**Request for Country Allocation of UNDP COVID-19 Rapid Response Facility Resources for L3 COVID-19 Crisis**

**Country:** **BOTSWANA**

**Date: 1 April 2020**

**1. SITUATION ANALYSIS**

***Covid-19 national response***

On 31 March 2020, the Republic of Botswana transitioned from the prevention phase to the prevention and containment phase of its Covid-19 response, following the announcement of Botswana’s first positive COVID-19 cases (two males and one female) the previous day. H.E. the President of the Republic of Botswana announced an indefinite state of emergency (invoking section 17 of the Constitution and section 3 of the Emergency Powers Act) and additional measures including enforcement of “extreme social distancing” from midnight 2 April 2020 for a 28 day period, entailing a permit system for travel for essential services only. In the coming days, the President will issue Regulations to spell out the detailed arrangements for the state of emergency.

During the “prevention” phase, prior to the positive covid-19 cases, the Government of Botswana had already taken commendable steps to prepare for the pandemic, including restricting travel and cross-border movement into the country and mandatory quarantine for returning residents and citizens.

The Government of Botswana has already launched a nationwide COVID-19 campaign through broadcast media and through the distribution of Setswana language leaflets, flyers, and posters to all parts of the country; including to the rural parts of Botswana. While the Government has taken commendable steps to prepare for the pandemic, there is concern that the designated facilities are not ready for quarantine purposes and that generally prevention messages and measures are not reaching the most vulnerable and rural population.

***National Coordination***

The Government has established a Multi-Disciplinary Presidential Coordination COVID-19 Task Team (COVID-19 PCTT), under the leadership of H.E the President of the Republic of Botswana, to ensure coordination of the COVID-19 preparedness and response. The UN is represented by the RC and WHO at in the Task Team. The COVID-19 PCTT will oversee and direct the work of the National COVID- 19 task team chaired by the designated National Coordinator, Dr. Masupu. The task team and its secretariat will operate from a Joint Operations Centre and is supported by multi-disciplinary sub-committees as appropriate. The Ministry of Health and Wellness (MOHW) is part of all committees and leads the Health Sub-Committee which coordinates all the global response areas (based on WHO recommendations). To support economic recovery, the government has set up a High-Level Task Force on the Economy in which Business Botswana is a member. Business Botswana, a parastatal which provides a public-private platform, has requested support to develop Relief and Recovery Plans for the private sector, whilst also looking at socio-economic impacts on the informal labour market and opportunities to transition to formal labour modalities.

The COVID-19 PCTT will oversee and provide direction, guidance, support and expert advice across the health service and the wider public service, for the overall national response to Coronavirus, including national and regional and other outbreak control arrangements with a specific focus on the following three broad areas:

* The implementation an effective “preventative” programme;
* The strengthening of the health system across the country so that it can adequately cope with testing and treating cases;
* The effective running of the economy (including imports and exports) to ensure a positive growth rate.

***National constraints to covid-19 response***

Approximately 20.3% of the adult population in Botswana is living with HIV/AIDS.[[1]](#footnote-2) Although, according to WHO, there is no conclusive evidence that the risk of COVID-19 is different amongst people living with HIV who are clinically and immunologically stable on ARV treatment, this does pose a serious concern for the country and places additional onus on the importance of prevention and containment.

The Government has also expressed a clear gap in its ability to test suspected COVID-19 cases. Furthermore, the Government has established 10 Isolation and Case Management Centres for COVID-19 in various parts of Botswana. However, with a total capacity of 70 ICU beds for severely affected patients, the health system is at risk of being severely unprepared for a national epidemic. WHO is working closely with the Ministry of Health and Wellness to increase their response and crisis management capacity.

Furthermore, Botswana is not currently equipped to manage epidemic-related medical waste. Safe disposal, management and treatment of waste will become a paramount priority should the national crisis escalate.

The weak health system capacity is characterized by frail operational efficiency, the limited strength of the health sector that is capital centric as opposed to community or rural based, absence of early warning systems, national pandemic guidelines and feeble social protection systems. This, to a large extent, is a reflection of the overall governance structure and regulatory frameworks.

During the prevention phase, the general public and the public and private sectors slowed movement but not completely practiced social distancing. Following the declaration of a state of emergency and order of ‘extreme social distancing’ specific and targeted public education warrants greater attention.

As an upper middle-income country, Botswana does not qualify for assistance from many traditional development partners. However, despite its economic status, Botswana has one of the highest levels of inequality globally. A national and global crisis like COVID-19 will have significant impact on the poorest who are engaged in the informal labour market, agriculture, small trade, businesses and tourism, women, people living with disabilities, youth and marginalized groups. Botswana’s economy is heavily dependent on tourism and the mining industry. Already grappling with concerns of dwindling mining revenues and reduced tax revenues, substantial loss of income and employment poses a serious concern for the national economy. H.E the President announced on 31 March 2020 a series of measures intended to encourage financial stabilization and a Covid-19 Relief Fund for which donations are being encouraged to support national recovery efforts.

***UN Coordination***

A UN Botswana covid-19 response plan is being developed and is currently in draft form. It outlines UN priorities with regards to support to the health system (led by WHO), support to the JOC (led by UNDP and RCO), food security and nutrition (led by FAO and UNICEF), children, youth and marginalized groups (led by UNICEF and UNFPA) and economic recovery (led by UNDP). UNDP’s offer comprises a fundamental part of the UN system support to the COVID-19 pandemic in Botswana. UNDP will work closely with WHO for Output 1, RCO and UNICEF for Output 2 and activities under Output 3 will be implemented jointly with ILO.

***UNDP Offer***

UNDP is the largest UN agency in Botswana. Currently the UNDP Country Programme is funded through GEF and Government cost-sharing, limiting its opportunity to re-programme resources towards the COVID-19 response without significantly impacting its strategic offer towards supporting the Governments’ SDG targets at the start of the global Decade of Action. At the same time, UNDP Botswana, is strategically pre-positioned through its ongoing development assistance to assist the Government of Botswana in responding to the unfolding crisis. With the additional resources requested in this proposal, UNDP Botswana will be well positioned to leverage its existing relationships as a trusted development partner to act swiftly and effectively to support the Government, whilst expanding opportunities to scale-up existing policy and programming level support.

On request from our government partners, UNDP is therefore scaling-up its work on waste management to include clinical waste, policy support to include developments of national pandemic guidelines, policies and legal adjustments required to allow government to fully activate its business continuity plans, work with youth and Tribal Administration to ensure the most vulnerable and rural populations are reached and scaling-up ongoing support to economic diversification to also look at crisis relief and recovery, whilst maintaining a “Leaving No One Behind” focus.

**2. PROJECT OUTPUTS AND ACTIVITIES**

***Output 1: To support Botswana to build resilient health systems***

1.1 Safe management of Covid-19 health care waste;

1.2 Support development and dissemination of clear guidelines for healthcare professionals; correct work practices and procurement of appropriate use of PPE;

1.3 Support provided to the National Environmental laboratory for manufacturing hand sanitizer;

1.4 Development of National Health Pandemic Guidelines.

***Output 2: To promote inclusive and integrated crisis management and multi-sector responses***

2.1 Support to the Joint Operations Centre, providing equipment to support operations, including teleworking;

2.2 Support to Government to roll out its Executable Business Continuity Plan during COVID-19 to enable business continuity of government’s functions in the event of limited physical access to offices, including (but not limited to) through Provision of ICT equipment to facilitate teleworking and essential operations through e-governance mechanisms;

2.3 Support to the Ministry of Youth Empowerment, Sport and Culture Development (MYSC) and the Botswana National Youth Council (BNYC) to develop and roll-out a national youth-focused COVID-19 prevention communication strategy, including a social media campaign as part of the National Communication Campaign and in partnership with Government;

2.4 Training for the Chiefs (Dikgosi) on COVID-19 prevention to reach out to the youth and most vulnerable part of the population, including in regions where poverty rates are higher, social services, particularly health care services poorer, and targeting the very high proportion of the population which is immuno-deficient due to HIV/AIDS, amongst others;

2.4 Support the Ministry of Defence Justice and Security (MDJS) and the Botswana Prison Service (BPS) to undertake an Assessment of Botswana Prisons for COVID-19 preparedness and response and provide policy and programme advice to reduce the risk to prisoners/detainees and prisons personnel, by putting in place preventive measures within correction institutions and revise policies applying a human rights approach – i.e., alternatives to custody such as bail, avoiding detention for minor offences and other decongestion measures.

***Output 3: To support countries to address the socio-economic impact of COVID-19***

3.1 Support to Business Botswana to develop a Relief Plan for the private sector, with a focus on businesses hardest hit by the crisis, and their staff. The Relief Plan and M&E framework will be developed by Business Botswana in consultation with the Ministry of Investment, Trade and Industry, Business Botswana membership and submitted to the Government Relief Fund for support;

3.2 Support to Business Botswana in collaboration with Ministry of Investment, Trade and Industry, and Ministry of Environment, Natural Resources Conservation and Tourism, to develop a **Business Recovery Plan for the private sector**, and accompanying M&E Framework;

3.3 Support to Poverty Eradication Coordinating Unit (PECU) to undertake a **Socio-economic Impact Analysis** of the COVID-19 on Selected Vulnerable Groups and development of Policy and programme Options for Response including exploration of digital finance mechanisms;

3.4 Support, to undertake a **Rapid Analysis of the Impact of the COVID-19 on the Informal Sector** and Proposed Response Plan:

3.5 Support the implementation of key actions in the recently developed Poverty Eradication Policy and Implementation Plan.

Activities 3.3 and 3.4 although similar in nature, have different target groups which warrant specific and targeted responses. Gender, human rights and conflict sensitive lenses will be applied in the analyses to assess the differentiated impacts of the crisis on women and other vulnerable groups, such as people with disabilities.

**3. MANAGEMENT ARRANGEMENTS**

The implementation modality in Botswana CO is NIM, however it is proposed that flexibility be allowed to accommodate restrictions on Government procurement processes during the State of Emergency and the anticipated rostering of staff and consequent impact on productivity.

Implementation modalities will build on existing operations of the UNDP Botswana programme, through which annual workplans are developed and validated with implementing partners. The Country Programme is currently divided into three portfolios as follows:

1. **Economic Development and Inclusive Growth** – Key IPs: Office of the President, Ministry of Investment and Trade, Ministry of Local Government and Rural Development
2. **Human Rights, Access to Justice and the Empowerment of Youth and Women** – Key IPs: Office of the President (Human Rights Unit and Coordinating Office for People with Disabilities), Ministry of Youth, Sports and Culture Development, Ministry of Local Government and Rural Development, Ministry of Nationality, Immigration and Gender Affairs (Departments of Tribal Administration and Gender Affairs).
3. **Environment and Climate Change** – Key IPs: Ministry of Environment, Natural Resource Conservation and Tourism

All actions will be implemented under the overall guidance of the Multi-Disciplinary Presidential Coordination COVID -19 Task Team and in support of the national task teams and Joint Operations Centre. Furthermore, the response plan forms part of the broader UN Botswana response plan and therefore coordinated through the UN task team supporting the national structures.

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| **4. ANNUAL WORK PLAN BUDGET SHEET** | | | | | | | | | | |
| **EXPECTED OUTPUTS** and indicators including annual targets | **PLANNED ACTIVITIES**  *List all activities including M&E to be undertaken during the year towards stated CP outputs* | **TIMEFRAME** | | | | **RESPONSIBLE PARTY** | **PLANNED BUDGET** | | |
| Q1 | Q2 | Q3 | Q4 | Source of Funds | Budget Description | Amount  (USD) |
| ***Output 1:*** *To support Botswana to* ***build resilient health systems*** | | | | | | | | | | |
| 1.1 **Safe management of Covid-19 health care waste**  **Indicator:** reduced microbial load in the waste for safe disposal  **Target:** 2 decontamination stations  **Target:** approved guidelines and at least 50 people trained, equal no. of male and female | Procurement of equipment to treat or decontaminate Covid-19 waste onsite  Consultant to develop waste management guidelines and train personnel on Covid-19 waste handling and safe disposal. |  | x | x |  | Ministry of Environment Natural Resources Conservation and Tourism   * Department of Waste Management and Pollution Control * Ministry of Health and Wellness/ | RRF |  | 100,000  5,000 |
| 1.2 **Clear guidelines** **for healthcare professionals,** correct work practices, and appropriate use of PPE  Indicator: no or reduced infection rates | Procurement of appropriate Personal Protection Equipment (PPE) for handling waste  Development and dissemination of guidelines on safe disposal, management and treatment of waste. |  | x | x |  | Ministry of Environment Natural Resources Conservation and Tourism  Ministry of Health and Wellness | RRF |  | 10,000 |
| 1.3 **Good hand hygiene**  **Indicator:** availability of hand sanitizers (50L produced daily) | Support National Environmental laboratory to Procure 96% Ethanol, 3% Hydrogen Peroxide, 98% Glycerol and Distilled or deionized water to manufacture hand sanitizers |  | x | x |  | Ministry of Environment Natural Resources Conservation and Tourism/  Department of Waste management and Pollution Control  Ministry of Health and Wellness | RRF |  | 13,500 |
| 1.4 Development of National Health Pandemic Guidelines | a. Review preparedness actions for COVID-19 in Botswana  b. Collate best practices from Southern Africa region and similar MIC contexts  c. Develop National Health Pandemic Guidelines  d. Develop National Health Pandemic Contingency Plan |  | x | x |  | Ministry of Health and Wellness  Office of the President | RRF |  | 30,000 |
| **Sub-total Output 1** | | | | | | | | | 158,500 | |
| ***Output 2: To promote inclusive and integrated crisis management and multi-sector responses*** | | | | | | | | | | |
| 2.1 Support to **the Joint Operations Centre**  Indicator: JOC members can operate remotely  Target: 100% | Equipment to support operations (including teleworking) of Joint Operations Centre from 2 locations and 30 pax including 2 complete video conferencing, laptops, webcams, microphones, internet access, software and licensing costs. |  | x |  |  | National Covid-19 Task Team: Joint Operations Centre | RBA | IT/office equipment | 74,000 |
| 2.2 **Executable Business Continuity Plans** during the COVID-19 to enable business continuity in the event of limited physical access to offices  I: No. of essential Ministry staff able to continue operations  T: 100% | 1. Provision of communication facilities to Ministries’ Senior Management Staff to enable them to telework 2. Provision of equipment and operational funds to enable virtual interactions when responding to COVID-19 3. Review of policies and legal adjustments to enable Business Continuity across Government 4. Develop key e-governance processes and safeguards |  | X | x |  | Office of the President;  MITI;  MLGRD;  MENT;  Attorney General Chambers;  MDJS;  IEC;  DCEC;  MNIG (Gender Affairs) | RBA (60,000)  RRF (50,000) | IT equipment and softwares, IC engaged to review policies, legislations and business processes | 110,000 |
| * 1. **Youth-focused COVID-19 prevention** social media campaign   **Indicator:** users of social media Facebook and twitter  **Target:** 350,000 | 1. Development of TORs 2. Development of inception report, including draft plan for campaign creation and roll-out 3. Development of M&E framework for campaign and youth social media response 4. Approval of inception reports 5. Meetings with network providers for youth data bundles 6. Training of MYSC staff and NIP participants on roll-out 7. Launch of campaign on social media platforms and broadcast media 8. Disseminate information on the increase of GBV during crisis periods and publicizing resources that are available 9. Final report with recommendations 10. M&E of campaign and implementation of recommendations |  | x | x |  | Ministry of Youth Sport and Cultural Development  Botswana National Youth Council | Governance 2020 AWP | IC engaged to set up portal; unplaced National Internship Programme participants to roll-out. | 35,000 |
| 2.4 **Chiefs (Dikgosi) focused on COVID-19 prevention campaign**  **Indicator:** number of Dikgosi trained  **Target:** 570 | 1. Development of TORs 2. Development of inception report, including draft plan for campaign creation and roll-out 3. Development of M&E framework for campaign Approval of inception reports 4. Meetings with network providers for youth data bundles 5. Training of Ministry of Local Government and Rural Development staff and Chiefs on roll-out 6. Launch of campaign on social media platforms and broadcast media 7. Final report with recommendations 8. M&E of campaign and implementation of recommendations |  | x | x |  | Ministry of Local Government and Rural Administration (Department of Tribal Administration) | Governance 2020 AWP | IC engaged for 30 day; DTA TOT staff for roll-out. | 30,000 |
| 2.5 **Assessment of Botswana Prisons** for COVID-19 preparedness and response  **Indicator:** % of prisons assessed  **Target:** 100% | 1. Development of TORs 2. Development of inception report, including assessment plan 3. Approval of inception report and assessment plan 4. Assessment at each site 5. Final assessment reporjhkooijhhhht with recommendations 6. M&E of implementation of assessment recommendations to MDJS and BPS |  | x |  |  | Ministry of Defense, Justice and Security  Botswana Prison Service (BPS) | RBA | IC engaged for 30 days | 15,000 |
| **Sub-total Output 2** | | | | | | | | | 264,000 | |
| ***Output 3: To support countries to address the socio-economic impact of COVID-19*** | | | | | | | | | | |
| 3.1 **Relief plan for the private sector** and an M&E framework for the Plan | 1. Development and Approval of the draft Relief Plan and an M&E Framework Development 2. Approval of the final draft Relief Plan and an M&E Framework |  | X |  |  | Business Botswana | RBA | IC engaged over a period of one month | 15,000 |
| 3.2 **Business Recovery Plan for the private sector** and accompanying M&E Framework | 1. Development and Approval of the Business Recovery Plan and an M&E Framework 2. Dissemination of findings with decision makers for policy considerations 3. Dissemination of findings on public platforms to facilitate discussions 4. Implementation of catalytic actions |  | X |  |  | Business Botswana, Ministry of Environment, Natural Resource Conservation and Tourism | 2020 EDIG AWP (49,000)  RBA (56,000) | 3-team member, engaged over a period of three months | 105,000 |
| 3.3 **Socio-economic Impact Analysis** of the COVID-19 on Selected Vulnerable Groups and Policy Options for Response | 1. Development of the Report, Response Plan and an M&E Framework with relevant stakeholders. Report will include gender, human rights and conflict sensitive analysis and disaggregated data 2. Dissemination of findings with decision makers for policy considerations 3. Dissemination of findings on public platforms to facilitate discussions 4. Implementation of catalytic actions |  | x |  |  | Poverty Eradication Coordinating Unit (PECU), Office of the President | 2020 EDIG AWP | 3-team member, engaged over a period of three months | 60,000 |
| 3.4 Rapid Analysis of the **Impact of the COVID-19 on the Informal Sector** and Proposed Response Plan | 1. Development and Approval of the Report, Response Plan and an M&E Framework with relevant stakeholders 2. Dissemination of findings with decision makers for policy considerations 3. Dissemination of findings on public platforms to facilitate discussions 4. Implementation of catalytic actions |  | x |  |  | Business Botswana and MITI | 2020 EDIG AWP ($36,000)  RRF: ($24,000) | 3-team member, engaged over a period of three months | 60,000 |
| 3.5 Support the implementation of a select number of **key actions** in the **Poverty Eradication Policy and Implementation Plan** | 1. Identification and agreement of key actions to be supported by UNDP 2. Implementation of critical actions for current beneficiaries |  | x | x | x | Poverty Eradication Coordinating Unit (PECU), Office of the President | 2020 EDIG AWP ($20,000)  RBA ($80,000)  RRF ($10,000) |  | 110,000 |
| **Sub-total output 3** | | | | | | | | | 350,000 | |
| **TOTAL** |  |  |  |  |  |  |  |  | 772,500 |
| **Contribution from AWP 2020** |  |  |  |  |  |  |  |  | 230,000 |
| **Contribution from RBA Pooled Funds additional TRAC2** |  |  |  |  |  |  |  |  | 300,000 |
| **Required funding RRF** |  |  |  |  |  |  |  |  | **242,500** |

1. UNAIDS, 2019 (Age 15 – 49). [↑](#footnote-ref-2)