

Executive Summary

The achievements of 2013 have focused on strengthening programming through the development of operational partnerships and the use of effective strategies to reach the most vulnerable children.

Together with the Department of Civil and National Registration (DCNR), UNICEF made strides in addressing the birth registration needs of orphans and vulnerable children (OVC). It supported the Government to set up registration units in hospitals that serve remote areas, as well as a study visit to Namibia to learn how remote populations are being reached; established a working group with partners to draft a publication outlining steps that CSOs can take to obtain birth registration certificates for children who lack care givers.

Technical assistance to the Ministry of Education and Skills Development (MOESD) strengthened the policy environment for improved access to quality basic education through the placement of a full-time technical advisor in the ministry. The approved Out-of School Education for Children (OSEC) policy and the draft curriculum framework will be field tested in 27 sites in 2014. A national database for partners engaged in out-of-school education was developed and partnerships built to conduct research on street children in Gaborone to test the application of the OSEC policy, for especially vulnerable children.

Challenges remain in accessing human and financial resources. Fundraising opportunities have significantly declined in response to Botswana's upper middle-income status and UNICEF thematic funding has decreased. The Office has been strategic in accessing resources throughout the year, but longer-term funding to facilitate multiyear programming has been elusive.

Planned results in the area of social policy and protection for children were particularly constrained, due in part to reduced capacity within key Government agencies and the nascent nature of the revised programme.

Partnerships continue to play a vital role in implementing the country programme. UN agencies, in close collaboration with Government and other partners, developed a joint gender programme, with two related components on gender mainstreaming and GBV. With gender as a 'flagship' programme, UN agencies have been able to better integrate national priorities into UN programming, develop more integrated planning, reporting and monitoring and evaluation and increase prospects for resource mobilisation.

The BCO partnership with the University of Botswana (UB) plays an important role in UNICEF programming. The annual publication of Thari Ya Bana continues to support publication of research on children's issues in Botswana with the specific intent of increasing capacity on knowledge and evidence generation that can be used to influence programming decisions. For example research conducted by UB in 2013 on causes of child mortality was instrumental in identifying the key bottlenecks and barriers to reaching MDG 4 targets.

Swaziland, Botswana and Namibia, which face many common development challenges, embarked on a south-south collaboration initiative to share best practices and lessons learned and mobilise support to maximise the impact of UNICEF-supported programmes for children. The COs conducted regular conference calls, shared experiences and progress in the areas of gender-based violence, PMTCT, 'A Promise Renewed' and birth registration. In 2014, this model will be expanded to include six UNICEF Country Offices to share good practices, build capacity in achieving results for children and attract additional donor resources.

Country Situation as Affecting Children & Women

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 hold Botswana in good stead. Since Botswana attained middle-income status, there has been an exodus of international partners and financial support to national development, but the country still faces significant development challenges.

These challenges include: pervasive poverty and inequality; high unemployment, especially among women and youth; high HIV prevalence rates; high mortality rates among children and women; and vulnerability to

external shocks due to the lack of economic diversification. Addressing these challenges requires continued partnership between Government and the international development community.

Botswana has experienced significant rural-to-urban migration over the last decade. Population growth has been on a steady decline since 1981, and in 2011 was 1.9 per cent. The country has a relatively young population, with children (aged 0-17 years) estimated at 41 per cent [1] (820,000) of the population in 2011.

The 2009/10 Botswana Core Welfare Indicator Survey (BCWIS) highlighted that almost half (49 per cent) of children aged 0-4 years live in poverty, 13 percentage points higher than the general population. [2] Poverty remains more prevalent in rural (40.35 per cent) than urban areas (25 per cent). Income inequality in Botswana is among the highest in the world, with a Gini coefficient of .645.

Botswana's economy posted modest growth of around 4 per cent in 2013, missing the Government target of 5.9 per cent. Top Government priorities are enhancing competitiveness, diversifying the economy, reducing unemployment and eliminating extreme poverty.

The 2009/2010 BCWIS reveals high unemployment among youth 15-19 years (41 per cent) compared to national rates (18 per cent) and females (21 per cent). Of concern are limited education and skill sets among youth. In 2012, administrative data showed primary net enrolment rate at 93.1 per cent. In 2013, the Gross Primary Graduation Rate was 64.4 per cent. BCWIS 2009/10 data showed that out-of-school rates in primary schools were 5.01 per cent, and 9.84 per cent for junior secondary. The poorest quintile is about five times more likely to be out of school at primary and junior secondary levels and half as likely to be attending senior secondary school.

Botswana has maintained high coverage of key maternal and child survival interventions, with administration data showing: ANC attendance at 94 per cent, immunisation coverage of 90 per cent, high ANC HIV testing of 98 per cent, ARV for PMTCT of HIV at 93 per cent and 94 per cent of births taking place in institutions. A measles follow-up campaign in 2013 reached 94.5 per cent of eligible children with measles vaccine and 94.6 per cent with Vitamin A supplementation.

Despite these investments, child mortality estimates are high; inconsistent quality and continuity of care, rather than access, are the major bottleneck to reducing stagnant mortality rates. The 2007 BFHS revealed that new-born, infant and under-five mortality were 34/1,000 live births, 57/1,000 live births and 76/1,000 live births respectively. Maternal mortality was reported by 'Statistics Botswana' as being 189/100,000 live births in 2011. According to the BFHS the prevalence of underweight, wasting, stunting and obesity were 12 per cent, 7 per cent, 31 per cent and 15 percent respectively in 2007. [3]

A child mortality study conducted by the University of Botswana in 2013 indicated that major causes of child mortality are respiratory infections, sepsis, meningitis, diarrhoea and malnutrition. Most deaths occur in the first month of life, and 63 per cent of children who died had some degree of malnutrition. Fifty percent of those who died were HIV-exposed and 17 per cent HIV-infected.

The most recent Botswana AIDS Indicator Survey (BAIS IV 2013) found that among the general population, HIV prevalence is high, at 16.9 per cent. Children aged 1-4 years had a prevalence rate of 2.3 per cent. Approximately 30 per cent of pregnant women tested are HIV positive. The survey also showed that 97.1 per cent of the population aged 15-49 had had an HIV test and were informed of the results, with reported condom use amongst the 15-24 year age group at 99.5 per cent. Knowledge on HIV remains a bottleneck, with only 47.9 of those ages 15-24 able to correctly identify ways of preventing HIV and rejecting common misconceptions.

Various analyses reveal that the most vulnerable children in Botswana are found in rural areas, large families and households with: one parent deceased, orphaned children, single parents, female head and elderly people. [4] An estimated 14.4 per cent of children are orphans, down from 16.2 per cent in 2008. There was a marked decrease in the percentage of households with orphans receiving some free basic external support, from 31 per cent in 2008 to only 13.9 per cent in 2013. [5]

The Children's Act of 2009 is the key policy framework for ensuring all children access their rights, but implementation remains a challenge. While not well documented, indications are that incidences of child abuse have been increasing.[6] Several milestones have been achieved in establishing integrated child protection mechanisms but much remains to be done to ensure that the rights of vulnerable children are fulfilled.

Although birth registration has been increasing, 28 per cent of children under-five were not registered in 2007.[7] The BFHS indicates that the children most likely not to be registered are those from poorer households, living in rural areas, double orphans and in households with uneducated parents; access and enabling environment bottlenecks inhibit birth registration for these groups.

Social protection is primarily state-provided, mainly through unconditional transfers in-kind or in-cash. While current interventions attempt to provide protection throughout the life cycle, a gap remains in the provision of transformative social protection for youth. The main bottlenecks continue to be fragmentation and limited coordination, affecting efficiency and effectiveness.

[1] 2011 *Population and Housing Census*.

[2] *2009/10 Botswana Core Welfare Indicator Survey*

[3] Botswana Family Health Survey (BFHS) 2007

[4] UNICEF (2011) Indicators of Child Wellbeing in Botswana from 2001 to 2008

[5] Botswana AIDS Impact Survey IV 2013

[6] Botswana Police Services, 2008 & 2010

[7] BFHS 2007

Country Programme Analytical Overview

Recommendations made through the MTR in 2012 were enacted in 2013. Adjustments to the programme structure included the establishment of the Social Policy and Protection for Children programme, which integrates advocacy, social policy, social protection, child poverty, social budgeting, knowledge and evidence-generation and management with child protection and participation. HIV and AIDS activities have been consolidated under YCSD to increase integration, but HIV remains mainstreamed across all programming activity. These MTR adjustments have better aligned programme and staffing structures with available resources.

Programme relevance and effectiveness was maintained in 2013, making the most of available resources by selecting activities and supporting areas where UNICEF has a particular comparative advantage, with results of activities used to leverage and advocate for action by Government and other partners. These activities have centred on improved information and evidence and effective, efficient and equitable policies and programmes for children, especially the most vulnerable. As required, external technical support was secured to complement existing human resources.

UNICEF continued supporting the Government to deliver quality child survival services equitably by supporting the implementation of a District Health Systems Strengthening approach and building capacity to conduct bottleneck analysis and intervene to improve key maternal and child health indicators as per the ACSD strategy. Ten districts with high unmet need for PMTCT were targeted and supported to conduct eMTCT bottleneck analysis and implement HIV prevention activities aimed at addressing gaps in knowledge and behaviours among adolescents that put them at risk of HIV.

UNICEF continues to focus on upstream policy support for child protection issues, with the goal of operationalising existing policies, such as the Children's Act and the NPA for OVC. While focused on improving policy implementation generally, UNICEF has led in addressing the unmet rights of the most vulnerable through the implementation of concrete strategies for OVC birth registration, addressing supply and demand bottlenecks and improving capacity of police to provide child-friendly access to justice.

The cross-sectoral programme component continues to provide support to other programming areas,

specifically: monitoring and evaluation, communication, UN Coherence, external engagement and cross-programme activities, as highlighted above.

In 2014, UNICEF will increase its support to MOESD, field testing and monitoring OSEC policies and frameworks, expanding support to the Government's plans for increasing ECD services and supporting engagement with the private sector. UNICEF will also increase its work and partnerships around social policy, social protection and poverty reduction, linking with the World Bank and other UN agencies with substantial work in these areas.

Humanitarian Assistance

No humanitarian activities were undertaken by UNICEF Botswana in 2013.

Effective Advocacy

Fully met benchmarks

Capacity Development

Fully met benchmarks

Communication for Development

Mostly met benchmarks

Service Delivery

Fully met benchmarks

Strategic Partnerships

Fully met benchmarks

Knowledge Management

Fully met benchmarks

Human Rights Based Approach to Cooperation

Fully met benchmarks

Gender Equality

Fully met benchmarks

Environmental Sustainability

Partially met benchmarks

South-South and Triangular Cooperation

In 2013, progress was made in strengthening and operationalising South-South Cooperation between the UNICEF Country Offices of Botswana, Namibia and Swaziland and their respective host governments. The focus of this cooperation is to foster joint action and learning around strategic programme areas (GBV, PMTCT and birth registration) and global UNICEF campaigns on child health and violence against children. The cooperation developed joint resource mobilisation proposals for mother-to-child transmission of HIV and GBV. In addition, there was sharing of human resources for the MTR in Swaziland and operations management in Botswana.

Within these areas, UNICEF, as an international organisation, will play the role of a facilitating third party to foster greater cooperation and learning among the three countries. Best practice models have been identified in each country, with relevant policy documents, reports and evaluations and opportunities for study visits and experience exchange identified. A study group from Botswana travelled to Namibia for experience exchange around birth registration systems and innovation during the year.

The initiative will be expanded to include six UNICEF country offices (Botswana, Namibia, Swaziland, South Africa, Lesotho and Angola) to strengthen South-South Cooperation for two reasons: 1) to identify and share good practices and lessons learned as well as to build capacity in implementing specific, child-focused programmes and 2) to attract additional donor resources, which might not otherwise be attracted to six individual middle-income countries. This will be a “triangular” relationship, where UNICEF, as an international organisation, plays the role of a facilitating third party to foster greater cooperation and learning among the six countries.

Narrative Analysis by Programme Component Results and Intermediate Results

Botswana - 0520

PC 1 - Young child survival and development

 On-track

PCR 0520/A0/05/002 YCSD will contribute to improved government capacity to deliver equitable, quality child survival and development services

Progress:

In 2013 the programming context of the health sector changed significantly. A Health Partnership Forum was established, bringing development partners (including the UN, NGOs, and the private sector) together to support the Ministry of Health through a sector wide approach. Within these broad national-level coordination efforts, the Botswana Government and development partners continued efforts toward achieving MDGs 4, 5 and 6.

Botswana is not likely to meet MDG 4 and 5, with infant mortality at 57/1,000 live births and under-five mortality at 76/1,000 live births (BFHS 2007). Maternal Mortality Ratio was 189/100,000 live births according to the 2011 Botswana Statistics Brief.

Development partner activities included analysis of bottlenecks for improving maternal health and subsequent development of the Millennium Acceleration Framework for MDG 5 (UNICEF, UNDP, WHO, UNFPA, EU, USAID) and support for the implementation of the ACSD Strategy within the context of 'A Promise Renewed' and the National Roadmap for Accelerating the Reduction of Maternal and Newborn Mortality and Morbidity (UNICEF). In addition, the EU supported training of Health Education Assistants to link health promotion and preventive services with communities, and USAID supported efforts to improve quality of care to reduce maternal mortality.

With respect to MDG 6, BAIS IV preliminary results, which were released at the end of 2013, indicated that there was a 0.7 per cent decline in HIV among the general population and an increase in knowledge on HIV among young people from 42.1 per cent to 47.9 per cent. Despite this progress, more needs to be done to achieve the target of zero new infections by 2016.

Recognising the need for continued collaboration to achieve the national HIV target of getting to 'zero', PEPFAR and other partners continued support to the national HIV response with a focus on HIV prevention activities, although funding is steadily declining. Under UNAIDS leadership, an HIV investment case and preparation for GFATM application were prioritised for mobilising additional resources to cover the funding shortfall for the current HIV Strategic framework.

Additional activities included PEPFAR's support for the strengthening of health workers capacity on PMTCT, while UNICEF focused on identifying districts with high unmet need and trained them to conduct bottleneck analysis. The PEPFAR & African Comprehensive HIV and AIDS Partnership collaboration for scaling up safe male circumcision and UNICEF/NACA (National AIDS Coordination Agency) activities to improve knowledge of young people on HIV prevention through the social media-based "Wise Up" campaign are both continuing into 2014 to achieve sustained impact on HIV incidence.

 On-track

IR 0520/A0/05/002/004 By 2014, more effective and equitable health policies and service provision systems deliver quality, high-impact interventions for reducing preventable child deaths and stunting

Progress:

Malnutrition indicators have stagnated over the past two decades. A 2013 University of Botswana study showed that 63 per cent of all child deaths were characterised by some form of underlying malnutrition. UNICEF provided financial and technical support to develop an M&E framework and costing of the Nutrition Strategic Plan, facilitating improved implementation, monitoring and resource mobilisation.

UNICEF continued supporting biannual Child Health Days. The second round of Vitamin A supplementation was integrated with the Measles campaign and deworming, with 94.5 per cent of children under-five vaccinated against measles and 94.6 per cent supplemented with Vitamin A. The campaign boosted the proportion of children receiving two doses VAS to 79 per cent, compared to 20 per cent in 2007. UNICEF partnered with WHO to conduct Post Introduction Evaluation for pneumococcal and rotavirus vaccines, with recommendations for addressing identified gaps. Additionally, national capacity on EPI management and costing multiyear plans was strengthened.

New-born monitoring tools were developed with UNICEF support to address high rates of new-born mortality, which contributes to 45 per cent of all under-five mortality.

A second phase of DIVA District Health System Strengthening Approach was supported in Chobe District to further build district capacity on equity-focused programming and to simplify the approach for improved sustainability. Experiences were shared with MOH management, who recommended implementing the districts' document and sharing the results to inform future rollout.

At national level, technical support was provided to draft a Child Health Communication Strategy for engaging communities. In partnership with NGOs and private organisations the first 'Botswana Youth Health Innovation Competition' was successfully conducted. Reduced funding from Government and partners and inadequate monitoring and timely reporting, particularly during CHD, were

challenges to programme implementation.

In 2014 focus will be on supporting interventions related to preventable causes of child mortality and malnutrition, and utilising new data, findings and identified bottlenecks, as well as best practices and innovations.

 On-track

IR 0520/A0/05/002/005 By 2014, effective health policies and programmes reduce MTCT and youth HIV infection and increase testing and treatment.

Progress:

UNICEF continued to support the Government to implement the Strategic Plan towards the Elimination of Mother-to-Child Transmission of HIV and Keeping Mothers Alive (2012-2015). While MOH and development partners have continued to train health workers on PMTCT, UNICEF has focused support on districts with the greatest number of women not receiving ARVs for PMTCT and building capacity for PMTCT focal persons and M&E officers from 10 districts with high unmet need to conduct bottleneck analysis for eMTCT and implement plans to address them.

MOH participation in the regional eMTCT stocktaking meeting, with UNICEF support, facilitated learning from good practices in other countries and provided the opportunity for sharing Botswana's experience in eliminating MTCT of HIV.

In the area of HIV prevention, UNICEF continued to support a multimedia campaign for adolescents and young people – Wise Up. Facebook, cell phone, print media, drama and other platforms were used to reach young people aged 10-24 across the country with relevant information on HIV. To date 4,612 young people have 'liked' the Facebook page and nearly 10,000 have joined the cell-phone platform. Capacity on theatre skills was also developed for youth groups to conduct drama on HIV prevention among youth and to cascade training to other groups at the district level. UNICEF built the capacity of partners, such as the Botswana National Youth Council (BNYC), District Health Management Teams (DMHT) and the Ministry of Sports and Culture (MOSYC) at the district level to support Wise Up within existing structures and interventions.

Sustainable financing, within the context of reduced external support, is a challenge to reaching the goals of eliminating MTCT of HIV and expanding support for other prevention efforts.

While continuing to support subnational bottleneck analysis for PMTCT; UNICEF's major focus in 2014 will be on: strengthening Early Infant Diagnosis, early initiation of treatment in children and strengthening district-level implementation of the Wise Up Campaign.

 On-track

IR 0520/A0/05/002/007 YCSD Project Support

Progress:

Human resource capacity within the YCSD section fluctuated during 2013, with nutrition and C4D staff leaving at midyear. In line with MTR recommendations, a new national Health and Nutrition post was created and filled in December. Despite the restructuring of the section, HR support to the YCSD programme and its partners was consistent and effective throughout the year.

PCR 0520/A0/05/880 Development Effectiveness

IR 0520/A0/05/880/001 Programme Coordination

IR 0520/A0/05/880/002 Advocacy / Communication

PC 2 - Social Policy and Protection for Children

 On-track

PCR 0520/A0/05/003 By 2014, strengthened social policy and protection systems and services reduce vulnerability, improve equity and ensure protection for all children.

Progress: Progress was made in improving the functioning of the child protection system in Botswana. MLGRD disseminated the National Plan of Action (NPA) for OVC and other child-related legislation to key implementers in 12 of 16 district councils in the country, with support from UNICEF. National efforts were also focused on the removal of bottlenecks to birth registration for children in remote areas and for orphans and vulnerable children living without caregivers. Specifically, UNICEF supplied the DCNR with promotional materials and equipment for installation in seven health facilities that would subsequently have the capacity to provide birth certificates for children in their catchment areas.

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 accelerate the ministry's approval of the new out-of-school education policy.

New partnerships on gender and violence against children emerged in 2013. UNICEF contributed towards the development of a UN joint

programme on gender mainstreaming and gender-based violence, and partnerships were also developed with CDC/USAID to conduct a survey on violence against children that will be completed in 2015.

New data is now available for further analysis and is expected to provide relevant information for updating the situation analysis of women and children in early 2014. The updated SitAn will be utilised to support Government's continued commitment to addressing the challenges of poverty, youth unemployment and out-of-school education.

In 2014 UNICEF will support accelerated implementation of the Children's Act and the NPA for OVC; access to birth registration for children living in remote areas and for orphans and vulnerable children. Other activities will include updating the situation analysis of women and children, monitoring for results, partnerships on gender mainstreaming and gender-based violence, research on violence against children and out-of-school education.

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.

 On-track

IR 0520/A0/05/003/004 By 2014, strengthened institutional capacity of child protection and community support systems improve social protection, care and support for all children.

Progress:

The NPA for OVC was disseminated to key implementers in 12 of 16 district councils, creating an enabling environment for the accelerated implementation of policies and plans at the district and community levels. Dialogue among policy makers and implementers identified the need to enhance coverage and to standardise and harmonise the package of services to OVC – to be completed in 2014 - in line with Government's drive for cost-savings, greater efficiency, effectiveness and sustainability of programmes.

Significant progress was made in the acceleration of birth registration, with the supply of promotional materials and equipment to scale-up birth registration in seven remote satellite health facilities and the development of tools to enhance the birth registration of OVC. UNICEF support to a learning visit to Namibia on birth registration resulted in DCNR looking to adapt the innovations in use of technology to existing registration systems.

UNICEF supported capacity building of CBOs to provide quality life skills and psychosocial support to OVC and adolescents, in addition to the basic care and support being provided. 28 HIV-vulnerable and 28 HIV-positive adolescents and youth were trained to appreciate risks and vulnerabilities faced and to develop skills to support other adolescents. A curriculum on literacy that was developed for out-of-school youth is being accredited.

Technical assistance to MOESD strengthened the policy environment for improved access to high-quality basic education through the placement of a full-time technical assistant in the ministry. The OSEC policy was approved and the curriculum framework was drafted, with achievements feeding into field testing and M&E of the curriculum framework and materials in 2014. A national database for partners engaged with out-of-school education was developed and partnerships built to conduct research on street children in Gaborone, to test how the OSEC policy can be applied to especially vulnerable groups.

 On-track

IR 0520/A0/05/003/007 CAPP Project Support

Progress:

Human resource capacity within SPPC was stable during 2013, with a Section Chief and national Child Protection Officer. In line with MTR recommendations, social policy and social protection are more prominent in the section, with recruitment of a new Chief of SPPC conducted in late 2013.

 On-track

IR 0520/A0/05/003/008 By 2014, children and adolescent's rights are prioritised in evidence-based budgeting and policy and programme, design, implementation and monitoring.

Progress:

South-south cooperation was strengthened with the development of a collaborative initiative between Botswana, Namibia and Swaziland, focused broadly on sharing good practices, experience and expertise, while specifically focusing on areas of joint interest such as GBV, eMTCT and birth registration. Through the collaboration joint funding proposals were developed for GBV and eMTCT. The south-south collaboration model is the basis for plans to expand and include other middle-income countries in southern Africa.

Supporting on-going engagement with the Department of Social Protection (DSP) of the MLGRD, UNICEF facilitated learning and sharing experiences on social protection practices through participation in World Bank-facilitated Community of Practice virtual meetings on

Cash Transfers and Conditional Cash Transfers. Through this platform DSP shared its experience in social protection and took on-board lessons from other countries in targeting and management of information systems for social protection programmes.

A major constraint has been the inability to provide recent evidence for policy advocacy. Towards the end of 2013, data was released for the Core Welfare Indicator Survey (2009/10); the Population and Housing Census (2011) and preliminary results of the Botswana AIDS Impact Survey IV (2013). Analysis of education data, updating the SitAn and developing an adolescent profile, in collaboration with Namibia and Swaziland, will be priorities for 2014, as will support for research on violence against children in partnership with CDC.

Thematic funding has already been provided for the Office to conduct Multiple Overlapping Deprivation Analysis (MODA) analysis, as well as initial work on budget analysis in strategic sectors. Findings from these activities will provide information on multiple deprivations that children experience and highlight the specific investments that Government can make in social sectors to address these deprivations.

PC 4 - Cross-sectoral costs

 On-track

PCR 0520/A0/05/005 Cross-sectoral support to programme design, promotion and development.

Progress:

In 2013, cross-sectoral assistance continued to support planning, monitoring, review and reporting on the implementation of the Country Programme and the Office's engagement with external partners and stakeholders. Revisions to the programme structure as a result of the MTR were implemented: consolidating HIV-related activities in YCSD and merging social policy, social protection and child protection under one section.

In response to the internal audit, adjustments were made in the AWP format to strengthen links between the GOB- UN Programme Operational Plan (UN POP) and internal work-plans, and to increase focus on priority annual milestones and achievements. A dashboard and revised reporting format were developed for reporting on programme indicators and progress at Country Management Team meetings. All 2013 audit recommendations were closed.

UNICEF, the UN and partners made strides in strengthening the equity focus of programmes. Bottleneck analysis made positive contributions to programming in YCSD, through finalisation of the Millennium Development Acceleration Framework on achieving MDG 5 and support to a second round of DIVA (Diagnose/Intervene/Verify/Adjust). Progress was made around OVC, birth registration and gender issues, with concerted efforts by development partners and the UN to better integrate programming and share experiences. These joint efforts will be monitored, and lessons learned documented, to feed back into policy discussions and improved programming.

In 2013 Statistics Botswana released findings from the 2011 Population Census and the 2009/10 Core Welfare Indicator Survey. Preliminary findings from the Botswana AIDS Indicator Survey (IBIAS) were released at year end. The availability of these new data sets provide the opportunity to conduct analysis to update the current SitAn and to develop an Adolescent Profile – in collaboration with the Swaziland and Namibia Country Offices. Delays in access to these data sets resulted in deferment of analysis activities to 2014.

In collaboration with Government and private media houses, UNICEF commemorated ICDB and the Day of the African Child to educate children and the general public about children's rights during 2013. UNICEF collaborated with the Media Institute of Southern Africa (MISA), sponsoring awards to recognise the importance of media coverage of issues affecting children's rights and responsibilities. Moving into 2014, relationships and partnerships will be strengthened to advocate on children's issues.

Challenges remain in fully resourcing programmes, within UNICEF and the broader UN, with a US\$12 million funding gap for the UN POP. Improving efficiencies in convergence and coherence of UN programmes with Government and partners has improved, but requires continued efforts.

 On-track

IR 0520/A0/05/005/001 By 2014, increased external engagement, partnerships and child participation strengthen UNICEF's profile and programming.

Progress:

In 2013 External Relations activities created awareness of children's rights and welfare by strengthening the capacity of stakeholders and the media on advocacy, implementation, monitoring and reporting on children's issues.

UNICEF, in collaboration with the University of Botswana, launched the fourth edition of Thari Ya Bana 2013 (Reflections on Children in Botswana) publication. The annual publication comprises research articles on children's issues in Botswana and is launched as part of the commemoration of the CRC.

ICDB was commemorated with Radio Botswana and GabS FM, with the theme "Expressing my right to life". The day gave children an opportunity to air their views on national radio and sensitise the audience about child rights. UNICEF also briefed the House of Chiefs on child-related issues.

In partnership with MISA, UNICEF sponsored the Best Children's Reporting awards in Print and Broadcast, encouraging reporting on children's issues, which were presented at a Media Capacity-Building Workshop on Reporting on Children. A MOU was signed with

Botswana TV to produce a 54-episode children's storytelling programme to promote child rights and welfare. Engaging the media remains a challenge, and is costly.

UNICEF continued working with NACA and stakeholders to disseminate HIV/AIDS information, holding social mobilisation activities with youth participation in two districts. Strengthening partnerships at the subnational level remains a challenge, due to limited human and financial resources, but is essential to promoting action at the local level.

The UNICEF Resource Centre continued to disseminate information on children to a broad array of stakeholders and regularly updated the CO website. An internal quarterly newsletter has enhanced internal communication.

In 2014, a media strategy will be developed to outline engagement with the media and dissemination of information on UNICEF activities. Partnerships will leverage resources and advance children's issues, with activities organised to engage policy and decision makers.

 On-track

IR 0520/A0/05/005/002 Country Programme regularly reviewed, updated and aligned with UNDAF, MTSP, Gender Policy, Disaster Risk Reduction and current technical developments

Progress:

Programme support activities in 2013 included follow-up to the recommendations and revisions coming from the mid-term reviews of the UNICEF CPD and the Botswana GOB UN POP. A revised programme structure was put in place with consolidated programme activities under two programme outcomes: Young Child Survival and Development and Social Policy and Protection for Children. These changes have resulted in a better match between human resources and programme focus areas and streamlined cooperation with partners.

Under the UN POP, efforts across agencies and with implementing partners have resulted in more focused plans and alignment with Government priorities and better integration in implementation and improvements in programme implementation rates. Challenges remain in improving monitoring and evaluation and reporting on results of the UN contribution to overall development efforts, in particular in cross-cutting areas such as human rights and gender.

UNICEF continues to work with Government and development partners to improve communication and coordination of activities. UNICEF has worked closely with the USG and the 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 commencing in 2014 and running through 2016.

Mid-year and end-year reviews were held internally and within GOB UN POP CCGs. These reviews assessed progress in implementation of AWP as well as providing an opportunity to review and revisit budget allocations. The reviews have progressed in their capacity to adjust to changes in the environment and to align budgets with utilisation priorities and capacities. Tools for reviewing and reporting continue to be adjusted to support improved monitoring and reporting.

 On-track

PCR 0520/A0/05/800 Effective and efficient programme management and operations support to Botswana Programme of Cooperation

Progress:

The Country Management Team (CMT) met five times in 2013 to review the country programme management indicators and VISION performance reports, with a view to providing oversight for the management of resources and tracking of progress for the attainment of results articulated in the 2013 AMP. The CMT standing agenda items included review of progress of DCTs liquidations, bank optimisation, ePAS and recruitment status, expiring grants, donor reports, learning and training plan and administrative issues such as travel and leave. Other office statutory committees continued to function effectively. The Joint Consultative Committee (JCC) met regularly to discuss and address staff issues that could potentially affect the work environment.

The effectiveness of governance mechanisms was verified by the 2013 audit observations. The overall conclusions confirmed that specific controls and processes were in place and that the Office had identified management priorities and results and assigned accountabilities within the context of functioning committees with clearly defined TORs.

Measures to enhance efficiencies included the identification of new risks and risk-control measures for mitigation through the regular review of the ERM plan.

The tracking of benchmarked Office costs helped to measure performance in cost-saving efforts, thereby assisting to achieve efficiencies. A marginal cost reduction of 15 per cent was achieved in recurring operating costs. UNICEF's participation in the UN common services provided the opportunity to outsource the management of cleaning, security and emergency services to UNDP, which is the administrative agent for the UN.

At the end of 2013 the CO had 28 approved posts, of which 17 were encumbered. In 2014 the implementation of PBR recommendations will result in a staff complement of 19, reflecting efforts to ensure that there is a good match of human resources to available financial

resources.

 On-track

IR 0520/A0/05/800/001 Effective and Efficient Governance and Systems

Progress:

The 2013 internal audit concluded that overall, subject to implementation of the agreed recommendations, the controls and processes over the Country Office were generally established and functioning well in the area of governance. Specifically the audit found that controls were functioning well because: the Office had identified management priorities and results and assigned accountabilities for each result; it had established governance bodies—such as the CMT, programme coordination group, operations coordination group, and joint consultative committee—with clearly defined terms of reference.

The CMT met 5 times during 2013 to review country programme management indicators and Vision performance reports, with a view to leveraging resources and focused on results articulated in the 2013 Annual Management Plan. Other Office statutory committees such as Contract Review Committee, Programme Cooperation Agreement Review Committee, Central Review Body, (and the Local Human Resources Development Committee continued to function effectively. The Joint Consultative Committee met regularly to address staff welfare staff issues that were highlighted in the 2011 global staff survey.

The Table of Authority (ToA), incorporating delegated financial control authority from the Representative to staff, was updated on a quarterly basis and in August 2013 was further refined to take into account the audit recommendations.

 On-track

IR 0520/A0/05/800/002 Effective and efficient Management and Stewardship of Financial Resources

Progress:

The internal audit found that controls were functioning well over a number of areas including: the Office had established a process for contracting for services, to ensure compliance with UNICEF rules and regulations; it had also developed a table of authority assigning financial authority to staff, and required each staff member to confirm in writing his/her awareness of the responsibilities and accountabilities associated with exercising that authority. There was also an effective Business Continuity Plan (BCP) which was approved and regularly updated.

The CO completed bank reconciliations up to December 2013 for its bank account. For bank optimisation, the Office maintained the benchmark of 5 per cent throughout the year.

UNICEF Botswana has continued to closely monitor outstanding DCTs to ensure minimum levels are maintained. As of 31 December 2013, the office had achieved 0 per cent DCT outstanding balance over nine months.

VAT refund status improved in 2013. Of the total balance of P418, 395.80, the office has requested P293,106.85 for reimbursement and received P144,062.05 as a refund with the balance of P149,094.77 as receivable and P125,288.95 still to be submitted. The Office monitors RR/OR and ORE expenditure levels during the section chiefs meetings; similarly the expenditure levels of grants expiring during the coming three months are monitored. As of 31 December 2013 GC expenditure level was 98.30 per cent. The CO did not request extensions for any grants during 2013.

The BCO has been fully HACT-compliant for the reporting period. No DCTs had aged over the nine month period. Only two DCTs were disbursed to a single NGO within the reporting period. The first DCT was fully liquidated within the three months aging period; the outstanding DCT is also within the three- month period. In terms of the HACT plan, one of the two planned spot-checks has been carried out; the other one was deferred. All programme monitoring visits were carried out as planned each quarter, as per the assurance plan. In relation to capacity building, all entities that were due to receive funds via the HACT modality were provided one-on-one training on how best to comply and report in a timely manner.

A marginal cost reduction of 15 per cent was achieved on external travel, meetings and conferences, communication costs, vehicle maintenance costs, courier services, stationery costs and staff overtime.

 On-track

IR 0520/A0/05/800/003 Human Capacity

Progress: The office structure provides for 28 posts of which 17 were encumbered at the end of 2013. The two BCO completed PBR submissions both experienced changes in the office structure, including reporting and title changes as well as the addition of three posts: senior ICT assistant, L4 chief of social policy and NOC health and nutrition specialist. Recruitment against these posts observed the global target of less than 90 days and was completed. The selected candidates are expected to be on board between December 2013 and February 2014. While gender parity improved for the International Professional category, BCO continued to be challenged in the General Services (67 per cent F; 33 per cent M) and National Officer (60 per cent M; 40 per cent F) categories.

The Office continued to complete PER/ePAS to manage staff performance and identify learning needs. A reduced global training budget

constrained learning efforts, but nevertheless there was an 80 per cent completion rate for group learning activities and 100 per cent completion rate for individual learning activities.

While Botswana is a zero-phase country, the office updated the BCP. The MORSS and MOSS recommendations were implemented in liaison with UNDSS, while the warden and telephone tree was updated twice and tested once.

One PSV counsellor separated, with two to be trained in 2014 - to ensure continuity. The CFU's ten minimum standards were included in the AMP and reviewed at CMT meetings, while the committee worked closely with the local UN Cares and conducted one joint UN staff welfare event.

An enabling work environment was enhanced through support to BUSA; however, the increasing vacancy rate and resultant increase in work-loads has affected staff morale. Nevertheless, the active involvement of staff in all decision-making committees continued to ensure that staff were informed on the resource challenges faced by the country programme.

Effective Governance Structure

The 2013 internal audit concluded that overall, subject to implementation of the agreed recommendations, the controls and processes in place at BCO were established and functioning well in the area of governance. Specifically, the audit found that controls were functioning well over a number of areas, including: the office had identified management priorities and results and assigned accountabilities for each result; it had established governance bodies—such as the country management team, programme coordination group, operations coordination group and joint consultative committee—with clearly defined terms of reference.

The CMT met five times in 2013 to review country programme management indicators and Vision performance reports with a view to leverage resources and focus on results articulated in the 2013 Annual Management Plan. CMT standing agenda items also included reviewing progress of key management indicators, such as outstanding DCTS, bank optimisation, ePAS and recruitment status, expiring grants, donor reports, learning and training plan and other administrative issues such as travel and leave. Other Office statutory committees such as Contract Review Committee, Programme Cooperation Agreement Review Committee, Central Review Body and the Local Human Resources Development Committee continued to function effectively. The Joint Consultative Committee met to discuss and address staff issues related to maintaining a conducive work environment.

The Table of Authority (ToA), incorporating delegated financial control authorities from the Representative to staff, was updated on a quarterly basis, and in August 2013 the ToA was further refined to take into account audit recommendations.

Strategic Risk Management

In line with UNICEF's enterprise risk management policy, the Office had conducted a risk and control self-assessment (RCSA) and developed a risk and control library. The risk and control library was periodically updated, and an action plan was drawn up for each risk area, as appropriate. In addition the Office implemented an action plan for each area identified in the global staff survey that required improvement. The Early Warning-Early Action Botswana Country Office web-based portal – a single platform for UNICEF's emergency preparedness – was updated in December 2013. The information uploaded to the Early Warning-Early Action portal is based on the emergency risk exposure assessment of Botswana and consequent level of readiness to respond.

The Office conducted a review of business continuity procedures; as a result the Business Continuity Plan was adapted to ensure the practicality and applicability of disaster-preparedness procedures. The Office intends to conduct future regular exercises focusing on the impact of disaster on elements of business continuity that could affect UNICEF's programmatic response.

Evaluation

The AMP includes the IMEP, based on activities included in annual work plans. Progress is reviewed by the expanded CMT through the mid-year and annual review process. In addition, the production of publications based on studies, surveys and evaluations is tracked by the Communications and Publication Committee, chaired by the Deputy Representative.

Two studies and surveys were completed in 2013, providing increased knowledge and evidence for child policy and programming. The fourth edition of Thari Ya Bana, a publication of child-focused research in Botswana, was published in partnership with the University of Botswana, with articles on child rights, psychosocial support and child development. A post-introduction evaluation of new vaccines was completed in partnership with WHO and the Ministry of Health.

Results from major surveys conducted by the Government, which were disseminated in 2013, included the Population and Housing Census 2011, the Botswana Core Welfare Indicator Survey 2009/10 and the Botswana AIDS Indicator Survey IV 2013. The new data will allow for more in-depth analysis on the situation of children and adolescents to be undertaken in 2014.

No evaluations were conducted in 2013. Management Responses for previous evaluations were all addressed and closed.

The capacity for evaluation and research is limited in Botswana, often drawing from the same handful of institutions (University of Botswana, the Botswana Institute for Development Policy Analysis and a couple of consultancy firms). Internal capacity is also constrained, with the M&E officer post having been abolished due to lack of funds. External capacity is drawn on from within the country and region, as needed, with external assistance provided for the post-introduction evaluation of new vaccines, the second round of DIVA and the review of the measles follow-up campaign.

Effective Use of Information and Communication Technology

The March 2013 internal audit did not make any specific ICT-related recommendations. Following the audit an ICT peer review was conducted by the Regional Office, resulting in an overall positive rating. Despite the positive rating there were five recommendations; most were addressed during the course of the year, except those which require significant funding, such as the Installation of Wireless LAN and training of ICT staff, which will be addressed in 2014, funds permitting.

The ICT Section was engaged in supporting ICT-related programme activities. Thus it provided all necessary support to programme activities such as the Wise Up initiative, a social media-based campaign that uses cell phones, Facebook and TV to provide HIV prevention messages to young people.

In terms of preparedness, the Office has reviewed and adapted the BCP. The current BCP is a practical and robust document. Based on the identified mitigation strategies, additional equipment, such as a scanner, will be installed at the BCP off-site location in 2014.

A change in UN global policy influenced UNDP Botswana's decision to migrate to a new internet service provider. In the meantime, because UNICEF remained with the old provider our services were interrupted briefly as commencement of installation of the hardware was slightly delayed due to the licensing logistics. Eventually a VSAT dish was installed at the UNICEF premises, normalising the EMC service provision. The project was completed in October 2013 and the two Internet services EMC (VSAT) and BTC (Local Service Provider) are both fully functional, as per BCP requirements.

Fund-raising and Donor Relations

As in many middle-income countries, acquiring and maintaining adequate human and financial resources to achieve results for children and the targets established in the Country Programme Document is a constant and serious challenge. Botswana receives a minimal level of regular resources, which are essential for ensuring that core human resources capacities are available and for resourcing elements of the country programme that do not have other available funds – such as up-stream policy work. Opportunities for obtaining other resources (OR) have steadily diminished, as international donors reduce funding support for programmes in Botswana.

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, receiving funding in 2013 for Health, HIV, Education, Child Protection and Social Policy, allowing critical but unfunded activities to be expedited. Availability of these funds extends into 2014, which will permit more productive planning with implementing partners.

In 2013 BCO partnered with other country offices and with UN agencies in joint fundraising efforts. Botswana, Namibia and Swaziland prepared joint proposals for Gender Based Violence and PMTCT. With other UN agencies, a joint proposal on HIV prevention was successful in securing funding and two joint programme documents were developed to integrate programming and secure resource for gender mainstreaming and gender-based violence. In addition, a UN Botswana Resource Mobilisation strategy was developed and approved by the UNCT, outlining strategic areas in which the UN can work as one to mobilise funding for

programmes across agencies.

UNICEF Botswana has a resource mobilisation strategy for proactively mobilising resources for children and working toward predictable and long-term funding to facilitate quality programming. The strategy: (1) outlines fundraising targets and systems to monitor progress against those targets; (2) attempts to align UNICEF priorities with those of donor groups and maximise potential for partnerships; and (3) focuses on accountability and transparency to build donor trust and maintain a high level of donor satisfaction.

During the year under review the Botswana Country Office spent nearly 100 percent of funds on expiring grants, often under short implementation timeframes. All donor reports due in 2013 were prepared and submitted in a timely manner.

Management of Financial and Other Assets

The 2013 internal audit found that controls were functioning well over a number of areas including: the office had established a process for contracting for services to ensure compliance with UNICEF rules and regulations; it had also developed a table of authority assigning financial authority to staff, and required each staff member to confirm in writing his/her awareness of the responsibilities and accountabilities associated with exercising that authority. There was also an effective Business Continuity Plan (BCP), which was approved and regularly updated.

The Office completed bank reconciliations up to December 2013 for its bank account. For bank optimisation, BCO maintained the benchmark of 5 per cent throughout the year.

UNICEF Botswana has continued to closely monitor outstanding DCTs to ensure that minimum levels are maintained. As of 31 December 2013, the office achieved 0 per cent DCT outstanding balance of over nine months.

VAT refund status has improved in 2013. Out of the total balance of P418,395.80, the office has requested P293,106.85 for reimbursement and received P144,062.05 as a refund with the balance of P149,094.77 as receivable and P125,288.95 still to be submitted. The Office monitors RR/OR and ORE expenditure levels during section chief meetings; similarly the expenditure levels of grants expiring during the coming three months are monitored. As of 31 December 2013 GC expenditure level was 98.30 per cent. The Office did not request extensions for any grants during 2013.

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A marginal cost reduction of 15 per cent was achieved on external travel, meetings and conferences, communication costs, vehicle maintenance costs, courier services, stationery costs and staff overtime.

Supply Management

UNICEF Botswana has no post dedicated to supply, and therefore participates in the BNLSS consolidation of procurement of supplies through South Africa, which is the most feasible and expedient mechanism.

As in previous years the Office has a negligible programme supply component, comprising local procurement of printing of publications services and admin supplies, which totalled US\$195,975 for those delivered in 2013 and an additional US\$37,749 to be delivered in 2014. The Ministry of Health utilises Supply Division's procurement services for Vitamin A and cold chain equipment, which amounted to US\$8,226.05 in 2013.

The Office has not yet carried out a market survey of local supplies, as this has not been a priority, although interviews with local suppliers indicate that all supplies are imported from major companies in South Africa. UNICEF had provided capacity building for supply chain management at the Ministry of Health for two years, until 2011. The demand for procurement services from the Ministry of Health is intermittent, as the Government does not provide any forecasts for SD planning purposes.

Table on total value of supplies received (irrespective of procurement location), split by programme and operational supplies and services and, where relevant, construction.

Type of Supplies	Value of Supplies in (USD)
Programme (Service)	US\$195,975.00
Operations (Supply)	US\$37,749.00
TOTAL	US\$233,724.00

Human Resources

During 2013 BCO completed two PBR submissions. Both witnessed changes, including reporting and title changes, as well as the addition of three posts: Senior ICT Assistant, L-4 Chief Social Policy and Protection of Children and NOC Health and Nutrition Specialist. Recruitment was completed and the selected candidates will join between December 2013 and February 2014. By November 2013 there were 12 vacancies against the current 2013 PAT. While gender parity has improved in the IP category (50 per cent F; 50 per cent M), BCO continued to be challenged in the GS (67 per cent F; 33 per cent M) and NO (60 per cent M; 40 per cent F) categories. In 2014 the total staff complement has been reduced from 28 to 19 in line with MTR recommendations.

Based on lessons from 2012 and taking into account regional and global priorities, the Human Resource Development committee held two meetings to approve and monitor the 2013 Staff Learning and Development Plan and provide updates to the CMT. By end of November 2013 the Office had achieved 80 per cent completion rate for group learning activities and 100 per cent for individual learning activities; only the Rosetta Stone language learning remains to be completed. Completion of e-PAS/PER is a standing agenda item for the CMT. As of end-April all IP and national staff tasks had been completed in ePAS.

Two Joint Consultative Committee (JCC) meetings were conducted, during which management and Staff Association discussed and addressed general staff concerns. A review of the 2009 & 2011 Staff Surveys showed improvement in trends between the two survey years, but also revealed some areas requiring attention, including management/staff relations, office efficiency, and work/life balance. A task force was established to prepare a work plan and the JCC is following-up on implementation of the recommendations. Staff were encouraged to raise issues of workload with their immediate supervisor as well as the staff association. Additional channels intended to improve management staff relations include frequent bilateral meetings between the Representative and the staff association chair; representation of all levels of staff on CO decision-making bodies, such as the CMT, programme group and operations group. An Office retreat is usually organised each year. Staff are aware of counselling services available within UNICEF through the PSV focal point and for all UN staff locally in Botswana.

Through UN Cares the CO is consistently implementing the 10 minimum standards on HIV in the workplace. This was complemented by the activities of the wider UN Cares group that includes all UN agencies, which has managed to organise wellness days for all UN staff.

Efficiency Gains and Cost Savings

As in previous years the Office set targets in the AMP to manage and minimise operating costs for the year by at least 10-20 per cent, using 2011 actual expenditures as a baseline. Key areas identified for monitoring were external travel, meetings and conferences and communication costs. Other areas targeted for cost reduction were vehicle maintenance, courier services, stationery and staff overtime. The results for 2013 revealed marginal cost reductions, averaging 15 per cent.

A major achievement by management was the successful negotiation for a waiver of rental increase for a period of three years, running through 2015. The projected savings for the waiver period is US\$99,000.

Using scanners has continued to reduce the use of printing paper. The Office has also outsourced copying services for large volume of workshop materials. Restrictions on training budgets and the focus on internal training through Webex and Internet resulted in reduced expenditure on external travel.

In the area of programmes and administration, four interns whose stipends are paid by Government were providing critical technical support to UNICEF on the Wise-up HIV prevention communication initiative as well as office administration activities. This arrangement allowed UNICEF to provide the much-needed support without hiring additional staff or directly engaging consultants.

During 2013 the BCO became part of a group of UNICEF offices in middle-income countries in the sub-region who agreed to a consolidation of supplies and HR functions within the South Africa Office. The establishment of this hub has professionalised the functions and ensured timely response to various requests from the six countries. Locally, the Office participated in common services LTAs, such as contracts for cleaning, security and emergency services.

Changes in AMP & CPMP

The CPMP was updated in tandem with the Mid-Term review of the Country Programme; there were structural changes to the programme and staffing structure in 2013, resulting in the staff complement being reduced from 28 to 19.

With regard to 2014, no post changes will be proposed, as the adjusted structure and job descriptions have addressed VISION requirements and audit findings, capacity gaps, segregation of duties and internal quality control requirements, including the continuation of a specific focal person on HACT to coordinate both programme and operations inputs of the assurance plan.

In 2014 the AMP will focus on:

- a) Ensuring continued adherence to the 2013 Internal Audit observations and recommendations
- b) Reviewing and updating the remaining Standard Operating Procedures in view of VISION SAP and IPSAS requirements
- c) Full implementation of HACT, including: completion of the micro-assessment review by implementing partners receiving more than US\$100,000 from the ex-com Agencies in Botswana; ensuring that assurance activities are planned, implemented and monitored; training of staff from programme and operations and implementing partners (Government and CSOs); scheduling and implementing audits where necessary
- d) Continuing to train staff so that all VISION users have the required competencies to use VISION SAP effectively
- e) Ensuring uninterrupted connectivity in the office
- f) In addition to statutory committees, the Office will appoint and train a respectful workplace advisor, in addition to the PSV focal point.

Summary Notes and Acronyms

ACHAP - African Comprehensive HIV and AIDS Partnerships
 ACSD - Accelerated Child Survival and Development
 AIDS - Acquired Immunodeficiency Syndrome
 AMP - Annual Management Plan
 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
BNYC - Botswana National Youth Council
C4D - Communication for Development
CAPP - Child/ Adolescent Protection and Participation
CBO - Community Based Organisation
CCG - Component Coordination Group
CDC - Centre for Disease Control
CFU - Caring For Us
CHD - Child Health Day
CMT - Country Management Team
CFU - Caring for Us
CO - Country Office
CP - Country Programme
CPAP - Country Programme Action Plan
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
ERM - Enterprise Risk Management
GBV - Gender-based Violence
GFATM - Global Fund to Fight AIDS, Tuberculosis and Malaria
GoB - Government of Botswana
POP - Programme Operational Plan
HACT - Harmonised Approach to Cash Transfers
ICT - Information and Communication Technology
IMEP - Integrated Monitoring and Evaluation Plan
IPSAS - International Public Sector Accounting Standards
JCC - Joint Consultative Committee
MDG - Millennium Development Goal
MFDP - Ministry of Finance and Development Planning
MOFAIC - Ministry of Foreign Affairs and International Cooperation
MIC - Middle Income Country
MODA - Multiple Overlapping Deprivation Analysis
MoESD - Ministry of Education and Skills Development
MoH - Ministry of Health
MoLG - Ministry of Local Government
MoLHA - Ministry of Labour and Home Affairs
MORSS - Minimum Operational Residential Security Standards
MOSS - Minimum Operating Security Standards
MOYSC - Ministry of Youth Sports and Culture
MTR - Mid-term Review
NACA - National AIDS Coordination Agency
NCC - National Children's Council
NCCF - National Children's Consultative Forum
NDP10 - National Development Plan
NGO - Non-governmental organisation
NPA - National Plan of Action
OMT - Operations Management Team
OR - Other Resources
OSEC - Out of School Education for Children
OVC - Orphans and Vulnerable Children
PAS - Performance Appraisal System
PBR - Programme Budget Review
PCR - Programme Component Result
PEPFAR- (US) President's Emergency Plan for AIDS Relief

PMTCT - Prevention of Mother to Child Transmission
 RCSA - Risk and control Self-Assessment
 SRHR - Sexual Reproductive Health Rights
 TOA - Table of Authority
 TWG - Technical/Thematic Working Group
 UB - University of Botswana
 UNAIDS - Joint UN Programme on HIV/AIDS
 UNCT - United Nations Country Team
 UNRC - United Nations Resident Coordinator
 USG - United States Government
 WB - World Bank
 WHO - World Health Organisation
 YCSD - Young Child Survival and Development
 UN POP – United Nations Programme Operational Plan

Document Centre

Evaluation

	Title	Sequence Number	Type of Report
1	Thari Ya Bana; Reflections on children in Botswana 2012	2013/002	Study
2	Post Introduction Evaluation of Pneumococcal and Rotarix Vaccines in Botswana	2013/001	Evaluation

Other Publications

	Title
1	Annual Report 2012

Lessons Learned

	Title	Document Type/Category
1	Implementation of Diagnose-Intervene-Verify-Adjust District Health System Strengthening Approach in Chobe district	Lesson Learned