Acknowledgements

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Acronyms

ACRWC  African Charter on the Rights and Welfare of the Child
ACSD  Accelerated Child Survival and Development
AIDS  Acquired Immune Deficiency Syndrome
ART  Anti-Retroviral Treatment
ARV  Anti-Retroviral
BAIS  Botswana AIDS Impact Survey
BCWIS  Botswana Core Welfare Indicator Survey
BFHS  Botswana Family Health Survey
BLFS  Botswana Labour Force Survey
CCF  Children's Consultative Forum
CHDs  Child Health Days
CRC  Convention on the Rights of the Child
DCNR  Department of Civil and National Registration
DIVA  Diagnose Intervene Verify Adjust
DSS  Department of Social Services
GoB  Government of Botswana
GDP  Gross Domestic Product
HIES  Household Income and Expenditure Survey
HIV  Human Immunodeficiency Virus
IMR  Infant Mortality Rate
M&E  Monitoring and Evaluation
MDG  Millennium Development Goals
MFDP  Ministry of Finance and Development Planning
MICS  Multiple Indicator Cluster Survey
MoESD  Ministry of Education and Skills Development
MOH  Ministry of Health
MTCT  Mother to Child Transmission
NACA  National AIDS Coordinating Agency
NCC  National Children's Council
NDP  National Development Plan
NER  Net Enrolment Ratio
NPA  National Plan of Action
OOSC  Out of school children
OVC  Orphans and Vulnerable Children
PEPFAR  President's Emergency Plan for AIDS Relief
PMTCT  Prevention of Mother to Child Transmission
POP  Programme Operational Plan
SADC  Southern African Development Community
SPPC  Social Policy and Protection for Children
SSA  Sub-saharan Africa
U5MR  Under-5 Mortality Rate
UN  United Nations
UNAIDS  Joint United Nations Programme on HIV/AIDS
UNDAF  United Nations Development Assistance Framework
UNDP  United Nations Development Programme
UNFPA  United Nations Population Fund
UNICEF  United Nations Children's Fund
YCSD  Young Child Survival and Development
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| Table1: Botswana’s Progress towards the MDGSs                           | 36   |
I am pleased to share with you the UNICEF Botswana Annual Report for 2012. The report provides insight into the well-being of women and children in Botswana and how the organisation has supported improvements in their quality of life during the course of the year. Our mandate as UNICEF is to support national efforts to protect children’s rights, ensuring that their basic needs are met, and thus affording all children the opportunity to reach their full potential. We do this by supporting national development priorities through the UNICEF Botswana country programme which contributes towards the achievement of the 10th National Development Plan (NDP10) in areas directly and indirectly affecting the survival, development, protection and participation of children and families. Within this context, the key results for UNICEF Botswana programme of cooperation are to contribute to (a) reduction of under-five mortality; (b) reduction of incidence the of HIV among young children; (c) reduction of adolescent girls’ risk and vulnerability to HIV; and (d) reduction and mitigation of violence, abuse, neglect, discrimination and exploitation of children.

For UNICEF Botswana 2012 marked the mid-point of the current country programme, for the period 2010-2014, and has been a critical year for the organisation. Major events such as the mid-term review of the country programme within the context of the wider GOB/UN Programme Operation Plan have been critical in helping us to ensure our continued value added in support of national priorities going forward.

In order to stay relevant and provide the most efficient and effective support to national priorities, in the context of the changing socio-economic environment, the country office also undertook a ‘strategic moment of reflection’ to reflect on
I am happy to report that the mid-term review and the strategic moment of reflection both clearly indicate that UNICEF is on the right track, and continues to provide value added to securing the rights of women and children in Botswana. At the same time, our assessment is that there remains more to be done to address the unfinished development agenda for children. In particular our efforts should be strongly focused on reaching those children in pockets of deprivation, to afford them equal opportunity to achieve their full potential.

We are a mere three years away from the Millennium Development Goals (MDGs) 2015 deadline. While Botswana is set to meet a number of the MDG targets, unfortunately not all targets are on-track, and in turn the aspirations articulated in Vision 2016 still require increased attention if they are to be attained. As we count down to the MDGs, quality disaggregated data will be instrumental in being able to track, and where possible accelerate, progress where we are lagging behind. Botswana’s progress towards the MDGs is mixed. While there is no recent data against which to accurately track national progress, this year’s Annual Report provides you with a brief summary of issues affecting children as well as progress made in Botswana towards achieving the child-related MDGs.

On behalf of UNICEF Botswana, I would like to express my continued appreciation to the Government of Botswana and all our valued partners for your continued support and commitment towards the well-being of all women and children in Botswana.

Pula!

Dr. Doreen Mulenga MB ChB, MPH
UNICEF Representative, Botswana
united for children
The Situation of Children and Women in Botswana

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. Over the decades diamond revenue has been strategically invested in human development and infrastructure. Botswana has one of the best social protection mechanisms in Africa, providing protection to vulnerable populations. However, despite being an upper middle income country, Botswana continues to face a number of development challenges.

These challenges include pervasive poverty and inequality; high unemployment, especially among women and youth; high HIV prevalence rates; high mortality rates among both children and women; and vulnerability to external shocks due to the lack of diversification of the economy beyond minerals, primarily diamonds. Addressing these development challenges will require continued partnerships between the Government of Botswana and the regional and international development community.

Poverty and Inequality

Child poverty is perhaps one of the greatest challenges that children in Botswana face. The results of the 2009/10 Botswana Core Welfare Indicator Survey (BCWIS) indicate that almost half (49 per cent) of all children aged 0-4 years live in poverty (see Figure 1 overleaf). In 2010, child poverty estimates are 13 percentage points higher than among the general population, with 36 per cent of Batswana classified as poor. While the dynamics of poverty appear to be changing with regard to rural-urban disparities, poverty remains more prevalent in rural areas as compared to urban areas. In 2010/11 an estimated 25 per cent of individuals who lived in cities were poor, as compared to 40.3 per cent in rural areas. In addition there are gender disparities with a higher prevalence among female headed (38 per cent) households as compared to their male counterparts (34 per cent).
Inequality in Botswana is among the highest in the world, with a Gini coefficient of 0.44 in 2009/10.

Investment in socio-economic development has remained impressive over several decades. Spending in sectors such as education has reached above 20 per cent of the national budget. General social protection expenditure is also impressive. Between the period 2004/05 to 2008/09, social protection expenditure is estimated to have been roughly 2.3 per cent to 4.6 per cent of total government expenditure and 0.9 per cent to 1.5 per cent of Gross Domestic Product (GDP). This is indicative of governments continued commitment towards human development.

An emerging issue of concern is the current high unemployment among youth. The 2009/2010 BCWIS reveals that the highest level of unemployment is amongst youth 15-19 years. In 2009/20, unemployment for this age group was 41 per cent as compared to 18 per cent at the national level. Unemployment is highest next among young people 20-24 years at 34 per cent and females at 21 per cent. Of equal concern is the limited education and skills set of youth aged 15-19 years of age. In 2010 it is estimated that approximately 49 per cent of junior secondary school children did not progress to senior secondary school.

Political and Economic Developments

Botswana’s political environment remains a stable multi-party parliamentary democracy. The last elections were held in October 2009; in which the Botswana Democratic Party won 45 of the 57 parliamentary seats. The next general elections are scheduled to take place in 2014.

In 2012 Botswana’s economy continued to show strong recovery. Growth in real GDP for the year up to June 2012 is estimated to be 7.7 per cent, following slower growth in 2010 and 2011. Public sector reform has played a central role in efforts to enhance competitiveness and diversify the economy. Efforts to diversify the economy are reflected in modest growth in various
sectors; 19.7 per cent in construction, 11.2 per cent in utilities, and 10 per cent in social and personal services. In the July-September period, inflation averaged 7 per cent, down 1.5 per cent for the same period in 2011. Government has continued to maintain a tight budget with cutbacks experienced in all sectors. Based on developments in 2012, the 2013 economic outlook is positive with growth forecasted to be five per cent.

Child Population

Botswana has experienced significant rural urban migration over the last decade, a situation which is fast changing the socio-economic development of the country. The population growth has been on a steady decline since 1981, and in 2011 was 1.9 per cent; down half a percentage point from 2.4 per cent a decade ago.

The country has a relatively young population; children (aged 0-17 years) are estimated to make up approximately 41 per cent (820,000) of Botswana’s population in 2011. Research shows that population age structure can have a significant impact on a country’s stability, governance, economic development and the well-being of its people. Policy responses that provide opportunities and shape the nation’s human capital are therefore central to ensuring pro-poor economic growth and social security.

Young Children Survival and Development

Botswana has maintained high coverage of key maternal and child survival interventions, with:

- ANC attendance at 94 per cent;
- immunization coverage of 90 per cent;
- high ANC HIV testing of 98 per cent;
- ARV for PMTCT of HIV at 93 percent; and
- 94 percent of births taking place in institutions.
Despite these investments, child mortality estimates are high (see Figure 3). The 2007 Botswana Family Health Survey (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 in 2007. The major causes of mortality are newborn conditions, diarrhoea and pneumonia with malnutrition as major underlying cause. Maternal mortality is also high at 163/100,000 live births.

With regard to child nutrition, malnutrition levels are high among children under five. The BFHS further revealed that the prevalence of underweight, wasting, stunting and obesity were 12 per cent, 9 per cent, 31 per cent and 15 percent respectively in 2007.

The most recent Botswana AIDS Impact Survey (BAIS III) conducted in 2008 found that among the general population HIV prevalence is high at 17.6 per cent. While HIV prevalence is lowest among children 1.5-4 years at 2.1 per cent, Botswana has one of the highest prevalence rates in the world for adults at 24 per cent. Approximately 30 per cent of pregnant women tested are HIV positive. Knowledge on HIV transmission is limited in Botswana across all age groups and geographic areas. BAIS III (2008) indicates that at a national level, only 8 per cent of individuals were knowledgeable on all three correct ways of preventing HIV transmission. Consequently, improving HIV knowledge, especially among adolescents who are about to become sexually active, remains a critical aspect of achieving an AIDS Free generation by 2016.

Child and Adolescent Protection and Participation

Various analyses reveal that the most vulnerable children in Botswana are found in rural areas, large families (of more than 7 members) and in households with: one parent deceased, orphaned children, single parents, a female head and elderly people.
In Botswana, although birth registration has been increasing, 28 per cent of children under-five were not registered in 2007. The BFHS also indicates that the children most likely not to be registered are those who are: from poorer households, live in rural areas, double orphans and in households with parents who are uneducated.

An estimated 16.2 per cent of children are orphans. The majority of orphans are aged 10-17 years, and are found unevenly distributed across districts. The largest number of orphans are found in the rural North East and South West of the country. There are significant differences across districts, with the percentage of orphans ranging from 5.5 per cent to 24.7 per cent.

While not well documented, indications are that incidences of child abuse have been on a steady increase (see figure 4). Several milestones have been achieved in establishing integrated child protection mechanisms, but much more remains to be done. In particular there remain issues with coordination and ensuring that proper procedures and processes are followed to secure the rights of vulnerable children.

It is estimated that between one per cent and two per cent of children in Botswana were working in 2007. According to the BFHS, children who worked were often: boys, 15 years and older, came from poorer households, lived in rural areas, had never attended or left school and had uneducated parents.

The Children’s Act of 2009 remains the key policy for ensuring that all children are able to access their rights. While the policy exists, its implementation remains a challenge. In line with this, despite developments to date, review of progress made since the Act came into force indicates that disparities remain. The most disadvantaged children remain those with disabilities, orphans, those living in remote areas or belonging to certain ethnic groups. These groups of children are still not afforded the opportunity to fulfil their fundamental rights.
Count down to the MDGs: Country Progress

Globally progress towards achievement of the Millennium Development Goals (MDGs) is mixed. At a regional level Sub-Saharan Africa is off track; while there has been progress overall, progress is insufficient to meet the majority of the Goals. Attainment of the MDGs will require efficient and effective social protection that facilitates access to essential services and decent living standards for the most disadvantaged in society.

In Africa, the “quality of social service delivery, inequality, unemployment (particularly among youths), vulnerability to shocks, economic, social and environmental sustainability of performance and inclusive growth are recurrent challenges”. These challenges should inform the post-2015 agenda.

At a national level, meeting Vision 2016 and the MDGs will necessitate massive scale up facilitated through innovative partnerships at community, national and regional level, and a strong equity focus as the core of evidence based policy and programming.

Botswana’s MDG Progress at a Glance

By the end of 2010 Botswana’s progress towards meeting the MDGs was mixed with a high likelihood of meeting select targets (see Annex Table 1). Positive progress relate to achievement of Goal 3 and Goal 6’s target on “universal access to treatment for HIV/AIDS”. The table on pages 11-13 provides a brief summary of global, regional and national progress against Goals 1-7.

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## Table 1:
**Summary of Global, Regional an National progress on MDG goals 1-7**

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<th>Goal</th>
<th>Progress</th>
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<tr>
<td><strong>Global Progress</strong></td>
<td>In 2010 extreme poverty had been globally halved, primarily due to developments in China. As of 2010, 58 countries were on track to reach the MDG 1 target. However, progress in 33 countries remains insufficient, with no progress in 18 countries.(^{21})</td>
</tr>
<tr>
<td><strong>Regional Progress</strong></td>
<td>Sub-Saharan Africa (SSA) has the highest number of people living in poverty. Although there has been positive progress between 1990 and 2010, as a whole the region will not meet the poverty eradication goal. In 1990, poverty estimates regionally were at 56.5 per cent. In ten years (2010) poverty in the region had come down to 47.5%; 19 per cent lower than targeted. Within the region there remains very high poverty; a very large deficit in decent work and very high rates of hunger.</td>
</tr>
<tr>
<td><strong>National Progress</strong></td>
<td>Although Botswana is likely to half poverty by 2015, the country is unlikely to half the proportion of the population that suffers from hunger and malnutrition. The prevalence of stunting and underweight remain obstacles that have far reaching consequences.</td>
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<tr>
<td><strong>Global Progress</strong></td>
<td>“The world has achieved parity in primary education between girls and boys.”(^{22}) Even in regions such as Sub-Saharan Africa where challenges exist, there have been marked improvements in this area.</td>
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<tr>
<td><strong>Regional Progress</strong></td>
<td>In the region, enrolment rates of primary school aged children increased markedly, from 58 to 76 per cent between 1999 and 2010.</td>
</tr>
<tr>
<td><strong>National Progress</strong></td>
<td>Botswana is highly likely to achieve the education MDG goal. However a related challenge is the quality of education and the subsequent retention of children in education, ensuring all children have access to quality education.</td>
</tr>
<tr>
<td><strong>Global Progress</strong></td>
<td>Challenges exist with regard to facilitating gender equality. “Women continue to face discrimination in access to education, work and economic assets, and participation in government.”(^{23}) At a global level progress to date remains insufficient to meet the Goal.</td>
</tr>
<tr>
<td><strong>Regional Progress</strong></td>
<td>Gender equality remains a problem in the region. While the education target has been met, and there is gender parity in primary school enrolment rates, regional progress against the remainder of targets related to this goal has been insufficient. Women’s share of paid employment and representation in positions of power are unlikely to be met.</td>
</tr>
<tr>
<td><strong>National Progress</strong></td>
<td>Botswana has achieved the MDG goal on gender equality. Female participation in education, employment and positions of power have improved considerably over the years. However challenges persist. These include higher unemployment among women as compared to men. In addition, gender based violence remains a problem.</td>
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\(^{20}\) Ibid
\(^{23}\) Ibid
## Global Progress

The number of under-five deaths worldwide fell from more than 12.0 million in 1990 to 7.6 million in 2010. It is unlikely this MDG will be met despite progress to date. Between 1990 and 2011, the global under-five mortality rate dropped by 41 per cent i.e., from 87 (85, 89) deaths per 1,000 live births to 51 (51, 55). To reach this goal, the global under-five mortality rate will need “to be reduced to 29 deaths per 1,000 live births, which implies an annual rate of reduction of 14.2 per cent for 2011–2015, much higher than the 2.5 per cent achieved over 1990–2011.”

## Regional Progress

The region still experiences high levels of under-five mortality. In 1990, under-five mortality in the region was 174 per 1000 live births. This had come down to 121 per 1000 live births in 2010. The progress is insufficient with reductions achieved around 30 per cent less than the half required to reach the target.

## National Progress

At the national level Goal 4 is unlikely to be met. While Botswana is performing much better than some of its neighbours challenges remain. The most vulnerable children remain those: from poor households, those in rural areas and who have less educated caregivers.

## Maternal Mortality

Maternal mortality has nearly halved since 1990, however progress against this goal remains slow. Current decreases in maternal mortality are far from sufficient to meet the 2015 target.

## Regional Progress

In SSA there remains high maternal mortality and low access to reproductive health services. Sub-Saharan Africa also has the “largest proportion of maternal deaths attributed to HIV, at 10 per cent.” Between 1990 and 2010, MMR was reduced from 850 per 100 000 live births to 500 per 100 000 live births respectively.

## National Progress

Despite high investments in antenatal care, maternal mortality remains high in Botswana and the country is unlikely to meet this MDG. Going forward, there will be a need for an in-depth understanding of the causes of maternal mortality. At a basic level current maternal mortality rates also bring into question the quality of care offered to both mothers and newborns.

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28 Ibid
29 Ibid
### Table 1: continued

**Summary of Global, Regional and National progress on MDG goals 1-7**

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<td>&quot;The global response to AIDS has demonstrated tangible progress toward the achievement of MDG 6. Globally there has been a steady decline in the number of new HIV infections, and &quot;more people than ever are living with HIV due to fewer AIDS-related deaths.&quot;</td>
<td>Sub-Saharan Africa is the region most affected by the AIDS epidemic. Regionally there are clear signs that the Goal will be met. The HIV incidence rate among those aged 15-49 years has declined over the years from 0.59 in 2001 to 0.41 in 2010.</td>
<td>Botswana has already met the target on universal access to treatment for HIV/AIDS. However tuberculosis remains a key challenge, as is comprehensive knowledge on HIV prevention among the general population.</td>
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<td>Environmental sustainability is a critical aspect of and the foundation for sustainable development and poverty reduction. The world has met the target on drinking water, five years ahead of schedule. However issues of sustainable development, especially in relation to forest cover, biodiversity, and global climate change remain a challenge.</td>
<td>Regionally the proportion of the population using improved water sources in SSA declined from 61 per cent in 1990 to 49 per cent in 2010. However challenges remain with regard to the targets on sustainable development.</td>
<td>Botswana has met the target on access to safe drinking water and has made significant progress on improved sanitation. In addition, there remains strong commitment to issues of sustainable development.</td>
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Annex Table 1 provides comprehensive detail on national progress to date against each MDG as at 2010 which is when the latest data for select indicators is available.
Key Challenges and Opportunities

The brief review of Botswana’s socio-economic status to date clearly shows progress on issues of child survival, development, protection, participation, HIV and policy on children. However, what is also clear is that not all children are able to fulfil their rights. Various proverbs state the fact that children are a nation’s future. Today more than ever, these proverbs remain fundamentally true. Beyond being a human right, investing in children is the key to human capital and socio-economic development; facilitating economic prosperity and social cohesion.

As 2015 and 2016 approach, some of the key challenges and opportunities that affect the current and future well-being of children and women in Botswana are:

**Child poverty:** The consequences of growing up poor are dire, have negative repercussions for future well-being, and should be addressed as a matter of urgency. Overall, children “born into poverty are almost twice as likely to die before the age of five as those from wealthier families.” With a child poverty estimate (0-4 years) of 49 per cent, failure to address child poverty in Botswana will mean that almost half of the future adult population will be trapped in a vicious cycle of deprivation. This will constitute both a violation of the rights of these individuals, and will also have negative repercussions for Botswana’s socio-economic development. Going forward, current government commitment to poverty eradication should place eradication of child poverty at the centre of all poverty eradication efforts. This will require that future policy be child focused, and be sensitive to intra household dynamics and the age and gender specific needs of different categories of children. In addition, it will be important that national poverty eradication efforts focus on establishing an integrated family centred and child sensitive social protection system.

**Child nutrition:** The fact that national investments have not translated into positive child nutrition statistics speaks to the need for more in-depth analysis into the socio-cultural dynamics of infant and young child feeding in Botswana. The importance of good child feeding practices and overall good child nutrition in the first two years of a child’s life cannot be over emphasised. The damage done due to lack of adequate nutrition within these first two years of life is irreversible, with long term effects on
health, cognitive and physical development. The implications of which, are a less than optimal quality of life. The newly adopted Botswana Nutrition Strategy of 2012-2016 affords Botswana the opportunity to make significant strides in improving child nutrition.

**HIV and AIDS:** Prevention of mother-to-child transmission (PMTCT) programmes in Botswana have been effective in drastically reducing the rate of mother-to-child transmission of HIV. However, many children born before PMTCT services became available were born HIV positive and today are entering their teenage years through the use of ARVs. Adolescence is a period of “momentous social, psychological, economic, and biological transitions” that leaves adolescents open to various risks and vulnerabilities at several levels. As such living with HIV as an adolescent exacerbates an already tempestuous period in life. Many adolescents will have become or are contemplating becoming sexually active. BAIS III indicates that in 2008, there was limited comprehensive knowledge on preventing HIV transition among both genders, across education levels, geographic location, wealth decile, age and orphan status. Botswana aspires for an AIDS free generation by 2016. While this may not be attainable by 2016, an AIDS free generation is possible. In addition to good general reproductive health knowledge, improving knowledge on the transmission of HIV among adolescents, in particular those living with HIV provides one of many pathways to an AIDS free generation. Consequently, the ability to provide holistic youth friendly reproductive health services to adolescents, in particular those living with HIV, as they make the transition into adulthood, is a step towards achieving an AIDS free generation and fulfilling the rights of this age group.

**Child mortality:** As with child nutrition, child mortality rates in Botswana are not commiserate with national investments to improve child survival. More than half of all deaths of children under five are a result of preventable diseases. The top 5 causes of death in Botswana in 2007 were diarrhoea, pneumonia, sepsicaemia, dehydration and HIV/AIDS related illnesses. The most vulnerable children are from poor household, live in rural areas and have care givers with low levels of education.

**Maternal mortality:** For an upper middle income country, maternal mortality (MMR) rates in Botswana are too high. Countries of similar income status have considerably lower

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36 MMR was 34 per 100,000 in Jamaica, 28 in Iran, and 24 in Lebanon in the same year (Hogan, M.C. 2010). Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5. The Lancet, Vol. 375 No. 9726 pp. 1609–1623)
maternal mortality rates. In addition, current MMR are not commiserate with the high level of antenatal care available. Ensuring that women receive quality care during pregnancy, delivery and post-delivery and adolescent girls have access to adolescent friendly sexual reproductive services is critical to improving maternal health.37

**Low youth skills and high youth unemployment:** “Today’s youth are tomorrow’s workers, entrepreneurs, parents, active citizens and leaders.” 38 However, worldwide and nationally, youth face several challenges as they transition into adulthood. In Botswana, low skills and high unemployment are second only to the vulnerability of being infected and affected by HIV and AIDs. Secondary school transition rates remain low and unemployment rates are highest amongst those with only secondary school education. Overall ensuring that youth have the requisite education and training opportunities remains a key challenge to youth development and attainment of gainful employment. 39 This is reflected in the struggle that youth face in the transition from school to work. Unemployment among youth 15-24 years is 2 times higher than the national unemployment rate of 18 per cent.

**Social protection and social policy:** Both now and in the future decades, the fight against poverty, inequality and gender discrimination will be incomplete, and its effectiveness compromised, without a stronger focus on adolescent development and participation” (ibid). To address this, social protection programmes that recognize and cater to the developmental differences between children and adolescents are critical in ensuring improved quality of life for vulnerable adolescents. 40

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The UNICEF support to the Government of Botswana through the United Nations Development Assistance Framework (UNDAF) and the GoB-UN Programme Operational Plan (2010-2014) supports implementation of aspects of the National Development Plan 10 (2009-2016).

Working in collaboration with a broad group of stakeholders, the GoB-UN Programme Operational Plan (GoB-UN POP) is the UN Botswana’s plan for facilitating progress towards attainment of the MDGs in Botswana and national aspirations as articulated in Vision 2016.

Within the context of ‘Delivering as One’ (DaO) the current UNICEF Botswana Country Programme has been extended to 2014 to run concurrently with the UNDAF, the GoB-UN POP and NDP 10. The GoB-UN POP focuses on five key thematic areas namely:

- Governance and human rights promotion
- Economic diversification and poverty reduction
- Health and HIV/AIDS
- Environment and climate change
- Children, youth and women empowerment

UNICEF is active in all thematic areas, except Environment, and the reports that follow are structured under these headings.

A midterm review of the UNPOP that took place in 2012, provided recommendations on how to improve the efficiency and effectiveness of current UN System (UNS) support in Botswana.
Achieving results for children in 2012

Achieving results for children in Botswana has required development with equity. Botswana’s progress to date has translated into human development indicators that far surpass those of its neighbours. In order to ensure that all children in Botswana have access to and are able to rightly claim their rights UNICEF’s focus has been on the most marginalized and vulnerable women and children who are most likely to be overlooked in the glowing picture of national prosperity. Equity for UNICEF has meant first identifying those children who are worst off and second using this information to support evidenced based policy and programming.

During the course of the year in line with an enhanced equity focus, UNICEF Botswana undertook a strategic moment of reflection in the context of the mid-term review of the GoB-UN Programme Operational Plan (GoB-UNPOP) (see Text Box 1). The meeting took stock of progress to date against planned key results, programme challenges and opportunities, in an effort to reflect on concrete means for strengthening UNICEF’s position as a highly relevant and effective partner. This event and several others which UNICEF took part in as part of the mid-term review of UNPOP and consequently the CP, have from UNICEF’s perspective been valuable.

Amidst the key calendar of events indicated below, the various programme thematic areas continued to support interventions towards child survival, development, participation and protection.

Governance and Human Rights Promotion

Data for advocacy
Within this area, UNICEF efforts in 2012 focused on completion of the secondary analysis initiated in 2011. The analysis undertaken covered various national survey data (Botswana Family Health Survey, the Botswana AIDS Impact Surveys I, II & III and the Botswana Demographic Survey) and was
disaggregated by age, gender, wealth ranking, orphan status, and location. The resultant publication entitled “Indicators of child well-being in Botswana between 2001 and 2008” identifies disparities in the well-being of women and children. Findings of the analysis are that the most vulnerable children suffer multiple deprivations and are often orphaned, poor, live in rural areas or have parents with low levels of education, and have limited access to basic services in particular water and sanitation. The publication will be disseminated in early 2013.

UNICEF continued to support child focused research through development and launch of the UB-UNICEF flagship publication “Thari ya Bana”. The 2012 publication of “Thari ya Bana: Reflections on Children in Botswana 2012”, continued to focus on topical issues around child survival, development, protection participation, HIV and policy for children. Thari ya Bana was launched as part of the commemoration of the CRC.

In collaboration with UNDP, UNICEF also provided technical assistance on analysis of the Botswana Core Indicator Welfare Survey of 2009/10. Preliminary findings from the analysis indicated that child poverty remains a significant challenge in Botswana. In 2009/10, 49 per cent of children aged 0-4 years were found to be poor as compared to 26.2 per cent for those aged 35-39 years.
Juvenile justice
While there has been improved access to justice for children, challenges remain. In 2012 UNICEF efforts focused on systems strengthening. Technical input was provided to facilitate development of a Legal Aid Guide to support the under-privileged to access justice. UNICEF’s collaboration with the Botswana Police Service enabled finalization of the training of trainers’ manual on juvenile justice. The course is intended to empower in-service officers with skills to handle juvenile justice cases.

Economic Diversification and Poverty Reduction
In 2012, UNICEF continued support to evidence-based policy and programming on education for out-of-school children (OOSC). UNICEF provided technical assistance to the Out of School Education and Training (OSET) division in the Ministry of Education and Skills Development (MoESD). This support will improve education opportunities of OOSC by strengthening retention and generating high-quality alternative education provision.

An initial situation analysis of OOSC in Botswana was undertaken to map stakeholders and partners involved in providing services to OOSC. A preliminary baseline report was completed highlighting that approximately 10 per cent of primary aged children are out of school. The proportion of out of school children has remained unchanged for 10 years. Eleven workshops were held nation-wide, bringing together government, non-government and private-sector players to identify district-level issues and experiences. These workshops have engendered trust between government and its partners and built momentum on tackling OOSC issues. The workshops also highlighted bottlenecks, such as the availability of professionals with appropriate expertise, the lack of partner coordination and weak information systems to identify OOSC.

During the course of the year a draft policy framework was completed. The framework defines the scope of out of school children (children at risk of dropping out, children short-term out-of-school and able to return to school, and children long-term out-of-school requiring alternative education provision) and analyses the complex policy landscape in which the OOSC
programme will operate. At the core of the framework are three main components: an improved system for finding, tracking and assessing OOSC; an education strategy that covers curriculum, assessment, learner support models and the knowledge, skills, attitudes and values of staff; and a support infrastructure to ensure that OOSC and their families have access to non-education services that are critical for educational success.

Continuing into 2013, UNICEF support will focus on developing and testing the key components of the policy and designing an operational plan to implement the programme.

**Evidence based policy and programming**

UNICEF’s support to evidenced based policy in 2012 focused on completion of two initiatives started in 2011. In an effort to provide real-time data and more timely policy responses, UNICEF supported completion of a third round of a series of rapid assessments on the impact of the economic crisis on vulnerable households at community level in five livelihood zones. The first two rounds of the assessment were conducted in October 2010 and May 2011. Round three was conducted in October 2011, exactly one year after the first assessment in 2010. The findings indicate that vulnerable groups have, as expected, been adversely affected by the crisis. Across the 5 livelihood zones covered, households coping mechanisms included cutting back on meals, buying cheaper food and seeking support from family members.

In 2012, UNICEF also supported the finalisation of the review of the public works programme *Ipelegeng*, which was initiated in 2011. The review was carried out in collaboration with the Department of Local Government Development Planning within the Ministry of Local Government. The findings of the review reveal the programme to be relevant and that it provides tangible relief to beneficiaries. However, its efficiency and effectiveness were assessed as questionable in meeting the policy expectation of poverty eradication. Several recommendations to facilitate the re-design of the programme have been tabled, and will be presented to Cabinet in early 2013. Select recommendations are in the interim being implemented by government.

UNICEF support to government and partners in this area focuses on gathering and sharing evidence on children, in particular the most vulnerable, and on assessing the effectiveness and
efficiency of existing social protection policies and programmes. Women and female-headed households suffer poverty and economic marginalization more acutely than men and male-headed households. Consequently a large proportion of Ipelegeng beneficiaries are women, which has implications on the well-being of children within these households. The evaluation of the Ipelegeng programme therefore facilitates potential improvements that are anticipated to improve the efficiency and effectiveness of the programme.

Health and HIV

Child nutrition and health
During the first half of 2012, UNICEF supported the development of the National Nutrition Strategic Plan for the period 2012-2016. In preparation for the development of the strategy, UNICEF worked with stakeholders to evaluate the National Plan of Action on Nutrition 2005-2010, in order to identify key achievements, challenges and learn lessons. Findings from this review contributed to the development of the new strategic plan.

A child nutrition situation analysis was instrumental in supporting the drafting of a new National Nutrition Strategy, focused on reducing stunting. The strategy is currently awaiting government
endorsement and adoption. UNICEF continued to provide technical support on Vitamin A supplementation activities for children aged 6-59 months and on procurement of Vitamin A capsules. Progress is evident in Vitamin A coverage, with recent reports indicating that 75 per cent of children received two doses in 2011.

In addition, capacity was developed in the area of equity focused programming for Accelerated Child Survival and Development (ACSD) for two District Health Management Teams. This support provided increased knowledge and skills on conducting assessments, analysing selected high impact maternal and child survival interventions and planning through implementation of the ‘D’ of the DIVA approach.

Successful advocacy by UNICEF and other stakeholders led to the introduction of pneumococcal and rotavirus vaccines to combat major killers of children (pneumonia, diarrhoea). Support was also provided in the development of communication materials to create community awareness on the importance of the two vaccines.

In 2012 UNICEF continued to provide support to improve district capacity on planning and implementation of bi-annual Child Health Days, particularly in providing support in the application of communication for Development (C4D) strategies.

**Children and HIV**

With the current global focus on elimination of mother to child transmission (eMTCT) of HIV and safe motherhood, the 2012 work plan in the area of PMTCT and Paediatric Care was focused on supporting government to finalise the Strategic Plan Towards the Elimination of Mother to Child Transmission of HIV and Keeping Mothers Alive 2012-2015. Technical support was provided for reviewing, finalising and costing the drafted plan which has been finalised and is awaiting endorsement by the Ministry of Health. It is anticipated that the plan will be launched in early 2013. In addition, in collaboration with Ministry of Health (MOH) and other partners, Centre for Disease control (CDC) and Botswana Harvard Partnership, support was provided to scaling up implementation of interventions geared towards elimination of new HIV infections in children. This support included training and roll out of Triple ARV prophylaxis for PMTCT to the remaining districts and development of monitoring indicators to monitor the elimination plan.

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Capacity building took place for two district PMTCT coordinators and a national level monitoring officer on how to conduct PMTCT bottleneck analysis and plan specific interventions for addressing key bottlenecks. This capacity was built as part of implementing DIVA in Tutume and Chobe Districts. Districts with high unmet needs for PMTCT have been identified and will be targeted in the next stage of bottleneck analysis to take place in 2013.

Elimination of MTCT of HIV has been incorporated into existing HIV coordination structures (SRHR-HIV Linkages Reference and Advisory Committees) for better integration. Additionally, UNICEF provided leadership in the establishment of the national Inter-Agency Task Team on prevention of HIV infections in pregnant women, mothers and their children. The team has taken the first steps towards agreeing on respective roles and operating modalities.

Financial support from partners for government programmes focused on HIV is on a steady decline. To sustain and build on progress made, it will be important for government to find other means of sustainable financing if it is to move the eMTCT agenda forward.

Support to orphans and other vulnerable children
In collaboration with government, UNICEF provided technical assistance to Ark and Mark Trust to strengthen its monitoring and evaluation (M&E) system and enhance the quality of psychosocial service delivery to newly grief-stricken adolescents. The Ark and Mark programme is an innovative and culturally sensitive initiative that the Government and UNICEF have supported since 2007. Through the provision of psychotherapeutic services to more than 10,000 newly grief-stricken adolescents in 10 districts, the NGO is responding to a major gap in government’s provision of social protection services to orphans and vulnerable children. The programme adopts a community-based approach and a model of child and HIV-sensitive social protection.

HIV prevention among adolescents and young people
UNICEF, in collaboration with NACA, has continued to implement the Wise-Up multi-media campaign to increase knowledge levels on HIV prevention among adolescent and young people aged 10-24. The number of adolescents receiving weekly cell phone text messages on HIV prevention increased from 2,500 in December 2011 to 6,335 in June 2012. The provision of a user-
friendly Wise-Up Facebook page enabled 3,183 adolescents and young people to discuss and network on HIV prevention issues. These approaches were complemented with radio messages to reinforce learning. In the process, a standard set of messages was developed for communicating with adolescents and young people about HIV prevention and access to services. Within the context of the campaign, volunteer youth have been empowered through their participation in mobilization of adolescents and their peers in schools and public places, such as shopping malls, around the country to enrol in the initiative.

Technical support was also provided for the design of the BAIS IV to be conducted in early 2013. The outcome of the survey will provide new data and trends outlining progress in the national response on HIV and AIDS since 2008. It will also reveal whether knowledge levels on HIV prevention and access to prevention services have improved among adolescents and young people. In addition, technical input was provided for the progress report of the National Response to the 2011 Declaration of Commitments on HIV and AIDS for the 2010-2011 reporting period.

UNICEF also provided technical assistance in the development of the Sexual Reproductive Health Rights (SRHR) and HIV and AIDS Linkages and Integration Strategy and Implementation Plan. Integration of these services will contribute to improved service quality at various points of service provision. It will also ensure improved and timely access to HIV prevention services for adolescents and young people.

Children, Youth and Women Empowerment

Child protection systems strengthening
In the area of child protection, UNICEF supported strengthening of the institutional capacity of the National Children’s Council (NCC) to effectively perform its oversight and coordination functions with respect to implementation of the Children’s Act of 2009. Through these efforts the NCC has become more actively engaged in advocating for children’s rights with parliamentarians, traditional institutions through the Kogtla, or village court, and the media.
In addition, UNICEF provided technical support to facilitate the development of a Legal Aid Guide. The guide will provide information on how to access legal aid services for the underprivileged, including children in need of protection.

**Advocating for children’s rights**

As part of advocating for the rights of children, in 2012 technical assistance was provided to the National Children’s Council to strengthen its capacity to perform its oversight and coordination function with respect to implementation of the Children’s Act of 2009.

To promote engagement of the media in promoting children’s rights, and to recognise journalists who have provided valuable contributions to the coverage of children’s issues in Botswana, UNICEF has established a partnership with Media Institute of Southern Africa (MISA) Botswana, sponsoring annual children’s reporting awards in print and broadcast.
Text Box 2:
Key Strategic Partnerships

**Government**
- Office of the President
- National AIDS Coordinating Agency (NACA)
- Ministry of Local Government and Rural Development
- Ministry of Health
- Administration of Justice
- Ministry of Labour and Home Affairs
- Ministry of Youth, Sports and Culture
- Botswana Police Service
- Ministry of Education and Skills Development
- Statistics Botswana

**Component Coordination Groups**
- Governance and Human Rights Promotion
- Economic Diversification and Poverty Reduction
- Health and HIV
- Environment and Climate Change
- Children, Youth and Women Empowerment

**Civil Society, Private Sector and Academia**
- Baylor Children’s Clinic Centre of Excellence
- Ark’n’Mark Trust
- Women Against Rapex
- University of Botswana

**Other development partners**
- USAID/ PEPFAR/ CDC
- European Union
- UN Country Team
Partnerships for development

“Partnerships are at the heart of the UNICEF mandate.”44

Achieving sustainable results requires cooperation between strategic partners, each of which have a comparative advantage in advocating for the rights of children. UNICEF work to improve the well-being of children in Botswana has been firmly grounded in cooperation with a diverse group of partners from the United Nations system, government, civil society and academia.

Government partners

Technical and financial assistance in support of national socio-economic development priorities is delivered to various government line ministries as captured in Text Box 2. Implementation of the GoB-UNPOP is facilitated through component coordination groups (CCGs), centred on the five thematic areas of the UNPOP (see Text Box 2). The CCGs facilitate implementation and monitoring of joint annual work plans drawn from the GoB-UNPOP.

Where applicable, CCG coordination structures have been aligned with the NDP 10 working groups. Programme direction is provided by a Programme Steering Committee co-chaired by the Ministry of Finance and Development Planning (MFDP) and the UN Resident Coordinator. With changes to the current government structure efforts will be made to align the GoB-UNPOP structures with those of government, to ensure optimal support and efficiency.

Civil Society, Private Sector and Academia

UNICEF’s civil society partnerships have evolved over the years and will need to evolve further in order to ensure that each partner’s comparative advantage is capitalised on to achieve results for children. In a time of austerity, innovation and strategic partnerships are essential to achieving results.

UNICEF partnered with UNAIDS to provide technical and financial support for the finalisation, costing and development of monitoring indicators of the Strategic Plan Towards Elimination of Mother to Child Transmission of HIV and Keeping Mothers Alive 2012-2015. This is one of the areas that the UNCT was able to bring together its resources and deliver-as-one within the GoB-UNPOP Health

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44 UNICEF. 2012. Report on the implementation of the strategic framework for partnerships and collaborative relationships. New York. UNICEF
and HIV CCG. With dwindling donor resources for Botswana, UNICEF has also embarked on partnerships with the private sector. In this area, partnership has been initiated with telecom operator “Orange” for an m-health Youth Innovation Competition and there is potential for future engagement on mobile application innovations in Nutrition and birth registration.

Continued partnership with the University of Botswana (UB) has contributed to new analysis and research on children and equity. This partnership, facilitated through a Memorandum of Understanding that covers research and NGO management capacity development, contributed towards the publication, editing and launching of the flagship publication *Thari ya Bana*. It is through this partnership that the two secondary analyses discussed earlier were completed. In addition, partnership with UNDP supported development of the preliminary analysis of the BCWIS, providing initial analysis on the nature of child poverty in Botswana.

UNICEF provided technical support to the Department of Civil and National Registration (DCNR) and partnered with UNFPA to enable government to share its experience and lessons learnt in birth registration and the linkage with the National ID at the 2nd conference of African Ministers responsible for Civil Registration in Durban, South Africa. Many other African countries expressed their desire to learn from Botswana’s experience and since then, the Director of DCNR has been invited to share these experiences with a number of countries. This has built confidence in government to push toward universal birth registration.

Other Development Partners
UNICEF also engages with other development efforts to advocate for the rights of children. In particular there has been continued dialogue with bilateral partners such as PEPFAR and the European Union to share information on the situation of children and programming strategies. Through this, UNICEF and its partners are able to identify areas requiring support for the reduction of child and maternal mortality. In addition, UNICEF continues to take part in different technical working groups, committees and partners’ fora to ensure children’s issues are included. During the course of the year, UNICEF facilitated the formation of a country Inter-Agency Task Team (IATT) on prevention of HIV infection among pregnant women, mothers and their children. The team, through the IATT focal person, serves as a link between countries and the IATT secretariat in supporting the national PMTCT programme in its efforts towards elimination of new HIV infections in children.
Available Resources and Utilisation 2012

UNICEF Botswana funding sources (2012)

<table>
<thead>
<tr>
<th>Donor</th>
<th>Funds (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF Regular Resources</td>
<td>796,871</td>
</tr>
<tr>
<td>UNICEF Thematic and Set-Aside Funds</td>
<td>564,324</td>
</tr>
<tr>
<td>Basic Education and Gender Equality</td>
<td>131,409</td>
</tr>
<tr>
<td>Young CHild Survival and Development</td>
<td>155,703</td>
</tr>
<tr>
<td>HIV-AIDS and Children</td>
<td>178,335</td>
</tr>
<tr>
<td>Child Protection</td>
<td>1,882</td>
</tr>
<tr>
<td>Policy Advocacy and Partnership</td>
<td>6,773</td>
</tr>
<tr>
<td>Other Resources</td>
<td>48,224</td>
</tr>
<tr>
<td>GFATM Set-Aside Funds</td>
<td>41,998</td>
</tr>
<tr>
<td>Micronutrient Initiative (in-kind VitA)</td>
<td>6,226</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,409,419</strong></td>
</tr>
</tbody>
</table>

2012 Expenditure per programme area

<table>
<thead>
<tr>
<th>Programme</th>
<th>Amount (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young Child Survival and Development</td>
<td>574,952</td>
</tr>
<tr>
<td>Child/Adolescent Protection and Participation</td>
<td>462,868</td>
</tr>
<tr>
<td>Advocacy and Planning</td>
<td>154,754</td>
</tr>
<tr>
<td>Operations and Administration</td>
<td>138,349</td>
</tr>
<tr>
<td>Programme Support</td>
<td>78,496</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,409,419</strong></td>
</tr>
</tbody>
</table>
Looking forward: 2013 Outlook

The midterm review of the current UNICEF Botswana 2010-2014 country programme has reaffirmed the relevance and direction of the programme. In 2013, the country office will focus on refining the current programme for the remainder of the programme cycle, building on the progress achieved and enhancing the focus on the most vulnerable women and children in society.

In-line with refining planned results within the context of recommendations from the mid-term review, UNICEF has simplified its programme structure to two programme components: Young Child Survival and Development (YCSD) and Social Policy and Protection for Children (SPPC). In 2013 the programme components will focus on:

**Economic diversification and poverty reduction:** UNICEF will continue to support evidence-based advocacy and planning through data analysis and monitoring. Data for advocacy will encompass further child poverty analysis based on the BCWIS of 2009/10. Social policy work will include technical support to the preparation of the poverty eradication strategy to ensure that it is child sensitive. UNICEF will also work with UN partners in reviewing the social protection system to improve coverage, efficiency and effectiveness, focusing on the most vulnerable women and children. Support will continue in facilitating equity in education through evidence-based policy and programming on education for out of school children.

**Health and HIV:** In line with the current component focus, there will be continued support for the implementation of the ACSD and elimination of MTCT of HIV strategies. This support will include: i) support implementation of high impact interventions geared towards prevention of preventable major causes of child deaths (diarrhoea, pneumonia) and new born conditions; ii) advocacy and support programming and investment on reduction of new born mortality; iii) support development of a two years costed operational plan for the National Nutrition Strategy; and iv) Support monitoring of the elimination plan and capacity building for districts with high unmet need for PMTCT to conduct bottleneck analysis and plan to address identified gaps. There will be continued support for the Wise Up campaign in an effort to improve adolescent knowledge on HIV prevention.
Women, children and adolescent empowerment: A key focus of this component in 2013 will be on systems strengthening. The component will provide enhanced support to OVC issues which will include: i) a mapping of the orphans and vulnerable children’s programme and child sensitive social protection systems; ii) support to the dissemination of the NPA for OVC and national response; and iii) building capacity of the NCC – oversight, coordination and monitoring of children’s rights. To ensure all births are registered, there will be: i) continued capacity building of responsible staff in hospitals where deliveries take place; ii) support for south-south cooperation in areas of technical innovation and programming; and iii) community outreach and mobilisation for the hardest to reach.

Governance and Human Rights Promotion

Efforts around advocacy and promotion of children’s rights will continue through supporting various external communication activities, including the International Day of Broadcasting for Children and the fourth edition of *Thari ya Bana* to be developed and published as part of commemorating the CRC. UNICEF will continue to work with government partners on the submission of State Party reports on the CRC and ACRWC to UN/ AU committees and support will continue toward building capacities and strengthening justice for children. Gender sensitive social budgeting and deprivation analysis will be undertaken with UN partners.

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Text Box 3: UNICEF Botswana Strategic Moment of Reflection

On 11-12 December 2012, the UNICEF Botswana country office (BCO) undertook a Strategic Moment of Reflection (SMR) as part of the mid-term review of its country programme for the period 2010-2014. The SMR was the final process of a series of events undertaken as part of the MTR process which began in 2011 with an internal evaluation of the BCO’s programmes. This was followed by an MTR of the GoB-UN Programme Operational Plan (GoB-UN POP) of 2010-2014. Following the wider MTR, the BCO held an Enhanced Annual Review Meeting (EARM) on 14-15 November 2012 to enable the BCO to come up with feasible long term strategic results that would inform how the CO can best re-position itself in Botswana.

The main objective of the SMR was to enable the BCO to “stand back” and reflect on concrete means for strengthening UNICEF’s position as a highly relevant and effective partner in addressing the challenges faced by the most vulnerable children and families in Botswana. The overall objectives of the meeting were to:

- based on the results of MTR processes to date, and the Enhanced Annual Review, validate key findings within the MTR Report;
- review and discuss suggested focus and adjustments to the Country Programme for remainder of CP cycle;
- gain feedback and validation from key partners on UNICEF’s future focus in Botswana;
- propose focus and adjustments to be put forward in the final MTR report and PBR; and
- outline steps for completing the MTR Process.

Through this process, government and partners confirmed:

- the on-going relevance of the Country Programme, as well as suggested focus and adjustments through to the end of 2014.
- that the national challenges and barriers identified to achieving equitable results for children are valid and
- key priorities for action.
UNICEF Botswana Team

The UNICEF Botswana country team is led by Dr. Doreen Mulenga, Country Representative, and is made up of a programme and operations section. The programme section is headed by the Deputy Representative, Scott Whoolery, and the operations section by the Operations Manager, Janet Kamau.

In 2012 four staff members left the country office to embark on new opportunities. At the same time the team welcomed on board Scott as our new Deputy Representative, and Le Sega Agang as Communications Officer.

The staff complement in 2012 included:

Doreen Mulenga | Representative
Scott Whoolery | Deputy Representative
Irene Momene | Executive Assistant
Janet Kamau | Operations Manager
Colletta Kibassa | Chief YCSD
Patrick Codjia | Nutrition Specialist
Mercy Puso | Communication for Development (YCSD)
Joshua Emmanuel | Chief CAPP
Mareledi Segostso | HIV/AIDS Prevention Specialist*
Benito Semommung | Justice for Children Specialist
Lesego Agang | Communications Officer
Lillian Tjezuva | Communication Assistant
Guillermo Marquez | HIV Advisor to SADC
Nonofo Sam | Programme Associate
Thabang Sefako | Administrative Assistant
Kitso Mocuminyane | Operations Officer*
Lenamile Mfosi | Finance Assistant
Tlhopho Kgotla | Admin & Human Resource Assistant*
Rebecca Itumeleng | Registry Assistant
Muyapo Muzola | ICT Officer
Lewis Garebamono | Driver
Roy Makgale | Driver
Reetsang Moemedi | Driver
Kenny Magano | Driver*

*These staff members left the country office in the later part of 2012.
## Annex Table 1: Botswana’s progress towards the MDGs

<table>
<thead>
<tr>
<th>Goals and Targets</th>
<th>Indicators for Monitoring Progress</th>
<th>General</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 1</strong></td>
<td>Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day</td>
<td>Proportion of population below $1 (PPP) per day</td>
<td>2003: 23.5%</td>
</tr>
<tr>
<td></td>
<td>Halve, between 1990 and 2015, the proportion of people who suffer from hunger</td>
<td>Proportion of population below national poverty line</td>
<td>1994: 47%</td>
</tr>
<tr>
<td></td>
<td>Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</td>
<td>Prevalence of underweight children under five years of age</td>
<td>1996: 17%</td>
</tr>
<tr>
<td><strong>Goal 2</strong></td>
<td>Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015</td>
<td>Net enrolment ratio in primary education</td>
<td>2010: 6-12 years: 89%</td>
</tr>
<tr>
<td></td>
<td>Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</td>
<td>Proportion of pupils starting grade 1 who reach last grade of primary</td>
<td>2007: 87%</td>
</tr>
<tr>
<td></td>
<td>Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</td>
<td>Literacy rate of 15-24 year olds, women and men</td>
<td>2003: 94%</td>
</tr>
<tr>
<td><strong>Goal 3</strong></td>
<td>Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015</td>
<td>Ratios of girls to boys in primary, secondary and tertiary education (girls per 100 boys)</td>
<td>2007: 96 (Pr), 108 (Sec), 100 (Ter)</td>
</tr>
<tr>
<td></td>
<td>Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015</td>
<td>Share of women in wage employment in the non-agricultural sector</td>
<td>2007: 43%</td>
</tr>
<tr>
<td></td>
<td>Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015</td>
<td>Proportion of seats held by women in national parliament</td>
<td>2007: 11%</td>
</tr>
<tr>
<td><strong>Goal 4</strong></td>
<td>Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</td>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>1996: 45</td>
</tr>
<tr>
<td></td>
<td>Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</td>
<td>Infant mortality rate (per 1000 live births)</td>
<td>1996: 37</td>
</tr>
<tr>
<td></td>
<td>Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</td>
<td>Proportion of 1-year old children immunized against measles</td>
<td>1996: 74</td>
</tr>
</tbody>
</table>

Sources: Statistics Botswana/CSO, unless otherwise stated:
- Botswana MDG status report 2010
- UN Common Country Assessment 2001
- NACA/UNAIDS UNGASS Report 2010
- World Development Indicators database (accessed Dec 2010)
### Goals and Targets

#### Goal 5

**Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio**

<table>
<thead>
<tr>
<th>Indicators for Monitoring Progress</th>
<th>General</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>1991: 326 2010: 163</td>
<td>Unlikely</td>
</tr>
<tr>
<td>Proportion of births attended by skilled health personnel</td>
<td>2007: 95%</td>
<td></td>
</tr>
</tbody>
</table>

#### Goal 6

**Have halted by 2015 and begun to reverse the spread of HIV/AIDS**

<table>
<thead>
<tr>
<th>Indicators for Monitoring Progress</th>
<th>General</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV prevalence among population aged 15-24 years</td>
<td>2004: 13% 2008: 8%</td>
<td>Likely</td>
</tr>
<tr>
<td>Condom use at last high-risk sex</td>
<td>2008: 81%</td>
<td></td>
</tr>
<tr>
<td>Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS</td>
<td>2008: 42%</td>
<td></td>
</tr>
<tr>
<td>Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years</td>
<td>2008: Orphan 86%: Non-orphan: 89%</td>
<td></td>
</tr>
<tr>
<td>Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it</td>
<td>Proportion of population with advanced HIV infection with access to antiretroviral drugs</td>
<td>2010: &gt;95%</td>
</tr>
</tbody>
</table>

#### Goal 6

**Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases**

<table>
<thead>
<tr>
<th>Indicators for Monitoring Progress</th>
<th>General</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence (per 1000 population) and death rates associated with malaria</td>
<td>2000: 45 (Incidence) 2007: 13 (Incidence)</td>
<td>Likely (Malaria)</td>
</tr>
<tr>
<td>Proportion of children under 5 sleeping under insecticide-treated bed nets</td>
<td>2007: 12% in endemic districts</td>
<td></td>
</tr>
<tr>
<td>Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs</td>
<td>2007: 10%</td>
<td></td>
</tr>
<tr>
<td>Prevalence rate associated with tuberculosis (per 100,000 people)</td>
<td>1990: 330 (incidence) 2010: 710 (incidence)</td>
<td>Unlikely (TB)</td>
</tr>
<tr>
<td>Proportion of tuberculosis cases detected and cured under directly observed treatment short course</td>
<td>2007: 63% (detection)</td>
<td></td>
</tr>
</tbody>
</table>
### Annex Table 1: Botswana’s progress towards the MDGs (cont)

<table>
<thead>
<tr>
<th>Goals and Targets</th>
<th>Indicators for Monitoring Progress</th>
<th>General</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 7</strong></td>
<td>Integrate the principles of</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>sustainable development into</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>country policies and programmes</td>
<td></td>
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<tr>
<td></td>
<td>and reverse the loss of</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>environmental resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Proportion of land area covered</td>
<td>1990: 24%</td>
<td>Likely</td>
</tr>
<tr>
<td></td>
<td>by forest</td>
<td>2009: 21%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CO2 emissions (metric tonnes per</td>
<td>1990: 1.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>capita) (kg per $1 GDP (PPP))</td>
<td>0.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2010: 2.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>National protected areas (% of</td>
<td>2010: 30%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>total population)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GDP per unit of energy use</td>
<td>2007: $12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(constant 2005 PPP $ per kg of</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>oil equivalent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Halve, by 2015,</td>
<td>Proportion of population using an</td>
<td>1991: 92%</td>
<td>Likely</td>
</tr>
<tr>
<td>the proportion of</td>
<td>improved drinking water source</td>
<td>2006: 96%</td>
<td></td>
</tr>
<tr>
<td>of people without</td>
<td>Proportion of population using an</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sustainable access</td>
<td>improved sanitation facility</td>
<td>1990: 36%</td>
<td></td>
</tr>
<tr>
<td>to safe drinking</td>
<td></td>
<td>2008: 60%</td>
<td></td>
</tr>
<tr>
<td>water and basic</td>
<td></td>
<td>(74% urb, 39% rur)</td>
<td></td>
</tr>
<tr>
<td>sanitation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Goal 8**        | Develop further an environment    | 2007: 1.0 | Likely    |
|                   | conducive for beneficial trade     | 2007: 1.0 |            |
|                   | and foreign direct investment      |         |            |
|                   | Net ODA received (% GNI)           |         |            |
|                   | Debt service as a percentage of    |         |            |
|                   | exports of goods and services      |         |            |
|                   | Telephone lines per 100 population | 2000: 8  |            |
|                   | Mobile cellular subscribers (per    | 2010: 118|            |
|                   | 100 population)                   |         |            |
|                   | Internet users (per 100 population) | 2000: 3 |            |
|                   | Personal computers (per 100        | 2007: 4.8|            |
|                   | population)                        |         |            |