

FIGURE 1: GOB/UNICEF COUNTRY PROGRAMME OF COOPERATION: 2003-2007 PROGRAMME STRUCTURE AND RELATIONSHIP TO STRATEGIC FRAMEWORK

Programmes	HIV/AIDS Prevention and Mitigation Programme	Policy, Legislation and Social Services Programme	Mobilisation for Children's & Women's Rights Programme	Cross-sectoral Costs Programme
Projects	<ul style="list-style-type: none"> • PMTCT Plus • Care of Orphans and Vulnerable Children • Adolescent Empowerment and Mobilisation • Project Support 	<ul style="list-style-type: none"> • Policy and Legal Analysis • Integrated Early Childhood Development • Integrated Girls Education • Project Support 	<ul style="list-style-type: none"> • Programme Communication for Community Capacity Development • Advocacy for Children's and Women's Rights • Media and HIV/AIDS • Project Support 	<ul style="list-style-type: none"> • Project Support

Guiding Principles

- A Good Start for Life
- Safe Passage to Adulthood
- Increased Participation and Getting Children's Voices Heard
- Placing Children on the Agenda

Strategies

- Applying human rights principles for programming and community capacity development
- Improving the quality of and access to service delivery through capacity building and institutional strengthening
- Promoting and developing an enabling policy and programme environment
- Strengthening family and community capacities



PROGRAMME IMPLEMENTATION IN 2004

HIV/AIDS PREVENTION AND MITIGATION PROGRAMME

The projects supported under this programme are key to helping mitigate and prevent the spread of HIV/AIDS. With an HIV prevalence rate of 37.4% among pregnant women, and a national prevalence rate of 17.1%, UNICEF in Botswana continues to focus most of its efforts on helping children, young people, women and families confront the challenges of the epidemic. In 2004, UNICEF Botswana's specific aim was to reinforce existing projects in order to scale up the participation in PMTCT, improve the coverage and quality of services for orphans and to strengthen initiatives for young people.

The **PMTCT-Plus Project** continues to assist mothers, children and families to understand and cope with the continued high incidence of Mother-to-Child Transmission (MTCT) of HIV. Striving to address an increasing mortality rate amongst children under 5, UNICEF Botswana is advocating for greater access to care and treatment for infected and affected children, whilst also encouraging an increase in the number of HIV-positive pregnant women enrolled in the PMTCT Programme.

The **Care of Orphans and Vulnerable Children Project** aims to boost the capacity of communities and families to care and provide quality services for orphans and vulnerable children.

It strives to ensure that stakeholders and lawmakers are sensitised to the protection needs of this vulnerable group and also endeavours to reinforce the capacity of key government departments in strategic planning, co-ordination, monitoring and evaluation.

The main goal of the **Adolescent Empowerment and Mobilisation Project** is to provide a platform for young people to express their concerns on current social issues, build their confidence, and help them become active members in the fight against HIV/AIDS, with a specific focus on preventing new infections in adolescents between the ages of 10-18 years.

HIV/AIDS Prevention and Mitigation Programme Partners: Ministry of Health (MOH), Ministry of Education (MOE), Ministry of Local Government (MLG), National AIDS Coordinating Agency (NACA), AIDS and STD Unit, MASA, UNAIDS, UNDP, WHO, UNFPA, UNHCR, Botswana/USA Project (BOTUSA), Botswana Harvard AIDS Institute Partnerships, Botswana Christian AIDS Intervention Programme (BOCAIP), Botswana National Youth Council (BNYC), Botswana Network of People Living With HIV/AIDS (BONEPWA+), Botswana Family Welfare Association (BOFWA), Centre for Youth of Hope (CEYOHO), Coping Centre for People Living with HIV/AIDS (COCEPWA), AIESEC Botswana, Junior Achievement Botswana (JAB), Masiela Trust Fund, Ghetto Artists, National Youth Centre, Salvation Army Psychosocial Support Initiative (SAPSSI), Tirisanyo Catholic Commission (TCC), Tshireletso AIDS Awareness Centre (TAAC), the Youth Health Organisation (YOHO), among others.

PMTCT-Plus Project

TESTIMONY ON THE CHALLENGES OF KNOWING YOUR STATUS:

"It is very difficult to convince a young woman to test, because if she is positive then they think the husband is going to leave that wife or the boyfriend is going to run away, they say, 'if my boyfriend knows that I am HIV-positive, he's going to leave me and where am I going to get that money?' I think that's the worst fear they have. So what I do – I just go out there in the clinic to the pregnant ladies and I share my stories with them. I just tell them that, 'your life is not for somebody else, it's your life, and that one has to work hard to live, and it's you who knows yourself the best. It's you who either wants your child to live or to die. So it's up to you if you take PMTCT or not'."

-Malebogo Mongwaketse, CEYOHO counsellor and former PMTCT patient.

TESTIMONY ON CHILDREN LIVING WITH HIV:

"Access to care for HIV-positive babies not saved through the PMTCT programme is very pertinent because the programme is implementing the PMTCT plus strategy, whereby all HIV positive pregnant women, their partners and families identified through the programme are given treatment and care. The programme has to make sure that HIV positive babies are treated early to minimize HIV/AIDS related morbidity and mortality, thereby minimizing pediatric AIDS in Botswana. Eliminating pediatric AIDS is possible if comprehensive and free national PMTCT and ARV programmes that have strong linkages with a seamless referral system are put in place".

-Dr. Khumo Seipone, PMTCT Programme Manager, Ministry of Health.

The future of any country is dependent on the survival of its children. In Botswana, HIV/AIDS is the leading cause of death for children under five, estimated to account for 58 percent of all child mortality. For that reason, UNICEF Botswana supports projects that will reduce orphaning and decrease infant mortality. According to the 2003 Sentinel Surveillance Report for Botswana, the HIV/AIDS prevalence rate for pregnant women attending antenatal clinics was 37.4 percent.

To achieve optimal involvement in the PMTCT care scheme, Botswana's National PMTCT Programme developed a 4-pronged plan (in 2003) that targets: prevention of HIV infection in women of child-bearing age, particularly teenagers; preventing unwanted pregnancies among HIV-positive women and all women at risk; reducing the number of HIV-positive infants infected through Mother-to-Child-Transmission (MTCT); and care, treatment, and support of infected pregnant mothers and their partners.

Objectives for the UNICEF supported PMTCT-Plus project in 2004 included:

- Strengthening links between national PMTCT and ARV programmes;
- Increasing programme uptake by at least 50 percent by the end of the year;
- Reinforcing the integration of EPI/IIMCI interventions with those of PMTCT-Plus, IECD, and OVC.

The results in 2004 were significant. The national PMTCT programme increased significantly from 36 percent in December 2003 to 61 percent in December 2004.

This is vital as providing antiretroviral prophylaxis to pregnant women can reduce the risk of transmission in newborn children by half. There was also positive news in terms of availability of care and ARV treatment. In 24 sites, 100 percent of all HIV positive women and mothers who are eligible for HAART (those with a CD4 count of less than 200 and/or an AIDS defining illness) have access to ARVs. The polymerase chain reaction (PCR) test for babies which gives an early diagnosis of HIV was also available, although more needs to be done to use this test more regularly.

Efforts are underway to mainstream the PMTCT-Plus project into the national ARV programme. It is anticipated that the merger will result in even higher numbers of women, children and partners on ARV treatment. Technical consultative meetings have already taken place between officials of each programme.

To build up the capacity of local practitioners, the Ministry of Health's Family Health Division and UNICEF in 2004 developed a toolkit for training district facilitators and community mobilisers in the Human Rights-based Approach to Community Capacity Development (HRAP/CCD). A total of 35 local officers were trained in Ghanzi, Kweneng, Mahalapye and Selibe Phikwe. One hundred copies of the HRAP/CCD toolkits have been distributed to the districts. In addition, a three day HRAP/CCD sensitisation meeting brought together members of the government, UN staff, non-governmental organisations (NGOs), and faith-based organisations (FBOs). To strengthen monitoring of future HRAP/CCD

activities, UNICEF will recruit a consultant, who will be based at the Family Health Division.

To help improve overall effectiveness of service delivery, UNICEF carried out a regional PMTCT analysis in which Botswana was one of four countries evaluated. This valuable exercise pointed out lessons learnt, strengths and opportunities for improvement.

There is an undisputed link between the health of a mother and the health of her baby. In Botswana, the high rate of MTCT of HIV has contributed to an increase in child mortality. There is even some concern that Botswana may fail to meet the fourth Millennium Development Goal related to the reduction of child mortality rates by two thirds. One of the problems is access to services. While PMTCT provision enjoys wide coverage, specific care for HIV affected children is lacking. To help resolve this shortfall, UNICEF, in collaboration with the Ministries of Health (MOH) and Local Government (MLG) and other development partners, organised the first ever national consultation on expanding access to treatment and care for HIV-positive children. The participants agreed to several critical action points (see Panel 1). In 2005, the MOH, with support from UNICEF and other partners, intends to implement these recommendations.

Hospitals and their staff are instrumental to starting mothers and newborns on the correct feeding and care regimen right from the start. Caregivers also need to create a nurturing environment and help to answer the complicated questions of infant feeding in the era of HIV/AIDS. This is the aim of the Baby-Mother Friendly Hospital Initiative (BMFHI), which UNICEF re-launched in 2004 (see Panel 2). Hospitals in four districts were reactivated, with the training of 82 health service providers, 96 family welfare educators, 13 BMFHI committee members and 56 mother support group members. Support visits were made to hospitals in Kanye, Palapye, Selibe Phikwe and Serowe. By the end of the year, eleven BMFHI assessors had been trained. An essential component of the BMFHI is Infant and Young Child Feeding (IYCF) in which mothers are encouraged to exclusively breast feed their

babies during the first six months, to reduce infant mortality and avoid malnutrition. In 2004, 91 health workers had been trained in IYCF.

By year's end, the IYCF and HIV/AIDS counseling courses were combined to improve efficiency. UNICEF assisted the merger by helping to develop pilot materials for the new training course. Some 137 nurses and doctors from Kanye, Palapye, Selibe Phikwe and Serowe took part in the merged course. In 2005, feedback from these pilot sessions will be incorporated into the training programme.

Botswana was declared polio-free more than a decade ago. However, in 2004, the country registered its first case of imported poliomyelitis. The Government of Botswana reacted swiftly and with the assistance of WHO, UNICEF and Rotary International secured the needed funds, supplies and equipment to mount two national vaccination campaigns that reached 250,000 children under 5 years of age. UNICEF also contributed to the mass information campaign that helped inform the public.

Although UNICEF does not have a dedicated project for the Expanded Programme on Immunisation (EPI) or on the community Integrated Management of Childhood Illnesses (c-IMCI) activities, each was incorporated into the PMTCT-Plus project to address HIV/AIDS and non-HIV/AIDS-related child morbidity and mortality issues.

In 2004, an IMCI baseline study on household practices was completed and results were shared at a strategy development workshop in Gaborone attended by representatives of MOH, WHO, district level authorities and the private sector. The workshop succeeded in producing a draft IMCI strategy for 2005-2007. UNICEF supported the production of an IMCI handbook that illustrates key household practices to improve child survival, growth and development. It was distributed to clinics and family health educators, amongst others. A companion video is still in production and will be completed and distributed in 2005. To improve community support and development of PMTCT/IMCI activities, focal persons were trained in 13 health districts on planning and implementation.

PANEL 1

Treatment and Care for Children Living with HIV

PMTCT-Plus is making significant inroads in getting care to greater numbers of HIV-positive mothers; however, access to medical treatment for HIV-positive children is lagging behind. To this end, in November 2004, the Ministry of Health together with UNICEF, organised a national consultation on how to expand access to HIV infected and affected children. UNICEF collaborated closely with government, and other partners including BOTUSA, Botswana Baylor Children's Clinical Centre of Excellence, African Comprehensive HIV/AIDS Partnership and Botswana Harvard Partnership in the design of this consultation.

The primary goal of the consultation was to establish a strategic direction for improving access to prevention, care, treatment and support for children living with HIV/AIDS.

These were among the most important recommendations put forward:

- Improve the systematic follow-up of mothers and children on ARV therapy, especially at the community level, integrating PMTCT/ARV/MCH and IMCI.
- Finalise the revision of the baby welfare card to include PMTCT and ARV information for both mother and child.
- Strengthen training and regularly update staff involved in the diagnosis, care and treatment of HIV/AIDS patients to increase access.
- Reinforce referral and follow-up procedures at all levels of service provision.
- Boost the community's ability to support PMTCT in all districts, and to actually administer ARV to infected children;
- Develop a strategy to raise community awareness on psychosocial support needs of children infected and affected by HIV/AIDS.

The full set of recommendations can be found in the final report and CD ROM of the consultation.

PANEL 2

What is a Baby-Mother Friendly Hospital?

The Baby-Mother Friendly Hospital Initiative (BMFHI), launched in 1991, is an effort by UNICEF and the World Health Organisation to ensure that all maternities, whether free standing or in a hospital, become centers of breastfeeding support. A maternity facility can be designated 'baby-mother friendly' once it has implemented 10 specific steps to support successful breastfeeding:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one half-hour of birth.
5. Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

To date, 5 hospitals in Kanye, Palapye, Selibe Phikwe and Serowe are in the process of being certified as Baby-Mother Friendly. The process will be completed once the international BMFHI assessment tool has been finalised.





Care of Orphans and Vulnerable Children Project

TESTIMONY ON IMPROVING CHILDREN'S LIVES IN KANYE:

"What would happen if there was no Bona Lesedi? You know the children are always asking, 'what would happen if papa Kopi and mama Molefhe hadn't come to Kanye? Where would we be by this time?' They always say that. They would still be roaming around by the mall, searching the dustbins for things to eat, not going to school. Now we don't have any child here who doesn't go to school. They are all at a school and they have changed and they want to have a better future- and they are happy. They say they want to be a doctor, or a teacher, or a nurse and one of them told me, 'I want to drive one of those big sanitation trucks'."

-Nono Molefhe and Phillip Kopi, Managers of Bona Lesedi community based project, Kanye

UNICEF Botswana is concerned with the burden placed on families and communities by the growing number of orphans and vulnerable children (OVC). The 2001 census showed that 56 percent of orphans were living in homes where the head of household is unemployed. The Government of Botswana supports approximately 90 percent of the country's 47,725 registered orphans with a food basket and other necessities (as per the Short Term Plan of Action for orphans).

Despite this assistance, orphans and vulnerable children often live in impoverished conditions. They are more likely to drop out of school in order to earn money, be forced to look after younger siblings, and almost always become vulnerable to various forms of exploitation. To help ensure these children do not fall through the cracks, UNICEF in 2004 prioritised the capacity building of civil society organisations to help them provide care and support to orphans to complement the food basket. Support was available to eight community-based organisations (CBOs) who care for an estimated 4,000 orphans and vulnerable children in 8 districts and sub-districts: South East, Kweneng, Central, North East, Southern, Kgalagadi, North West and Bobirwa. Specifically, UNICEF helped provide feeding programmes, psychosocial support, learning materials, equipment for vocational training, vehicles, recreational equipment, and office supplies. The caregivers at the day care centres are in charge of the children's overall well-being, monitor their school attendance, provide counseling and support to the children and their caregivers at home and sometimes transport sick children to medical facilities.

In 2004, UNICEF also saw the need to enhance the capacity of some of its partners to more effectively manage OVC projects. UNICEF helped by facilitating links between the CBOs that run the projects and the local district social workers, thus creating stronger community support for the projects; and it also helped train project teams from supported NGOs, CBOs and FBOs in financial and project management. The training doubled as induction courses into the basic

principles of HRAP/CCD, monitoring and evaluation, programme coordination, research, documentation and advocacy.

The far reaching effects of HIV/AIDS frequently oblige orphans and vulnerable children to assume the responsibilities of adults. As a consequence, they can become overwhelmed and emotionally fragile. Psychosocial support becomes vital to their well-being (see Panel 3). To this end, UNICEF Botswana sponsored the launch of the Botswana Guidance and Counseling Society (BOGCS). It is anticipated that this group will contribute technical skills to caregivers and policy makers and assist with research, monitoring and capacity building in the important task of giving psychological and emotional support to OVC. In 2004, UNICEF continued to support the work of the Salvation Army Psychosocial Support Initiative (SAPSSI), which ran camps and clubs for OVC. The camps were held on weekends and during school holidays and allowed children to experience nature and wildlife and provided them a brief escape from the difficulties they faced at home.

Support to government partners in this area is also an important priority for UNICEF. During the year, the emphasis was on working with the Department of Social Services to complete a methodological framework to undertake the much-awaited evaluation of the Short-Term Plan of Action (STPA) for the care of orphans (See panel 4).

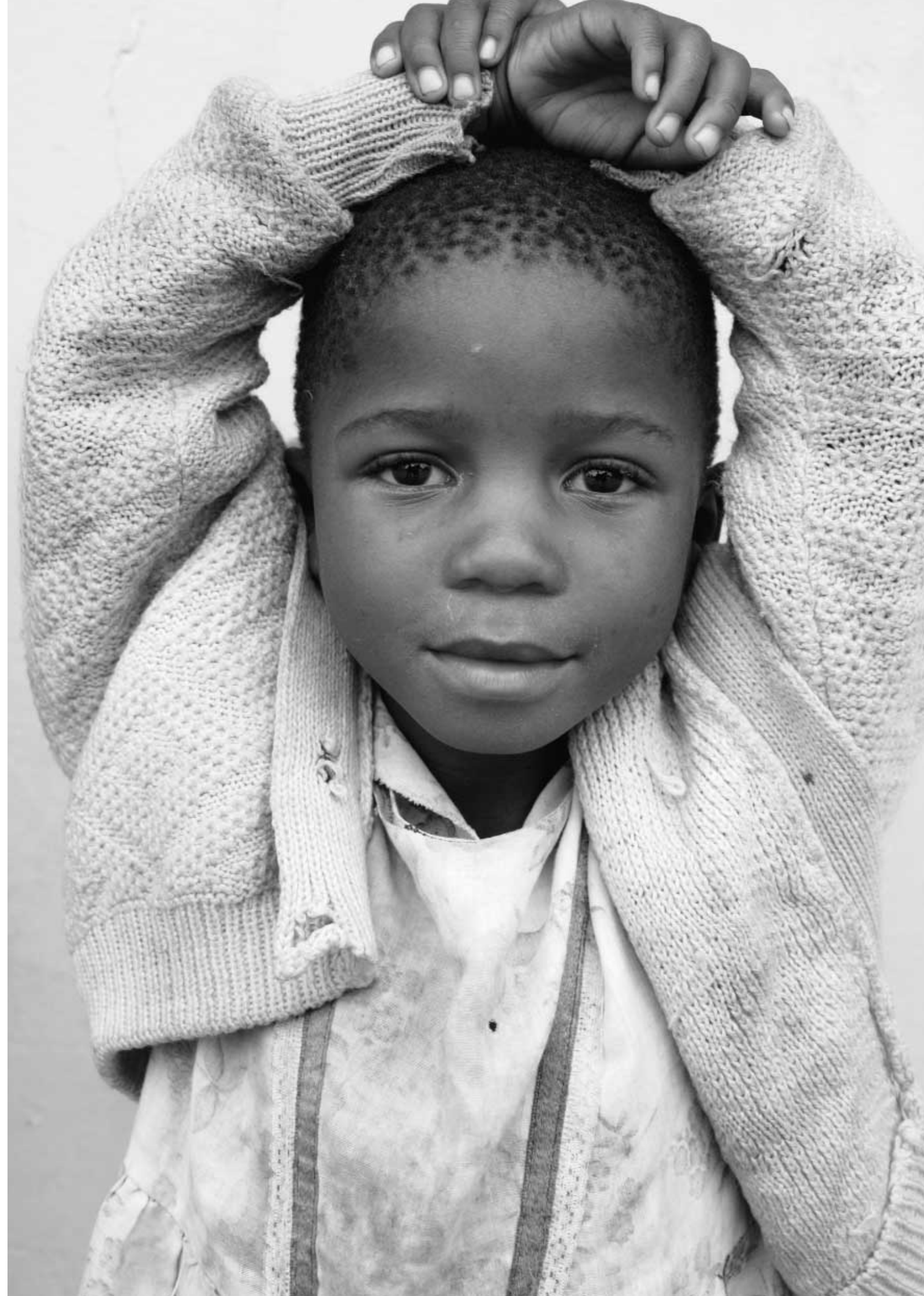
In 2005, UNICEF plans to hold a national consultation on child protection. To prepare for this meeting, UNICEF in 2004 supported consultative workshops for stakeholders to agree on the need for a coordinated response to child abuse and protection issues. One such meeting that was held in Francistown brought together stakeholders from 7 districts and sub-districts. The overall outcome was a better understanding of threats to the well-being of these vulnerable children. A National Child Protection Protocol would provide structure, standards and guidelines for the protection of orphans and vulnerable children.

PANEL 3

Psychosocial Support in the Context of OVC

Reinforcing the ability of parents and families to protect and nurture their children is cited as one of the five main strategies in the 2004 Global Framework for the Protection of Orphans and Vulnerable Children developed by UNICEF and UNAIDS (See Panel 4). Psychosocial support is an element of that protection. All children need physical and emotional support, but for children affected by HIV/AIDS and poverty, psychosocial support is crucial. Psychosocial support is the continuous process of meeting the emotional, social, mental and spiritual needs of children. Without ignoring a child's physical needs, it emphasises their need for social interaction, and psychological monitoring and support. Orphans and other vulnerable children of all ages require psychosocial support because of the trauma and stress they have experienced. The anguish of losing a parent or other family member can be long-lasting. The idea of facing the world alone, or supporting younger brothers and sisters, can be overwhelming. As a result, a child may have difficulty coping with everyday situations, or have difficulty learning in school. Stress may cause a child to feel hopeless, less confident, and even unloved. Psychosocial support aims to help children and young people come to terms with loss, make them feel more grounded, return their self esteem and give them hope for the future.

In Botswana, a few organisations such as the Masiela Trust Fund and SAPSSI have specialised in the provision of psychosocial support for orphans and vulnerable children. However, many other organisations are very keen on intervening in this area, but require technical guidance and support. This is why the Department of Social Services and UNICEF have agreed to carry out a baseline study on psychosocial support.



Global Action for the Protection of Orphans and Vulnerable Children

THE FRAMEWORK FOR THE PROTECTION, CARE AND SUPPORT OF ORPHANS AND VULNERABLE CHILDREN LIVING IN A WORLD WITH HIV AND AIDS (July, 2004).

By 2010, it is estimated that the number of children orphaned by AIDS globally will exceed 25 million. That does not account for the tens of millions of other children whose lives will be impacted by the affects of HIV/AIDS on their families, communities and countries.

In July 2004, UNICEF and UNAIDS finalised a Global Framework for Action for the care and protection of orphans and vulnerable children. The framework was a collaborative effort involving development practitioners, government agencies, faith-based and non-governmental organisations, academic institutions, the private sector and civil society. The document outlines a common agenda toward safeguarding the rights of orphans and vulnerable children. The framework targets senior leaders and decision makers worldwide who can influence policies and mobilize resources for the benefit of these needy children.

The five key strategies of the framework are to:

1. Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support.
2. Mobilise and support community-based responses.
3. Ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others.
4. Ensure that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities.
5. Raise awareness at all levels through advocacy and social mobilisation to create a supportive environment for children and families affected by HIV/AIDS.

It is recognized that priorities for implementation of the framework by individual countries will depend on local needs and capacities. In the case of Botswana, the STPA covers the period 1999-2003, and has established an important normative framework for coordinated action. Since the inception of the STPA, much has changed in the programme environment: the numbers of OVC have grown; more financial resources are available; and the number of national and international partners supporting OVC interventions has expanded. Therefore, there is an urgent need to review the policy framework and this is afforded through the upcoming evaluation of the STPA and the development of a Long-Term Plan of Action.



Adolescent Empowerment and Mobilisation Project

TESTIMONY ON YOUNG PEOPLE FINDING A DIRECTION AND LEADING OTHERS:

"Being an orphan myself, there is a lot of things no one can easily tell you how to do. You start fumbling around without any information. So I felt that if I got engaged in one of the youth groups, I could end up with a better life. I feel that I wouldn't be here today if I wasn't engaged in this project. I would have definitely been engaged in a lot of bad things like alcohol and drug abuse, all those things that peers can do, if I hadn't started on this work, these trainings and everything. I feel that young people still need to be engaged in this project, they still need to have this training that we have had. They feel that we are better and changed, right? And so they believe that if they can get those same trainings, maybe they can be in a better position to live like we are."

-Boipelo Basitang, 24 years old, an Urban Youth Project Task Force Member and Peer Educator

As the peer educators of today and the national leaders of tomorrow, young people can play a vital role in the fight against HIV/AIDS. An estimated 22 percent of Botswana's 1.7 million population is between the ages of 15 and 24. According to the 2004 BAISII survey, the HIV/AIDS prevalence rate for this age group is approximately 6.6 percent for 15-19 year olds but jumps to 19 percent for the 20-24 age group.

It is, therefore, imperative to engage young people early on to help stop the spread of HIV/AIDS.

In 2004, the main goal of UNICEF's Adolescent Empowerment and Mobilisation Project was to ensure that adolescents have supportive participatory environments at the individual, family and community levels to develop all the

skills necessary to make healthy lifestyle decisions. UNICEF aimed to accomplish this by enhancing access to effective health and life skills services and creating opportunities whereby adolescents could be actively involved in the issues which affect them.

Avoidance of HIV/AIDS involves making some difficult choices, especially for a young person. Life skills education teaches young people to make intelligent and informed lifestyle choices and engage in responsible behaviour. Life skills also prepare them to be role models to friends and younger children. To make sure young people in Botswana have access to life skills learning, UNICEF Botswana helped with several initiatives in 2004:

- Completion of a youth training package for the Urban Youth Project (UYP) which is a joint programme implemented by several UN agencies. This project will use the materials in their grass-roots initiatives that reach out to urban out-of-school youth in Gaborone. UYP activities have already touched the lives of 1,500 young people. The training covers: gender, parenting skills, HIV/AIDS issues, and life skills. UNICEF funded the printing of 500 copies of the youth training package which will be distributed and implemented in 2005.
- UNICEF gave technical and financial aid to the Botswana Family Welfare Association (BOFWA) for the development and distribution of 30 life skills modules that will be tested in 5 clinics in rural and urban Botswana. The effectiveness of the modules will be evaluated in 2005.
- In collaboration with the Integrated Girls Education project and working closely with the Ministry of Education (MOE), a consensus was reached on the need for a national life skills framework. Initial discussions took place in 2004 and a team of consultants has been identified. In 2005, UNICEF will help to develop a National Life Skills Framework.

UNICEF Botswana was a supporter of the 2004 Dzalobana Bosele Arts Festival (DBAF), a proposed 5 year replicable arts initiative (2004-2009) by Ghetto Artists Productions (GAP) and the Youth Health Organisation (YOHO).

The annual festival aims to reach young people through 'Triple E': Entertainment and Education for Empowerment based activities (See Panel 5). The DBAF motto is, **Re Ka Kgona!, We Can!** It features music and drama as a means to communicate to young people about social issues. Specifically, the festival seeks to encourage youth to get involved in the national effort to prevent, treat, and reduce the impact of HIV/AIDS on children and adolescents. In 2004, UNICEF helped DBAF with script development for drama skits and with educational materials. DBAF performed in Tutume Sub-District, Serowe-Palapye, Francistown, North East District, Boteti Sub-District, Gaborone, South East and Kgatleng districts. An estimated 40,000 young people from all over Botswana attended the traveling festival.

UNICEF continued its work on the Youth-Adult Partnership Project with YOHO, which paired vulnerable youth with adult mentors. In 2004, UNICEF tried to sensitise communities to recognize the skills of their youth, and the inherent value of having adults and youth to work together. To date, the training has been launched in Serowe, Kasane and Ghanzi. In 2005, it will be expanded to Selebi Phikwe, Maun, Francistown, Ramotswa and Lobatse.

Although the National Youth Forum did not take place in 2004, it focused instead on developing a strategy for future fora. UNICEF contributed in the following ways:

- Completion and distribution of the 2003 National Youth Forum Report.
- Provided financial assistance for the desk review of National Youth Fora for the years 1999-2003.
- In collaboration with MOE, made plans for the 2005 National Youth Forum, which will be held on a regional basis. There will be six separate meetings: two each in the months of April, August and December.

In 2004, UNICEF provided technical support on the review of the National Youth Policy and Action Plan and participated in the review of the Youth Development Diploma Programme at the University of Botswana. The diploma programme trains young people hoping to work in the development field.

Dzalobana Bosele Arts Festival **RE KA KGONA!, WE CAN!**

The Dzalobana Bosele Arts Festival (DBAF) is a home grown, locally managed and produced annual entertainment event. The festival travels throughout Botswana and attracts large crowds wherever it performs. The artists employ 'edutainment' to reach their youthful audiences, to teach them about HIV and AIDS and motivate them to get involved in fighting the spread of the disease.

The following is an excerpt from *Re Mmogo, We are together*, a DBAF play produced by Ghetto Artists Productions and the Youth Health Organisation working in collaboration with the Bonang Koo Theatre Group in Lobatse. The play is performed in Setswana using music, dance, movement and life skills educators to motivate audience participation. This particular play is about 6 boys who are part of a karate group. The boys are busy preparing for a national competition but one of them is upset because his relationship with his girlfriend is about to end. However, he does not want his teammates to know. His karate instructor, Sense, notices this and tries to encourage the boy to share his problems.

- Sense:** Mzulu what's wrong? You have a problem Mzulu. Talk, you haven't been yourself all week. I have been watching you, and you are not behaving like the Mzulu I know. Mzulu learn to talk, learn to talk Mzulu. Learn to talk about your problems so you can get help and counseling.
- Mzulu:** I don't have any problems (song).
- Sense:** Mzulu I've also been a child, I have come across what you are experiencing, I have passed through that phase, Mzulu, I was a child too. Talk, Mzulu, talk.
- Mzulu:** I have a problem (song).
- All:** Oh! Mzulu, oh shame, you said your girlfriend is leaving you, dumping you, ditching you, you always say she is cheating and you forgave her so many times. Sense, Mzulu is crying over a girl a mere girl when they are so many of them around. Ah, you should leave her man.
- Mzulu:** Guys, you forget how difficult it is to start a new relationship. Do you know how much I love this girl?
- All:** No.
- Mzulu:** Do you know how much I have lost in this relationship?
- All:** No!
- Mzulu:** Hey, you guys forget we are living in an HIV/AIDS era.
- All:** Aaaaah! Sense, what does Mzulu know about HIV/AIDS.
- Mzulu:** I know a lot, Sense. I know what HIV is, how it is transmitted and what causes it.
- All:** Tell us Mzulu.
- Mzulu:** HIV is a virus that causes AIDS. It is transmitted through unprotected sex with an infected partner and through contaminated blood.

Re Mmogo, We are together, is one of the six plays produced on the various national issues in Botswana. It was performed more than 20 times during DBAF 2004 and reached an estimated audience of 10,000 persons. The production is based on the ten basic facts adolescents or children have the right to know about HIV/AIDS.