, screening for malnutrition, promotion of immunizations and other high impact interventions. It also includes delivery of pre-prepared bundling of supplies of essential child health commodities and drugs, particularly ORS and Zinc tablets for treatment of diarrhoea.

Challenges remain around issues of program monitoring. Many districts have been failing to submit timely reports for Child Health Days, citing the number and complexity of data collection tools as barriers. Weak program monitoring limits effective planning and intervention improvements due to lack of information for policy makers and program managers. Routine monitoring for management of acute malnutrition and neonatal morbidity and mortality is weak. UNICEF provided technical assistance for review of the data collection tools, with a view to improve planning, supervision and user-friendly requirements. The revised tools were used in the November 2014 CHDs and will inform decision making for improvement of CHDs. UNICEF will continue supporting strengthening of monitoring systems in these areas in 2015.

While steps are being taken, as discussed in the above programmatic areas, to address the leading causes of death and stunting among children, critical health systems challenges remain. Critical life-saving skills such as management of severe acute malnutrition, and IMCI protocol for management of diarrhoea and pneumonia are not incorporated in pre-service training of health workers at government institutions, and are also not adequately resourced to reach effective coverage of in-service training in the short to medium term. This compromises the quality of care for sick children, as shown by the latest IMCI Health Facility Survey results. Protocols for classification and management of diarrhoea, pneumonia and malnutrition were followed in less than half of the cases. Other challenges include high transfer of nurses with specialisations to work in other areas. There is also a critical shortage of transport at district level, significantly limiting the District Health Management Team’s ability to provide sustained monitoring, supervision and mentoring.

The second year of conducting the mHealth youth competition, a partnership among a range of public and private institutions, continues to serve as a platform for young people to develop and test innovative mobile-based solutions for Botswana’s health care system challenges.

**OUTPUT 1** By 2016, more effective and equitable health polices and service provision systems deliver quality high impact interventions for reducing preventable child deaths and stunting.
Analytical Statement of Progress:

In 2014, UNICEF continued support to the implementation of high impact interventions for the reduction of child morbidity and mortality. Support was provided for both the May and November Child Health Days, with Vitamin A supplementation, catch up immunisation and health promotion messages for health and nutrition interventions intensified. About 60% of children aged 6-59 months were reached with Vitamin A supplementation in May 2014, with UNICEF working with MOH to strengthen community mobilisation for future Child Health Days. A revised monitoring tool was implemented during the November Child Health Days.

Following the Post Introduction of Pneumococcal and Rotavirus Vaccines Evaluation recommendations, AEFI protocol and Vaccine Management Guidelines were developed. EPI management has been strengthened through UNICEF and WHO training support for the new manager and two programme staff on EPI management, IPV and other new EPI developments. UNICEF continued support through UNICEF Procurement Services for procurement of cold chain equipment for EPI and LLINs for malaria prevention.

Malnutrition remains a major contributor to child mortality, with 63% of children who died in five hospitals in 2013 found to have had some form of underlying malnutrition. In response, UNICEF supported the MOH to harmonise management of acute malnutrition protocols and is providing assistance in developing interventions for promotion of child feeding practices in Ghanzi district using the ProPan method, which will provide evidence for targeted interventions for stunting reduction.

Documentation of the UNICEF support to implement District Health System Strengthening Diagnose-Intervene-Verify-Adjust approach in two districts was completed. UNICEF and MOH continue supporting the implementing districts to address bottlenecks in order to achieve equity for maternal and child health.

UNICEF, in partnership with six government, academic and private institutions continued to support the Botswana Youth mHealth Innovation initiative. The 2013 winner developed a mobile-based system for pregnant women to increase access to prenatal and postnatal care and UNICEF supported development of key messages and procurement of equipment to support its implementation in 2015. The 2014 winners have been announced and UNICEF will provide requisite technical support in development of their prototype.

Going forward, implementation of Propan will continue into 2015, as will finalization of the integrated management of malnutrition protocol (resulting from the harmonisation of protocols activity). UNICEF will support dissemination of the integrated protocol and also support strengthen monitoring systems for management of acute malnutrition in order to have real time data to inform programming. New-born care guidelines will be finalised and a new-born action plan developed in 2015.

OUTPUT 2 By 2016, effective health policies and programmes reduce MTCT and youth HIV infection and increase testing and treatment.

Analytical Statement of Progress:

UNICEF continues to support implementation of the National HIV response; in 2014 technical and financial support was provided for conducting bottleneck analysis for eliminating mother-to-
child transmission (eMTCT) of the virus in five districts with high unmet need. Conducting analysis at the district level built capacity of the DHMTS to use their own data to identify gaps from both supply and demand side determinants and to develop plans to address them.

In the area of HIV prevention, UNICEF continued collaborating with the National AIDS Coordination Agency on HIV prevention among young people aged 10-24 years, through the Wise Up campaign. About 1,376 young people were reached with messages on HIV prevention in five districts. Orientation and capacity development was conducted for district stakeholders (BNYC, DHMT, DAMSC, NGOs) and a Partnership agreed with the “I am” campaign, encouraging young people to live a purpose-driven life. Wise Up was also active during the African Youth Games, held in Gaborone, with thousands of youth participants and visitors attending from across Africa.

UNICEF supported Botswana’s participation in an international meeting on EIMC to share and learn for other countries’ experiences. UNICEF is supporting MOH to review the EIMC pilot phase, findings of which will inform development of an EIMC strategy and roll-out plan. The planned support for use of SMS technology to facilitate early infant diagnosis (EID) and timely treatment for HIV-infected children was suspended at the request of the MoH, as plans are underway to incorporate mechanisms for EID in the existing e-databases, for which UNICEF will provide technical support.

UNAIDS led a strategic process, in which UNICEF participated, to review the impact of investment made so far in HIV/AIDS and to propose recommendations for investment in evidence-based solutions. While increase in access to ART and PMTCT has been phenomenal, HIV prevalence nevertheless increased to 18.5 per cent among the population aged 18 months and above, a slight increase from previous surveys. As a consequence, five areas have been agreed to being critical to improve HIV/AIDS outcomes and to ensure long term financial sustainability: 1) expanding HIV prevention among youth; 2) improving monitoring and evaluation; 3) integrating health services to maintain clinical care excellence; 4) expanding HIV testing and engagement in care; and 5) developing community empowerment within the National HIV Response. Based on this, UNICEF successfully advocated for a focus on HIV prevention and integration of HIV/TB/Sexual and Reproductive Health (SRH) services in a new funding submission to the Global Fund.

In 2015 UNICEF will support programme review for PMTCT, SRH and MNCH, validation of eMTCT of HIV and documentation of PMTCT best practices in partnership with the African Union Commission, as well as a review of EIMC. The ‘Wise-Up’ campaign for prevention of HIV among adolescents will also be reviewed, adolescent HIV prevention interventions will be mapped and a comprehensive HIV prevention package developed as part of the “All In” initiative will be supported.

**OUTPUT 3** By 2016, quality human resource support results in achievement of country programme outputs and outcomes

**Analytical Statement of Progress:**
Human resource capacity within the Young Child Survival and Development (YCSD) section was strengthened in 2014 with the addition of a national health and nutrition staff member. Continued support was provided to Government and other partners in YCSD and HIV treatment and prevention, with increased engagement and leadership in nutrition.
OUTCOME 2 By 2016, strengthened social policy and protection systems and services reduce vulnerability, improve equity and ensure protection for all children.

Analytical Statement of Progress:

Progress was made in improving the functioning of the child protection system in Botswana. UNICEF supported MLGRD in drafting Guidelines on Rationalization and Standardisation of OVC package of services to ensure the full implementation of the National Plan of Action (NPA) for OVC. Furthermore, MLGRD was provided with TA to fast track preparations for the Violence against Children Survey which will commence in 2015. Costing of the implementation framework of the Children’s Act 2009 and drafting of Child Protection Protocol have also been completed. UNICEF also supported the Botswana Police Service to develop a Youth Strategy which addresses, among other things, issues pertaining to youth and crime, youth and substance abuse etc.

National efforts continue to be focused on the removal of bottlenecks to birth registration for children in the remote areas for orphans and vulnerable children living without care givers to access their birth certificates. Specifically, UNICEF BCO team went to Maun, Sese and Jwaneng this year to raise awareness among stakeholders on the need for OVC to access birth certificates. The Ministry of Labour and Home Affairs is currently working with UNICEF on mobile registration and developing a Strategy on Civil Registration and Vital Statistics.

In line with the revised National Policy on Education of 1994, significant progress was made in creating an enabling policy environment for improving access to education for out-of-school children. UNICEF provided full-time technical assistance to the MOESD to draft the OSEC curriculum framework and to accelerate the ministry’s approval of the new out-of-school education policy. Two more consultants were hired in the first half of 2014 to support the MOESD in developing curriculum and M&E framework for the OSEC program, respectively. An OSEC model was developed and is being tested.

In addition, UNICEF and the government jointly organized a successful international conference on ECD. The awareness amongst key stakeholders was significantly enhanced and the government reaffirmed its commitment to scaling up a two-year pre-primary program in all its public primary schools nationwide within five years. Building on the momentum, a consultant was identified and would come on board early 2015 to support the MOESD to review and update the current ECD policy, which focuses on private-sector provision.

A Multiple Overlapping Deprivation Analysis (MODA) was commissioned to generate information on multidimensional poverty for children and the overall population (at household level). This study is expected to provide direct inputs to the Botswana Poverty Eradication Policy Framework and Botswana Poverty Eradication Strategy to ensure sufficient consideration for children in the national poverty eradication process. It will also provide new data to update the situation analysis of women and children. The updated situation analysis will be utilized to support government’s continued commitment to address challenges of poverty, youth unemployment and out-of-school education. This Analysis is expected to be completed in the first quarter of 2015.

Progress was also made in engaging key stakeholders in the areas of child friendly budgeting and social protection for children. A sensitization and training workshop on child friendly budgeting was conducted. It introduced the concept of child friendly budgeting, identified the most pertinent issues affecting children, discussed how public expenditure may mismatch
outcomes and results for children, and reached consensus on the way forward in terms of the types of evidence that may be needed for policy advocacy and possible methodologies that may be used to generate such evidence, so that key stakeholders can better engage in evidence-based dialogues around how the country can achieve better value for money for children. Dialogues around child-sensitive social protection also took place with key stakeholders and a number of initiatives were agreed on to be undertaken in 2015 including assessment and evaluation of the OVC program and improvement in targeting.

In partnership with UNFPA, significant progress was made in profiling of adolescents and youth and mapping of adolescent and youth policies and programs. A draft has been produced and the final report is expected in the first quarter of 2015. It will produce crucial data and information to support advocacy with the government in relation to specific aspects of the lives of adolescents and youth, and to provide a strong base for evidence-based policy-making which will target specific vulnerabilities of adolescents and youth to be addressed.

The challenges of funding social policy, social protection and child protection programmes in an upper-middle income country remain evident across government and development partners. Capacity challenges of government and NGOs have led to delays in implementing key policies and programmes. The elections in October gave rise to sensitivities around evidence generation and policy advocacy on the part of the government partners.

OUTPUT 2 By 2016, strengthened institutional capacity of child protection and community support systems improve social protection, care and support for all children.

Analytical Statement of Progress:

In 2014, significant progress was made in improving the functioning of the child protection system in Botswana. UNICEF and MoLGRD drafted Guidelines on Rationalisation and Standardisation of OVC package of services, to ensure full implementation of the National Plan of Action for OVC. Furthermore, MoLGRD was provided with technical assistance to fast-track preparations for the Violence against Children Survey, which will commence in 2015. Costing of the implementation framework of the Children’s Act 2009 and drafting of a Child Protection Protocol were also completed. UNICEF also supported the Botswana Police Service to develop a Youth Strategy, which addresses, among other things, issues pertaining to youth crime and substance abuse.

National efforts continue to focus on the removal of bottlenecks to birth registration for children in remote areas, focusing on orphans and vulnerable children living without care givers. Specifically, UNICEF and Department of Civil and National Registration (DCNR) of the Ministry of Labour and Home Affairs visited Maun and Jwaneng districts, among districts with the lowest birth registration rates, to raise awareness among stakeholders on the need for OVC to access birth certificates. DCNR is currently working with UNICEF on mobile birth registration and on developing strategies for universal birth registrations within the newly finalised Strategy on Civil Registration and Vital Statistics.

In line with the revised National Policy on Education of 1994, significant progress was made in creating an enabling policy environment for improving access to education for out-of-school children. UNICEF provided full-time technical assistance to the MoESD to draft the Out of School Education for Children (OSEC) curriculum framework and to accelerate approval of the new out-of-school education policy. Additional support was provided in developing curriculum and M&E framework for the OSEC program. The OSEC model is currently being field tested,
with a national launch of the programme planned for mid-2015.

UNICEF and the MoESD jointly organised a successful national conference on early childhood development, partnering with the MoLGDR and MoH. Awareness amongst key stakeholders was significantly enhanced and the Government reaffirmed its commitment to scaling up a two-year pre-primary program in all public primary schools within five years. Building on the momentum, a consultant was identified to come on board in early 2015 to support the MoESD to review and update the current ECCE policy.

**OUTPUT 4** By 2016, quality human resource support results in achievement of country programme outputs and outcomes

**Analytical Statement of Progress:**

Human resource capacity within the Social Policy and Child Protection section was strengthened in 2014 with the recruitment of a new Chief of Section, bringing additional capacities in social protection, public financing for children and data analysis and evidence generation. Continued support was provided to Government and other partners on a wide range of child protection, social policy and social protection activities.

**OUTPUT 5** By 2016, children and adolescent’s rights are prioritised in evidence-based budgeting and policy and programme, design, implementation and monitoring.

**Analytical Statement of Progress:**

In partnership with the Office of the President and Statistics Botswana, a Multiple Overlapping Deprivation Analysis was commissioned to generate information on multidimensional poverty for children and the overall population (at household level). This study will provide direct inputs to the Botswana Poverty Eradication Policy Framework and Botswana Poverty Eradication Strategy, to ensure sufficient consideration for children in national poverty eradication programmes. The analysis will also provide new data to update the situation analysis of women and children, providing a greater equity focus. The updated SitAn will be utilised to support Government’s continued commitment to addressing challenges of poverty, youth unemployment and education for OOS children. This analysis is expected to be completed in the first quarter of 2015.

Progress was also made in engaging key stakeholders in the areas of child-friendly budgeting and social protection for children. A sensitisation and training workshop on child-friendly budgeting was conducted, with a broad range of Government and civil society partners. The workshop introduced the concept of child-friendly budgeting, identified the most pertinent issues affecting children and discussed how public expenditure may lack alignment with desired outcomes and results for children. A consensus was reached on the way forward in terms of the types of evidence needed for policy advocacy, and possible methodologies to be used to generate such evidence, to facilitate better stakeholder engagement in evidence-based dialogues and achieving better value for money from programmes focused on children.

UNICEF facilitated Government participation in the African Union expert consultation on children and social protection systems in Africa, which led to concrete recommendations on how to make national social protection systems more child-sensitive. UNICEF, in partnership with the World Bank, facilitated Government participation in the annual meeting of the Community of Practice of Cash Transfers and Conditional Cash Transfers in Africa. The Botswana team offered to host the next annual meeting, with an expectation of exposing key decision-makers to current in-kind
based social protection systems, while the international trend is to go for more efficient cash-based systems. Building on the momentum, dialogues around child-sensitive social protection took place with key stakeholders and a number of initiatives were agreed on for 2015, including assessment and evaluation of the OVC program and improved targeting.

In partnership with UNFPA, significant progress was made in profiling adolescents and youth and mapping of adolescent and youth policies and programmes. A draft was produced and the final report is expected in the first quarter of 2015. The profile will provide crucial data and information to support advocacy with the Government in relation to specific aspects of the lives of adolescents and youth, and will provide a strong case for evidence-based policy-making targeting specific vulnerabilities of adolescents and youth.

**Outcome 4:** By 2016, cross sectoral support results in quality programme design, promotion, implementation and monitoring and evaluation.

**OUTPUT 1** By 2016, increased external engagement, partnerships and child participation strengthen UNICEF’s profile and programming.

**Analytical Statement of Progress:**

In 2014 External Relations undertook activities that raised awareness on children’s rights by building capacity of various stakeholders and the media on advocacy, implementation, monitoring and reporting on children’s issues. UNICEF commemorated ICDB in partnership with three local radio stations. The commemoration, held under the theme; “Education: my right; my life,” offered children and communities an opportunity to explore solutions to declining performance at schools across the country.

UNICEF Botswana supported the Ministry of Local Government and Rural Development in commemorating the Day of the African Child under the theme; “All together for urgent actions in favour of street children”. The event drew attention to the plight of street children and the threat posed to their lives and development.

As a build-up to the CRC@25 commemoration, UNICEF launched a weekly radio programme, running from April through December, to promote discussion of children’s rights and elicit child participation. The one-hour programme, “It’s Our Time”, covered a variety of issues affecting children, with a focus on child rights and responsibilities. The programme included interviews with children, community members, experts and political leaders, with engagement of listeners through phone lines, SMS and social media.

As part of the CRC commemoration, UNICEF held a stakeholders breakfast to introspect on progress made since the ratification of CRC by Botswana. As a result, the Government committed to further strengthen the Children’s Consultative Forum and National Children’s Council. The event received extensive media coverage and a series of programmes were undertaken by radio stations to promote dialogue on issues affecting children. Subsequently, a panel discussion on the “effects of socio-cultural practices on realisation of children’s rights in Botswana” was held in collaboration with the University of Botswana. Academics, civil society, children, politicians, Government officials and community members frankly discussed cultural practices that encourage or hamper realisation of children’s rights. On 29 November, the main commemoration of CRC@25 was held under the theme; “All Rights, All Children, All the Time.” UNICEF Botswana also produced a song with local celebrities as part of CRC commemorations.
UNICEF partnered with Botswana Television to produce 54 episodes of a children’s story to promote child rights and welfare, to be launched in 2015. In partnership with MISA, UNICEF sponsored the Best Children’s Reporting awards in Print and Broadcast, encouraging reporting on children’s issues.

The UNICEF Resource Centre maintained regular visits from scholars and students, mainly from the neighbouring University of Botswana and the Institute of Health Sciences. The Office maintains an active Facebook page that primarily targets adolescents and young people. The page has timely messages and discussions. The country website is regularly updated, and there are plans to revamp the website, to make it more interactive, in 2015.

**OUTPUT 2** By 2016, country program reviews, adjustments and enhancements result in improved programme relevance, effectiveness and efficiency.

**Analytical Statement of Progress:**

Cross-sectoral programme activities in 2014 continued to support a strong and strategic transition toward programming in an upper-middle income country. Internal mid-year and annual reviews monitored progress in developing partnerships in areas where limited resources provided the highest returns and opportunities for more sustainable and strategic engagement with Government, CSOs and development partners. These reviews additionally assessed progress in implementation of AWPs as well as providing an opportunity to review and revisit budget allocations, adjusting to changes in the environment and to align budgets with emerging priorities and partner capacities. Tools for reviewing and reporting continue to be adjusted to support improved monitoring and reporting.

UNICEF continues to work with Government and development partners to improve communication and coordination of activities through active participation in a wide range of Government-led thematic working groups and other coordination bodies. UNICEF has worked closely with the U. S. Government (USG) and European Union (EU) in integrating and sharing progress and lessons learned in the areas of maternal and child health, OVC and HIV/AIDS. Additionally, UN agencies, the USG and stakeholders developed two joint programme documents, on gender mainstreaming and GBV, which will provide opportunities for fundraising and joint programming in 2015-16.

Cooperation within BLNSS countries has continued and been strengthened through the development of concrete strategies for strengthening South-South cooperation in key technical areas and in outlining joint efforts toward transitioning the Country Programmes toward a more strategic fit within the shared middle-income country context. Strong collaboration was also seen in sharing experiences in the analysis and response to the establishment of the Global Shared Services Centre, with regular sharing around process, assessment of roles and country office responses and in the development of joint funding proposals.

UNICEF Botswana supported two visits form the US Fund for UNICEF, providing donors with a view of the opportunities and challenges faced in Botswana, and demonstrating UNICEF’s comparative advantages in engaging Government, partners and communities, as well as assisting the US Fund in its efforts to promote UNICEF work and mobilise resources.

**OUTCOME 5** Effective and efficient programme management and operations support to Botswana Programme of Cooperation
**Analytical Statement of Progress:**

UNICEF Botswana adopted a risk-informed governance structure comprised of membership drawn from the office statutory committees linked with the VISION TOA, with Role Mapping anchored on Segregation of Duties and robust internal controls. The KPIs were key standing agenda items: DCT liquidations, bank reconciliation, E-PAS and recruitment status, expiring grants, donor reports, learning and training plans, travel and leave plans, CRC, CRB, HRDC and the JCC. These KPIs were monitored through CMT meetings, weekly senior management meetings and monthly Operations and Programme meetings.

SOPs on VISION were commissioned for a number of processes, organised training sessions on UNICEF rules and regulations and application of newly developed SOPs. The tracking of benchmarked office costs helped UNICEF Botswana to measure performance in cost-saving efforts, thereby assisting to achieve efficiencies. A marginal cost reduction of 10 per cent was achieved in recurring operating costs. UNICEF’s participation in UN common services provided an opportunity to outsource the management of cleaning, security and emergency services to UNDP, which is the administrative agent for the UN.

UNICEF Botswana has been on a transformative course. The last CPMP finalisation was in August 2013, following the MTR in November 2012. All staff structure changes from the MTR and 2013 PBR went into effect on 1 January 2014. Given Botswana’s status as a middle income country, the Office plans to continue re-profile the staff skills and competencies required as the nature of the programme evolves, to suit the MIC context.

The office placed a huge premium on realisation of GSSC project; staff roles were re-profiled in July 2014. At the tail end of the analysis, it became evident a gap exists in the job profiles of Finance and HR, risking the Office’s ability to efficiently carry out these functions with the right level of quality control and oversight. Through open consultations within the CMT and Staff Association, the Office proposed changes and submitted a special PBR in November 2014 with sole purpose of improving operational efficiency in HR and Finance. The PBR approval was received in December 2014; however, the proposed changes in HR were declined until March 2015, when a thorough review of HR needs analysis within BNLSS+A will have been completed, with reference to support offered by HR Hub in South Africa. It is expected the changes will result in improvement in team productivity and efficiency in Programme and Operations by addressing inefficiencies and demotivation.

100 per cent of eligible staff members completed PAS work plans. Mid-year performance reviews were held for staff members as part of continuous feedback and coaching to ensure that results were linked to the work plan outputs specified.

**OUTPUT 1 Effective and Efficient Governance and Systems**

**Analytical Statement of Progress:**

Country Programme management indicators and VISION performance management reports were compiled each month and discussed at bi-monthly CMT and general staff meetings.

UNICEF Botswana has an operative governance structure comprised of statutory committees such as CMT, CRC, CRB, local HRDC, and PCA Review Committee that continue to function effectively. The JCC met quarterly to further enhance a participatory and enabling work
environment between staff and management. Three JCC meetings were held in 2014; minutes were shared with staff members and recommendations implemented. One Staff Survey was conducted in February, and the overall results were indicative of good relations within the office. General Staff meetings were arranged to discuss pertinent staff issues, such as GSSC and office restructuring, on a regular basis and before CMT meetings.

There was also an effective BCP, which was reviewed, approved and uploaded into the early warning/early action module of Insight. The BCP document was updated regularly to make it relevant to the evolving office environment. In addition, the Enterprise Risk Management document was reviewed by all staff during the first and the last quarters of 2014. To operationalise the BCP strategy, an officer-in-charge (OIC) list was incorporated into the Table of Authority with full OIC rights in VISION to ensure uninterrupted business processes in the absence of the principal holder of the post.

UNICEF Botswana reviewed a risk-informed governance structure and membership of statutory committees. In addition, the Office developed a VISION TOA and VISION Roles Mapping Table and held briefing sessions on Segregation of Duties and TOA to increase staff awareness and understanding in the application of the new Internal Controls Policy. The Delegation of Authority Memo has been signed and documented.

UNICEF Botswana commissioned Standard Operational Procedures, in the absence of global SOPs on VISION, for a number of processes and organised training sessions on UNICEF rules and regulations and application of newly developed SOPs. The new VISION programme and financial management system was fully implementation.

These and other priorities were monitored through CMT meetings, weekly senior management meetings and monthly Operations and Programme meetings.

OUTPUT 2 Effective and efficient Management and Stewardship of Financial Resources

Analytical Statement of Progress:

Safeguarding adherence to the 2013 audit observations and recommendations, which were all closed, the TOA was reviewed twice in 2014, designating financial authority to staff and requiring each staff member to confirm, in writing, his/her awareness of the responsibilities and accountabilities associated with exercising that authority. To augment these responsibilities, staff were trained in VISION for a week.

The Office completed bank reconciliations through December 2014 for its two bank accounts on time. In 2014, it conducted a thorough review of banking services aimed at best value for money. Standard Chartered Bank had lower comparative charges, with further advantages accrued from establishing Internet banking and the SAP interface with the UNICEF HQ Finance Department. The ability to transact banking remotely creates efficiency and frees finance staff time to perform quality assurance activities.

Effective financial management structures to ensure accountability were in place for regular tracking of funds utilisation as standing key agenda items for programme and operations, with review and discussion of information from Insight during Programme Coordination meeting and CMT. UNICEF Botswana has continued to closely monitor outstanding DCTs. No DCTs had aged over nine months, and as of 31 December 2014, the Office achieved 0 per cent DCT outstanding balance over six and nine months.
The performance of VAT refunds for the first and second quarters were satisfactory. VAT claims were cleared without queries. The Office monitors RR and OR expenditure levels during the section chiefs meetings; similarly expenditure levels of grants expiring during the coming three months are regularly monitored. As of 31 December 2014 the RR and OR expenditure level was 98 per cent.

OUTPUT 3 Human Capacity

Analytical Statement of Progress:
UNICEF Botswana’s Country Programme saw full implementation of staff restructuring based on recommendations of the 2012 MTR. The last CPMP finalisation was in August 2013. All staff structure changes from the Mid-term review and 2013 PBR went into effect on 1 January 2014. Given Botswana’s status as a middle income country, UNICEF plans to continue to review and re-profile staff skills and competencies, as the nature of the programme evolves to suit the MIC context.

The Office conducted a thorough and participatory review in preparation for establishment of GSSC project, with a follow-up re-profiling of staff roles in July 2014. At Through the analysis, it was evident that the most significant gap in human resource capacity exists in the job profiles of Finance and HR, creating risks to office’s ability to efficiently carry out the HR and Finance functions, with right level of support, quality control and oversight. Through open consultations in CMT and with the Staff Association, the office proposed changes and submitted a special PBR in November 2014 with sole purpose of improving operational efficiency in HR and Finance. Ultimately, the PBR approval was received in December 2014, with approval of the upgrading of the Finance position. The proposed changes to increase capacities in HR were declined until March 2015, when a thorough review of HR needs analysis within BNLSS+A will have been completed – with reference to HR support offered by HR Hub in South Africa. It is expected that the above adjustments will improve team productivity and efficiency in Programmes and Operations by improving efficiency and staff morale and motivation.

100 per cent of eligible staff members completed PAS work plans in a timely manner. Mid-year performance reviews were held for staff members, as part of continuous feedback and coaching, to ensure the results were linked to the work plan outputs specified. UNICEF was actively involved in UN Cares activities, coordinated by UNAIDs office. UNICEF staff members were made aware of the broad counselling services available to them and their dependants, as well as rededication to 10 minimum standards on HIV in the workplace through orientation of new staff members.

UNICEF Botswana facilitated one planned group training, on Leadership. The HRDC was available to review and support individual learning for staff members resulting in the approval of nine individual learning requests approved. One group VISION sessions was held, covering both operations and programme modules.

Two JCC meetings were held; minutes were shared with staff members and recommendations implemented. One Staff Survey was conducted in February and the overall results were indicative of good relations within the office. The Office worked closely with Staff Association to address areas of staff interest. General Staff meetings were arranged to discuss pertinent staff issues.
Through negotiations with Vanbreda, local hospitals agreed to honoured Vanbreda cards to access medical services for national staff and their dependents. Staff were actively involved in UN games, World AIDS Day commemoration activities to increase HIV awareness and CRC commemoration events.