



PROTECTING THE RIGHTS OF THE MOST VULNERABLE

Text: UNICEF Botswana Country Office and Leigh Foster
Photography: ©UNICEF Botswana/Giacomo Pirozzi
Production: Giacomo Pirozzi

UNICEF Botswana:
First Floor, UN Place Annex, Plot 27, Matsitama Road
P.O. Box 20678
Gaborone

Tel: +267 3952752/3951909
Fax: +267 3951233
Email: gaborone@unicef.org
Website: www.unicef.org

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For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

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Ensuring the Well-being of Botswana's Children

Concluding Observations of the Committee on the Rights of the Child

As a signatory to the 1981 Convention on the Rights of the Child, Botswana is obliged to submit progress reports to the Committee on the Rights of the Child on its compliance with the Convention. The following is an extract from the Committee's Concluding Observations submitted to Botswana on October 1, 2004, in response to the Government's report that was presented at the 16 September 2004 Plenary Session in Geneva.

The Committee on the Rights of the Child recommends that the State Party (Botswana):

Legislation

- Complete its general review of the Children's Act as soon as possible and use the recommendations from that review as a basis for the necessary changes of the law in order to bring it in conformity with the principles and provisions of the Convention. It further recommends that the State Party expedite the implementation of the revised Children's Act. The Committee also recommends to incorporate the Convention in domestic law and to undertake the necessary steps to bring customary law in conformity with the Convention.

- Provide the National Child Welfare Committee with the necessary and adequate human and financial resources, to enable it to effectively play its fundamental role of being the main implementing and coordinating body for children's rights. If necessary, the State Party should seek international assistance in this regard.

National Plans of Action

- Expedite the evaluation of the previous NPA and ensure that the new National Plan of Action covers all areas of the rights of the child.

Independent Monitoring

- Provide the Office of the Ombudsman with necessary human and financial resources for an adequate performance of its function, to strengthen in particular its capacities to deal with and adequately address complaints from children or others concerning the violation of children's rights and to improve accessibility of the office for children, including via systematic information campaigns and a free telephone line.

Resources for Children

- Allocate more resources to the full implementation of article 4 of the Convention by prioritizing budgetary allocations to ensure implementation of the economic, social and cultural rights of children, in particular those belonging to economically disadvantaged groups, including children and families infected and affected by HIV/AIDS "to the maximum extent of available resources and, where needed, within the framework of international cooperation".

- Ensure that regional and other free trade agreements do not have a negative impact on the implementation of children's rights and in particular that these will not affect the possibility of providing children and other victims of HIV/AIDS with effective medicines for free or at the lowest price possible.

Data Collection

- Develop a comprehensive system for collecting disaggregated data as a basis to assess progress achieved in the realisation of children's rights and to help design policies to implement the Convention. It also recommends that the State Party seek technical assistance from, inter alia, UNICEF.

The full report is available at: www.ohchr.org/english/bodies/crc/co/37botswana.pdf .

United Nations Millennium Development Goals: Indicators for Children and Women in Botswana

Goal One: Eradicate extreme poverty and hunger

Target: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

Indicators	Value
Underweight prevalence	13%
Stunting prevalence	23%
Wasting prevalence	5%

Goal Two: Achieve universal primary education

Target: Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete the full course of primary schooling.

Indicators	Value
Net primary school enrolment rate	92% ¹
Children reaching Grade Five	84% ²
Literacy rate of 15 to 19 year olds	90% ³

Goal Three: Promote gender equality and empower women

Target: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015.

Indicators	Value
Literacy rate among 15 to 19 year olds: male/female	87/93% ⁴
Primary school enrolment rate: male/female	51.4/49.6%

Goal Four: Reduce child mortality

Target: Between 1990 and 2015, reduce by two-thirds under-five mortality rate.

Indicators	Value
Under-five mortality rate	74 per 1000 live births ⁵
Infant mortality rate	56 per 1000 live births ⁶
DPT immunisation coverage	98%
Polio immunisation coverage	98%
Tuberculosis immunisation coverage	99%
Children protected against neonatal tetanus	72%
Home management of diarrhoea	96%

Goal Five: Improve maternal health

Target: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

Indicators	Value
Antenatal care	97%
Childbirth care	99%

Goal Six: Combat HIV/AIDS, malaria and other diseases

Target: Halt and begin to reverse the spread of HIV/AIDS by 2015.

Indicators	Value
Knowledge of preventing HIV/AIDS (women)	69%
Knowledge of misconceptions of HIV/AIDS (women)	31%
Knowledge of mother-to-child-transmission (women)	81%
Attitude to people with HIV/AIDS (women) ⁷	68%
Proportion of women who have been tested for HIV	19%
Contraceptive prevalence rate	44%

Goal Seven: Ensure environmental sustainability

Target 1: Halve, by 2015, the proportion of people without sustainable access to safe drinking water.

Indicators	Value
Use of safe drinking water	97%

Target 2: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Indicators	Value
Use of sanitary means of excreta disposal	84%

All sources are Multiple Indicator Survey (CSO, 2000) unless noted otherwise.

¹Education Statistics 2001, CSO

²Education Statistics 2001, CSO

³Report of the First National Survey on Literacy in Botswana, 1993, CSO

⁴Report of the First National Survey on Literacy in Botswana, 1993, CSO

⁵Source: 2001 Population and Housing Census results, CSO

⁶Source: 2001 Population and Housing Census results, CSO

⁷Proportion of women expressing a discriminatory attitude towards people with HIV/AIDS

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LIST OF ACRONYMS

ACHAP	African Comprehensive HIV/AIDS Partnership
ART	Antiretroviral Therapy
ARV	Antiretroviral (drugs)
AYA	African Youth Alliance
BAIS	Botswana AIDS Impact Survey
BBCCE	Botswana Baylor Children's Clinical Centre of Excellence
BHI	Botswana Harvard Institute
BMFHI	Baby-Mother Friendly Hospital Initiative
BMS	Breast-Milk Substitute
BNYC	Botswana National Youth Council
BOCAIP	Botswana Christian AIDS Intervention Programme
BOCONGO	Botswana Council of Non-governmental Organisations
BOFWA	Botswana Family Welfare Association
BOGCS	Botswana Guidance and Counseling Society
BONELA	Botswana Network on Ethics and Law
BONEPWA	Botswana Network of Persons Living with HIV/AIDS
BOTUSA	Botswana/United States of America Project
Btv	Botswana Television
CBO	Community-based Organisation
CCD	Community Capacity Development
CDC	Centers for Disease Control and Prevention (US Department of Health and Human Services)
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEYOHO	Centre for Youth of Hope
CIT	Children's Information Trust
COCEPWA	Coping Centre for People Living with HIV/AIDS
CRC	Convention on the Rights of the Child
CSO	Central Statistics Office
CWC	Child Welfare Committee
DBAF	Dzalobana Bosele Arts Festival
DMSAC	District Multi-sectoral AIDS Committee
FBO	Faith-based Organisation
GEM	Girls Education Movement
GFATM	Global Fund on AIDS, Tuberculosis and Malaria
GOB	Government of Botswana
HAART	Highly Active Anti-Retroviral Therapy
HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome
HRAP	Human Rights-based Approach to Programming
ICASA	International Conference on AIDS and STIs in Africa
IECD	Integrated Early Childhood Development
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IYCF	Infant and Young Child Feeding
LTPA	Long Term Plan of Action
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MCST	Ministry of Communications, Science and Technology
MFAIC	Ministry of Foreign Affairs and International Cooperation
MFDP	Ministry of Finance and Development Planning
MIS	Multiple Indicator Survey
MLG	Ministry of Local Government

MLHA	Ministry of Labour and Home Affairs
MMR	Maternal Mortality Ratio
MOE	Ministry of Education
MOH	Ministry of Health
MTCT	Mother-to-Child Transmission (of HIV)
MTSP	Medium Term Strategic Plan (UNICEF, 2002-2005)
NAC	National AIDS Council
NACA	National AIDS Coordinating Agency
NGO	Non-governmental Organisation
NPA	National Programme of Action for Children
NYC	National Youth Centre
OCHA	Office of the Coordinator of Humanitarian Affairs (UN)
OVC	Orphans and Vulnerable Children
PCR	Polymerase chain reaction
PEPFAR	President's Emergency Plan for AIDS Relief (U.S.)
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
RADs	Remote Area Dwellers
SAPSSI	Salvation Army Psychosocial Support Initiative
STPA	Short Term Plan of Action
TAAC	Tshireletso AIDS Awareness Centre
TCM	Total Community Mobilisation
UNAIDS	United Nations Joint HIV/AIDS Programme
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteers
UYP	Urban Youth Project
VCT	Voluntary Counseling and Testing
WHO	World Health Organisation
YOHO	Youth Health Organisation
YWCA	Young Women's Christian Association
WSC	World Summit for Children



A NOTE FROM THE REPRESENTATIVE

This is the second year in the 2003-2007 Country Programme of Cooperation with the Government of Botswana, and the focus has been on sustaining the achievements of 2003, whilst also responding to new and unexpected challenges confronting the fulfilment of children's rights. Although the year's financial implementation rate was slightly lower than in 2003, it is still above the yearly average obtained in the previous country programme cycle. Resource mobilisation has been very good, and despite the many difficulties in attracting donors for children in a middle-income economy, we welcomed this year a positive partnership with the US President's Emergency Plan for AIDS Relief (PEPFAR). All implementing partners can be proud of the following key results for children in 2004:

1. Strengthened human rights-based approach to policy development, legal reform, programming and community capacity development (HRAP/CCD). UNICEF continues to play a lead role in this area, especially in the establishment of the UN Country Team's Working Group on Human Rights, which we chair together with our sister agency, UNDP. The Working Group's primary focus was on capacity building, especially the training of 20 participants from the UN, government and civil society, as well as of 9 facilitators to initiate a process to build the critical mass needed to rollout training. Within the GOB/UNICEF Country Programme, the year focused on: continued application of HRAP/CCD for the national PMTCT programme; strengthening the incorporation of HRAP into legal reform, through the completed review of the Children's Act and the study on Customary Law; and encouraging other partners to adopt the HRBAP approach in their legal reform exercises. In 2005, UNICEF will continue supporting the UN workplan on human rights, with a particular emphasis on ensuring that the revised Children's Act is enacted, developing abridged training modules for parliamentarians and senior policy makers as well as strengthening institutional linkages with the University of Botswana to build a national centre of competence in the HRBAP.

2. Reaching vulnerable children with essential basic services. The sharp increases in child mortality between 1991 and 2001 - infant mortality by 17% and U5MR by 21% - have elevated child survival to a greater priority. The increase is attributed to the high proportion of children who acquire the infection during pregnancy, labour or through breast feeding, and who are not placed on antiretroviral therapy. To address this situation, UNICEF, in collaboration with the Ministries of Health and Local Government, and various other partners, convened the first-ever national consultation on increasing access for HIV-positive children to treatment, care and support services. The consultation enumerated essential action points to improve service delivery, institutional collaboration, capacity building and policy. The phased roll-out of these recommendations, starting in 2005, will have a direct impact on child mortality levels. In the meantime, the national PMTCT programme continues to register increases in programme uptake, from 28 per cent in December 2002 to 36 per cent in December 2003 to 61% in December 2004. Early in the year, and 13 years after being declared polio-free, Botswana registered its first case of imported poliomyelitis. Government acted swiftly and with the support of WHO, UNICEF and Rotary International, mobilised the financial, human and logistical resources to mount two national immunisation campaigns that reached approximately 250,000 children under the age of five years.

3. Consensus building around integrated early childhood development and putting the girl child on the map. Encouraging strides have been made in reaching greater consensus around integrated early childhood development. Traditionally perceived as the equivalent of pre-primary education, the National Integrated Early Childhood Development Framework, and the high-level consultations around it, have helped to foment a much-needed multisectoral approach that will inform policy revisions, programme management and coordinating structures, and model interventions. The proactive engagement of the entire UN Country Team around the Secretary-General's Task Force on Women, Girls and HIV/AIDS (chaired by the UNICEF Executive Director), together with UNICEF's support of the Girls Education Movement (GEM), have helped to draw highly-needed attention to the plight of the girl child as a victim of gender discrimination.

The Country Programme was internally audited in July/August 2004 and many of the recommendations to improve financial management and programme implementation are under way. The introduction of Government's Performance-Based Rewards System (PBRS) provides an opportunity for UNICEF to harmonise itself more with national policies and priorities, as well as for an accelerated focus on children's issues. In 2005, UNICEF will be strengthening its field based reporting and monitoring; applying the human rights-based proposal development guidelines and policy review framework developed in 2003; and vigorously advocating for the implementation of the Committee on the Rights of the Child's Concluding Observations and Recommendations from the Botswana 2004 Plenary Session. Mid-term reviews of the 9th National Development Plan, of the UNICEF, UNDP, UNFPA Country Programmes, and of the United Nations Development Assistance Framework are opportunities to put children's issues at the heart of policies and programmes.

As usual, I wish to thank all implementing partners for the ardent support given to the Country Programme but, more importantly, for being eloquent advocates for the rights of children all over Botswana.



Gordon Jonathan Lewis
UNICEF Representative in Botswana



BOTSWANA BY NUMBERS

FACTS AND FIGURES ABOUT THE SITUATION OF CHILDREN AND WOMEN

- In real terms, Gross Domestic Product in 2003/2004 grew by 5.7 percent representing a drop of 2 percent from the prior year (Source: Government of Botswana 2005 Budget Speech).
- Botswana's leading industry, diamond production, showed an 11 percent profit in 2004, and a record breaking 31.1 million carats were produced (Source: Press Release, Anglo American 25 February 2005, Daily News, April 20, 2005).

- The poverty rate has declined in Botswana. Figures for 2002/2003 show 30 percent of the population living below the poverty datum line compared to 47 percent in 1993/1994 (Source: Central Statistics Office (CSO), Household Income and Expenditure Survey (HIES), 2002/2003).
- There are a total of 737,241 children under the age of 17 in Botswana, representing 43.9 percent of the total population. 48 percent of children live in urban areas and 52 percent reside in rural areas (Source: The 2001 Botswana Population and Housing Census, CSO).
- Child mortality rates in Botswana increased significantly between 1991-2001: infant mortality increased from 48 to 56 deaths per 1,000 live births and under five mortality increased from 63 to 74 deaths per 1,000 live births (Source: The 2001 Botswana Population and Housing Census, CSO).
- The Department of Social Services reports that 47,725 orphans were registered in 2004 and an estimated 90 percent receive assistance from the Government of Botswana (Source: Department of Social Services, MLG 2004).
- The national unemployment rate is estimated at 23.8 percent, whereas the rate for 20-24 year olds is estimated at 49.4 percent (Source: Central Statistics Office, HIES 2002/2003).
- Preliminary results of the Botswana AIDS Impact Survey (BAISII) show:
 - o A national prevalence rate of 17.1 percent for persons between 18 months and 64 years of age;
 - o The highest prevalence rate is among people 30 to 34 years of age, at 40.2 percent;
 - o Women aged 30-34 have the overall highest prevalence rate at 43.7 percent compared to 36.2 percent for men of the same age. The largest gap in prevalence rates between the sexes is in the 25-29 age group where women show a prevalence rate of 41 percent compared to 22.9 percent for men the same age;
 - o The prevalence rate for children 18 months to 4 years is 6.3 percent; for 5-9 year olds the rate is 6.0 percent; for 10-14 year olds the rate is 3.9 percent; and for 15-19 year olds the rate is 6.6 percent. (Source: Preliminary results 2004 Botswana AIDS Impact Survey (BAISII) CSO).
- Participation in ARV therapy has increased. As of December 2004, 37,600 Botswana living with HIV/AIDS had started treatment. However, an estimated 110,000 HIV-positive persons are eligible for ARV therapy. Botswana's 3x5 target is 55,000 patients on ARV therapy. (Source: Masa Project Team 2004, ACHAP).
- Life expectancy at birth in Botswana has decreased. In 2001, it was 56 years compared to 65 years in 1991 (Source: The 2001 Botswana Population and Housing Census, CSO).
- In 2004, 64.6 percent of Botswana households received care and assistance for people who had been seriously ill for at least three months (Source: Preliminary results 2004 BAISII, CSO).



2003 – 2007 COUNTRY PROGRAMME OVERVIEW AND STRUCTURE

The pervasive effects of the HIV/AIDS epidemic on the life and livelihoods of Botswana led UNICEF to concentrate both its human and financial resources on projects that help prevent and mitigate its devastating effects on children, women and families. The HIV/AIDS prevalence rate in Botswana remains one of the highest in the world. Preliminary results from the 2004 Botswana AIDS Impact Survey (BAISII) show that the prevalence rate for the 25-49 age group is approximately 34.4 percent. HIV/AIDS touches every aspect of life in Botswana. It continues to undermine the enormous advances this democratic country has made by aggravating poverty, increasing child mortality, weakening families, compromising productivity, and decimating the working age population. At home, families live with the effects of HIV/AIDS first hand as they try to cope with income loss due to illness, the trauma of losing loved ones, the costs of caring for the sick, the burden of looking after orphaned relatives, and the overall physical, emotional and financial drain that the disease engenders.

Children and women are the most directly affected. Children under 5 have a prevalence rate of 6.3 percent. Women in their childbearing years have the highest rates of infection ranging between 30 to 40 percent. For every HIV positive boy between the ages of 15 to 19 years, there are three HIV positive girls. In Botswana, women head more than 50 percent of households and they are forced to adapt to the stresses that HIV/AIDS places on the family and at the same time have less power to negotiate safe sex. Children live with the consequences. The continued spread of the virus poses a serious threat to the fulfilment of women's and children's rights. It is only through a comprehensive and coordinated emergency intervention that the situation for children and women will improve.

For this reason, in 2004, UNICEF continued to integrate HIV/AIDS related interventions in all aspects of its three primary programmes: HIV/AIDS Prevention and Mitigation; Policy, Legislation and Social Services; and Mobilisation for Children's and Women's Rights.

The overall goal of the Government of Botswana (GOB)/UNICEF 2003-2007 Country Programme is to use UNICEF's technical expertise and modest financial resources to bolster capacity at the family, community and national levels in

order to more effectively promote and fulfill children's rights. UNICEF is dedicated to integrating the Human Rights-based Approach to Programming (HRAP) in each of its projects so that individuals and communities are empowered to play a direct role in the prevention of HIV/AIDS. This partnership with the community- with claim holders and duty bearers, has created local ownership and greater accountability. The result is greater access and wider coverage for those who need help and more personal commitment by the local service providers.

The Country Programme guiding principles are: providing a good start to life for young children; guaranteeing a safe passage to adulthood for adolescents; increasing participation for children and getting their voices heard; and placing children on the official agenda. (For a detailed illustration of the GOB/UNICEF's 2003-2007 Country Programme structure, please see figure 1 on page 14.)

UNICEF Botswana would like to thank all of its partners in government, the private sector and all the NGOs, CBOs, FBOs and individuals for their dedication and tireless work on behalf of children and women in Botswana. A list of individual partners can be found on each programme summary page.



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).

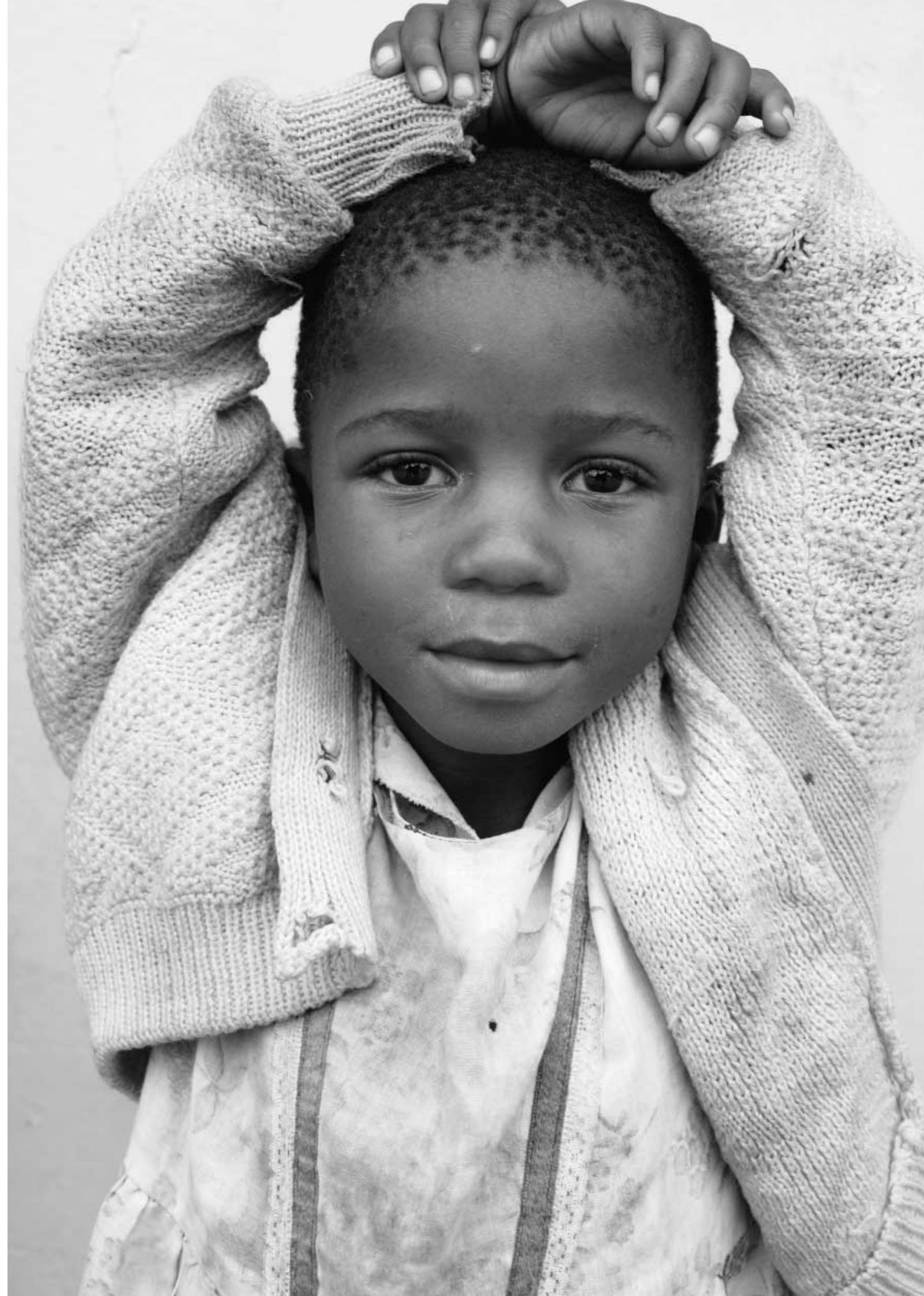
In 2005, UNICEF plans to hold a national consultation on child protection. To prepare for this meeting, UNICEF in 2004 supported consultative workshops for stakeholders to agree on the need for a coordinated response to child abuse and protection issues. One such meeting that was held in Francistown 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.



POLICY, LEGISLATION AND SOCIAL SERVICES PROGRAMME

This programme tries to strengthen national and local capacities to review, develop, implement and sustain child-friendly rights-based policies, legislative frameworks and social services with a particular focus on early childhood development and girls' education.

The *Policy and Legal Analysis Project* aims at reviewing relevant policies and legislation to determine their compliance with the Convention on the Rights of the Child and other international child rights instruments, in particular the African Charter on the Rights and Welfare of the Child.

The *Integrated Early Childhood Development Project* seeks to create a consensus on the need for integrated early childhood development. In 2004, intense advocacy was undertaken to build momentum to activate the National IECD Framework of Action, generate resources and implement pilot projects.

The *Integrated Girls Education Project* attempts to make sure that all students, but especially girls, enrol, stay and succeed in school. UNICEF has helped to make local schools child-friendly places of learning through an ongoing project that brought people living with HIV/AIDS to classrooms to interact with students.

Policy, Legislation and Social Services Programme Partners: Ministry of Local Government (MLG), Ministry of Health (MOH), Ministry of Education (MOE), Ministry of Finance and Development Planning (MFDP), Ministry of Labour and Home Affairs (Department of Youth and Culture), Office of the Ombudsperson, Vision 2016 Secretariat, Administration of Justice, Central Statistics Office (CSO), Ditshwanelo (Botswana Human Rights Association), Botswana Network on Ethics and Law (BONELA), Ikago Centre, Parliament Select Committee on Law Reform, Attorney General's Chambers, Botswana Police, National AIDS Coordinating Agency (NACA), United Nations Development Programme (UNDP), Botswana Network of People Living With HIV/AIDS (BONEPWA+), Children's Information Trust (CIT), Girl Child Alliance, University of Botswana, Childline, among others.

Policy and Legal Analysis Project

A WORLD FIT FOR CHILDREN AND THE IMPORTANCE OF SOUND POLICIES AND LEGISLATION:

"We, the Governments participating in the special session, commit ourselves to implementing the Plan of Action through consideration of such measures as: a) Putting in place, as appropriate, effective national legislation, policies and action plans and allocating resources to fulfil and protect the rights and secure the well-being of children; b) Establishing or strengthening national bodies, such as, inter alia, independent ombudspersons for children, where appropriate, or other institutions for the promotion and protection of the rights of the child; c) Developing national monitoring and evaluations systems to assess the impact of our actions on children; d) Enhancing widespread awareness and understanding of the rights of the child"

– Article 31, The World Fit for Children Declaration, United Nations General Assembly Special Session on Children, May 2002.

Children have rights. It seems natural that their rights should be safeguarded, but too many times children's rights become casualties of conflict, poverty, or HIV/AIDS. The youngest generation needs protection from violence, exploitation, abuse, neglect and discrimination. Violations of their rights can result in illness or psychological problems, shorter life expectancy, lower school attendance, limited access to social services, homelessness or just plain hopelessness.

In 2004, in its efforts to help create a Botswana fit for children, UNICEF prioritised support for the finalisation of the Children's Act review. By the end of the year, a report on the complete review of the Act was endorsed by all Permanent Secretaries of relevant Ministries and also district level Executive Officers. It was then handed over to the Ministry of Local Government (MLG). It is hoped that this important piece of legislation will be enacted by the end of 2005.

As a follow up to the UN Special Session on Children in 2002, the Government of Botswana in 2004 began drafting a National Programme of Action for Children. When finalised, this document should provide a long-term strategy that will guide national actions for the well-being of children and will cover the period up to 2016.

Customary law carries a great deal of weight, both in tradition and in the judicial system in Botswana. In 2004, as a part of UNICEF's Global Initiative on Legislative Reform, a study was launched on how Botswana's customary law impacts on children's rights and to what extent it is compliant with the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child. As with the Children's Act review, UNICEF promoted the use of the Human Rights-based Approach to Legal Reform in this exercise. The results will help identify opportunities, gaps and mechanisms to initiate reform so that Botswana's children will enjoy full protection under customary law.

As a State Party to the Convention on the Rights of the Child, Botswana is required to submit progress reports to the UN Committee on the Rights of the Child. In 2004, UNICEF helped GOB with technical assistance to draft the follow-up report and sponsored two participants to the Plenary Session with the Committee in Geneva, Switzerland, in May 2001, where their first report was discussed. The UN Committee has responded with concluding observations, recommendations and specified timeframes for them to be carried out. (See inside front cover)

In 2004, UNICEF started work on a framework that would gauge the child-friendliness of government policies. Until now, there is no guide in Botswana to systematically assess a policy's compliance with the CRC and other human rights instruments and make sure that it is designed to make a maximum contribution to the well-being of children. This framework will help to set standards in child friendliness for all government policy makers.

UNICEF continued to emphasize the Human Rights-based Approach to Programming (HRAP) as a means of empowering communities and individuals by allowing them to participate directly in development projects. To this end, UNICEF has trained 20 UN staff, government officers and NGOs and started discussions with the University of Botswana (UB) on how to build in-country capacity in HRAP. Ultimately, it is hoped that HRAP training can become an integral part of university studies.

The completion of the Botswana AIDS Impact Survey (BAISII) was a significant accomplishment in 2004. UNICEF supported the Central Statistics Office (CSO) and the National AIDS Coordinating Agency (NACA) in its analysis of the data. The study sought to survey behaviour patterns and levels of HIV/AIDS prevalence across the Botswana population, including, for the very first time amongst children.



Integrated Early Childhood Development Project

TESTIMONY ON GIVING CHILDREN THE RIGHT START IN LIFE:

"Before, what we used to see was that traditionally parents were caring for their young children – they were present to help them to learn how to socialise, they were teaching them right and wrong; life skills really. We have a strong oral tradition in our culture and from one generation to another our children would be taught about the right behaviours. Now we see that the situation has changed, that parents are not always able to be the ones to help their children, they have to work or they are absent. And in some cases, the parents are depending more on the schools to teach the children, they are waiting for the children to go to school to be taught those things. We find this is too late, children need more attention earlier. This is why IECD is so important."

-Mrs. F.S. Bakwena, Permanent Secretary, Ministry of Education

It is recognised that the first three years of a child's life are critical for its overall development and well-being. Because of the continued high rates of HIV/AIDS, ensuring that Botswana's youngest generation survives and thrives is crucial. Early childhood development (ECD) is a complex issue, made even more challenging by the presence of HIV/AIDS and poverty.

In 2004, UNICEF and the Government of Botswana (GOB) focused on building on the accomplishments of previous years to establish a national Integrated Early Childhood Development (IECD) programme that is based on operationalising the IECD Framework for Action developed in 2003. The framework will provide guidance and a holistic approach that places the child at the centre of a protective and enabling environment. This environment brings together the elements needed for the child's full development, including: health, nutrition, hygiene, water and environmental sanitation and protection within the broad context of HIV/AIDS and other development concerns.

The concept of IECD in Botswana is still a new phenomenon. Establishing a consensus on the need for IECD, therefore, continues to be a top priority. In 2004, UNICEF continued its advocacy initiatives by organising a national workshop that brought together district level pre-school

education supervisors from the Ministries of Local Government (MLG) and Education (MOE). This meeting led to the drafting of an IECD national workplan for 2005 that is aligned with the National IECD Framework for Action. Prior to this, an advocacy meeting was held with high-level government policy makers to disseminate the summary report of the Framework and share global ECD experiences as well as the outcomes stipulated in the report.

As recommended in the IECD Framework for Action, the current ECD coordinating body is to be upgraded to a national IECD coordinating structure. This will ensure that experts from all sectors offering early childhood development are represented in the structure. Inter-ministerial dialogue is now at an advanced stage and will ensure well-coordinated IECD efforts.

Successful fundraising of approximately US\$300,000 through UNICEF's Global Set-Aside at the end of 2004 will help facilitate the experimentation of IECD at pilot sites in Mahalapye and Ghanzi districts in 2005. The pilot projects will target already existing ECD centres and strengthen them to provide quality ECD services and increase access to both sites. The pilot projects will run on a parallel track with the baseline study on IECD in Botswana which will inform future IECD interventions countrywide.

Integrated Girls Education Project

TESTIMONY ON REACHING THE GIRL CHILD:

"The girl child in particular is more vulnerable than the boy child due to traditional laws and practices, and socialization values that places her in an inferior and subordinate social position. She lacks self-confidence and she is vulnerable to sexual and emotional abuse by adult men in the family and the community at large. Thus we need the support structures and networks for girls to educate and empower them."

- Elsie M. Alexander, Chairperson, Girl Child Network/Alliance

TESTIMONY ON REACHING CHILDREN WITH HIV/AIDS INFORMATION:

"I made an impact. When I first went to the schools the children were a bit shy. They couldn't even open up, they couldn't even answer questions and they couldn't even pose questions to me. But now, they talk freely to me."

-Zolani Kraai, person living positively with HIV/AIDS and Field Educator with the "Ring the Bell" project in Mochudi

Botswana can be proud that it has already met the third Millennium Development Goal: the elimination of gender disparity in primary and secondary schools. However, assuring that girls go to school and stay there remains a priority. It is estimated that 54 percent of girls who drop out do so due to pregnancy. UNICEF's aim for this project is to improve overall completion rates, scholastic results, and to create a child-friendly learning environment where life skills services are also readily accessible, especially for girls.

Girls in Botswana are at a disadvantage when it comes to completing school. They are often the ones who are obliged to stay home to take care of the sick, or become the head of household when parents die. Teenage pregnancy also forces girls to drop out, and girls between the ages of 15 to 19 years are 3 times more likely to contract HIV/AIDS than boys of the same age. Capitalising on the country's high enrollment rate and gender parity in education, schools are the perfect setting to empower young people, especially girls, with knowledge of HIV/AIDS and avoidance of risky behaviours.

The project, *A Re Tsogeng, Ringing the Bell*, seeks to do just that. Launched in 2003, this tri-partite initiative between the Ministry of Education, BONEPWA and UNICEF, aims to make schools HIV/AIDS resource centres for primary school children and their immediate communities. This groundbreaking project has brought 27 people living with HIV/AIDS (PLWHAS) into schools as field educators and resource persons. For many youngsters it was the first time they came face to face with someone who has the virus. The field educators have since become role models and their experiences and courage may help to reduce the stigma of HIV/AIDS. By the end of 2004, "Ringing the Bell" had reached 37 primary schools across the country and benefited more than 10,000 students. A "Ringing the Bell" video was created as a fundraising tool and more than 200 copies were provided to MOE. The videos were distributed to all stakeholders who participated in the pilot phase of the project. An evaluation of the pilot phase was also completed to determine its effectiveness and possibilities for taking it to scale. In 2005, UNICEF aims to train another 33 field educators bringing the total number to 60.



Cultural traditions often hamper girls' attempts to succeed, both in school and socially. In 2004, UNICEF helped to facilitate a support system for girls through the Girl Child Network/Alliance. The network includes several groups involved in girl-related projects. The Girls' Education Movement (GEM) is part of this network, and in 2005 GEM aims to embark on a project to relate the experiences of girls and the challenges they face. The "Telling the Story" project will allow girls to express their hopes and fears on a variety of issues, from equality in education, to gender violence, from poverty, to intergenerational sex. Their stories will be used to sensitise government policy makers, stakeholders and the public on the difficulties confronted by girls in Botswana.

It was the HIV/AIDS epidemic that first raised the alarm for the need for education in life skills for young people. Life skills are seen as essential tools for making changes in behaviour, for avoidance of risky sexual encounters, and to navigate in a society where HIV/AIDS impacts all aspects of life.

Educators now realize that life skills are also needed to address a much broader range of ages, situations and actors. As a result, in 2004, UNICEF met with the MOE to build consensus on this issue and highlight the need to develop a standardized national life skills framework. It is anticipated that NGOs, educators and other stakeholders will meet to develop a broad based National Life Skills Framework in 2005. This will be achieved in tandem with the Adolescent Empowerment and Mobilisation Project.

A situation analysis of the girl child in urban areas was completed in 2004 by the Botswana Nurses Association. The study looked at the girls' attitudes towards school, their knowledge of health issues, and their family situation. Through the support of UNICEF, the study was printed, distributed and communicated to relevant stakeholders in the form of a workshop. Its findings will be used as an entry point to determine the scope of the planned 2005 National Situation Analysis of the Girl Child.



MOBILISATION FOR CHILDREN'S AND WOMEN'S RIGHTS PROGRAMME

A recognised strength of UNICEF programming is its focus on advocacy and social mobilisation to ensure that policymakers and programme implementers make children's rights a national priority. Children and women are rarely given a forum to express their opinions, their needs, or how they feel about the policies that affect them. The Mobilisation for Children's and Women's Rights Programme UNICEF tries to make sure their voices get heard.

The **Programme Communication for Community Capacity Development Project** seeks to integrate the Human Rights-based Approach into all of UNICEF's projects. This is accompanied by community mobilisation efforts and sensitisation. The end result is sustainable projects owned by the communities themselves.

Mobilisation for Children's and Women's Rights Programme Partners: Ministry of Health (MOH), Ministry of Local Government (MLG), Ministry of Communications, Science and Technology (MCST), National AIDS Co-ordinating Agency (NACA), Men Against Sex and AIDS, Southern African Broadcasting Association (SABA), Union of National Radio and Television in Africa (URTNA), Botswana Television, private local media and children.

Programme Communication for Community Capacity Development Project

This project has been instrumental in incorporating the Human Rights-based Approach (HRAP) to Community Capacity Development (CCD) into all aspects of UNICEF Botswana's work. This successful grass roots method to programme implementation has been well received. Through community and national involvement, HRAP/CCD seeks to create local ownership of development projects. In 2004, UNICEF's primary goal was to create more momentum in training and reinforce existing projects to increase sustainable services and coverage throughout its programmes.

In 2004, the principal focus for HRAP/CCD has been on the PMTCT-Plus project. Training was completed in four health districts with 35 health workers to further improve the uptake of PMTCT services. A standardised toolkit on CCD was developed and distributed for use by district

The **Advocacy for Children's and Women's Rights Project** aims to keep children's and women's issues in the public eye and on the policy agenda. Through tireless advocacy, and the commemoration of different national and international events, this project seeks to raise awareness of the needs of children and women.

The **Media and HIV/AIDS Project** attempts to make sure that young people get maximum exposure to the media. In turn, UNICEF works with the local media to assure they give ample attention to children's and women's issues through news coverage, special articles and programmes. One of the successful initiatives in 2004 included a pull-out section for children in one of the local newspapers.

facilitators in those four districts. In 2005, HRAP/CCD training will be scaled up in the remaining 20 health districts. To support district training teams and the monitoring of implementation of HRAP/CCD in PMTCT, UNICEF has engaged an HRAP consultant who will work in the Ministry of Health (MOH).

The Human Rights-based Approach to Legal Reform continues to be an integral part of the Policy and Legal Analysis Project. It is being used both in the study of customary law and its compliance with the CRC, as well as the review of the 1981 Children's Act. It was also used to train UN colleagues and some government staff, to give the process more exposure in the development community. This is described in more detail in the Policy and Legal Analysis Project summary on page 32.

Efforts in 2005 will focus on further strengthening of HRAP/CCD in all projects, such as OVC, where workshops on the protection needs of orphans and vulnerable children are

planned to create stronger links between the CBOs and social workers at the district level. This should result in increased access, and more sustainable projects.

Advocacy for Children's and Women's Rights Project

TESTIMONY ON BUILDING STRONGER FAMILY COMMUNICATION:

"Our rights are achievable through mutual understanding and love in the family. The African child experiences a lot of problems in our families. This is due to the fact that, traditionally, a child is prohibited from initiating communication with parents. Even at school, we fear our teachers and seek advice from friends who often mislead us. For this reason when we have problems, we resort to bad conduct and drug abuse or even commit suicide. Let us stand united to realize the dream of the African child. This is only possible if positive advice is offered and we children show commitment and responsibility to make our dreams come true."

- Excerpt from a speech given on the Day of the African Child, 16 June 2004, on the theme, 'The African Child and the Family', written and read by Nametsegang Ramadila of Mabutsane Community Junior Secondary School.

Advocacy is an integral part of UNICEF's projects in Botswana. All activities are supported by a form of sensitisation or promotion. It might be a matter of raising awareness on child protection or girls' education through a seminar or workshop or by promoting children's and women's issues through the media to gain greater exposure and support. Advocacy is built into all programmes, and it is an ongoing effort.

Commemoration of events such as the Day of the African Child, on 16 June, provide UNICEF and its partners a platform to expose the need for fulfilment of children's and women's rights. In 2004, the event was held in Mabutsane, in the Southern District. The theme was 'The African Child and Family'. The overall message was that families provide the best opportunity for the protection and nurturing of children's rights. For the International Children's Day of Broadcasting (ICDB), on 12 December, UNICEF organised activities at Gaborone's major broadcasting outlets. At Botswana Television (Btv), children developed and presented their own TV show. It included video stories produced by the children that illustrated what makes them feel unsafe. On state radio, young people hosted a call-in programme just for kids, talking about issues that concern them. Commercial radio station Yarona FM also participated in ICDB by turning the studio over to young people to field calls from their peers.

In 2005, UNICEF hopes to involve an even greater number of children and media outlets in ICDB activities.

UNICEF produced and distributed hats and t-shirts to children and implementing partners to bring some added visibility to the events.

Visits by high level UN staff also provided a forum to pump up attention on issues related to women, children and HIV/AIDS. In 2004, the UN hosted visits from: Joy Phumaphi, the former Minister of Health, and now an Assistant Director General at WHO; Mark Malloch Brown, the former Administrator of UNDP and currently the Chief of Staff to the Secretary-General; Koichiro Matsuura the Director General of UNESCO; and Mark Stirling, the UNAIDS Regional Director for Eastern and Southern Africa.

In 2004, UNICEF's knowledge and resource centre became fully operational and continued to add to its collection of reference materials with assistance from other libraries. Bi-monthly acquisition lists are sent out to more than 400 partners in an effort to keep them up to date on the arrival of new books, magazines and research material. Located in the UNICEF main office, the centre was regularly used by implementing partners, researchers and university students.

Children's Views About the World and Adults Around Them

(Published in the Bokamoso section of Mmegi, December 2004)

Some children are treated differently from others, which is not fair. I think that all children should be treated with the respect they deserve. All children are the same except maybe a few differences. Teachers do not understand that sometimes children make mistakes. Everybody has to learn from their mistakes. Sometimes teachers practice what you call favouritism. When they beat children they don't beat some because they are the favourites. Some teachers abuse children, which is not right. Children have rights just like everybody else. Some children are even afraid to go to school. Most of them drop out of school because they think they would be better off in the streets. Children have to be well taken care of because they are the future of tomorrow. –Thondi, 13 years.

Some parents are not looking after their children properly. They make very young children work hard all the time and they don't have time for homework or playing. Also, parents drink too much and take drugs. This causes them to abuse their children and not look after them properly. These children should register with organisations like Childline that can help them. Parents, please look after your children and love them. –Kgomotso, 10 years.

This is the story of children in the street:

There is one child who went to a house to ask for food, another child went to a workshop to ask for sweets. But don't waste food and water. No matter if they are big or small, but they are children. Just give them food or water. They are part of our country. Most children lost parents to dying. Bring them to your house to bathe, and give them the old clothes of your children. –Zonele, 8 years

My name is Keorepetse and I might be a child, but I know that rape is a crime. Some fathers take advantage of their children and it ends up the children have HIV/AIDS. This crime can be stopped, men who rape do because they are drunk, some of them just want to rape. Keorapetse (no age cited)

Media and HIV/AIDS Project

Media is a growing influence on young minds in Botswana as access to satellite television and the internet expands. The younger generation is more media savvy than their elders, and for this reason UNICEF recognises that the media—especially the electronic media, is an important channel for young people to communicate with one another and a way to voice their opinion on the issues that affect their lives.

UNICEF supports media initiatives that will assist young people to get heard. In 2004, a draft memorandum of understanding with Botswana Television (Btv) was developed. Once finalised, the agreement will enhance coverage of women's and children's issues on television, create programming that would give children a platform to produce their own shows, and would strengthen capacities within Btv to work with children on media issues. It is hoped the agreement will be finalised in 2005.

In 2004, UNICEF also launched a pull-out section in the country's daily newspaper, Mmegi (see Panel 6). The special section, called 'Bokamoso' or 'The Future', ran twice a month for a period of

six months and published articles specifically for children. Some of the subjects covered included:

- A World Fit for Children Declaration
- Women, girls and HIV/AIDS
- The International Children's Day of Broadcasting
- The right to play
- Real life stories: orphans
- Property rights
- Children who head households

The response to the newspaper supplement was positive, and the project will be evaluated in 2005 to determine how best to continue similar efforts.

Radio is the medium with the most impact in Botswana. More people get their information from radio than any other source. To get children's voices and issues aired on radio, in 2005 UNICEF hopes to establish a 'child to child' programme on Botswana state run radio which has coverage throughout the country.



RESEARCH, MONITORING AND EVALUATION

UNICEF's support to reinforce the institutional capacities in research, monitoring and evaluation continued in 2004. Key activities included:

- Supported the participation of the Central Statistics Office at an MDG statistics workshop in Nairobi, Kenya.
- With assistance from Community Systems Foundation, UNICEF trained 20 participants from the UN, Vision 2016, and CSO in DevInfo and provided technical and financial support in establishing the UN DevInfo database, which is the UN corporate software on social development indicators.
- Supported the participation of 7 partners at the Third African Evaluation Association Conference in Cape Town.

Tables 1 and 2, respectively, detail the studies and evaluations completed in 2004 and those planned for 2005.

Table 1: Surveys, Evaluations and Studies Completed in 2004

Title	Type of Report	Focus of the Report
Botswana AIDS Impact Survey II	Survey	To assess HIV/AIDS knowledge, attitudes, behaviours, and prevalence
Analysis of child focused indicators from the 2001 census	Analysis	To analyse the status of children in Botswana using results from the Population and Housing Census.
In-depth analysis of PMTCT	Evaluation	To identify progress, remaining gaps and constraints and analyse the capacity of stakeholders to inform the scaling up process.
MOE/BONEPWA/UNICEF project evaluation	Evaluation	To evaluate the effectiveness and capacity needs of the project and support its scaling up.

Table 2: Surveys, Evaluations and Studies Planned for 2005

Title	Type	Focus of the Report
National IECD Baseline Study	Study	To assess the overall situation of young children in Botswana and identify current status, practices and gaps in IECD.
National Study on the Situation of the Girl Child in Botswana	Study	To take a holistic look at the situation of the girl child in school, community and family settings in both rural and urban areas.
Research on Life Skills Education in Botswana	Study	To assess the need for broader definitions of life skills and target age groups.
Psychosocial support baseline study	Study	To identify best practices, gaps and capacity needs.
Evaluation of the Short term Plan of Action for OVCs (STPA)	Evaluation	To evaluate progress and identify constraints in implementation with a view to supporting the development of a Long Term Plan of Action for Orphans.
Assessment of pregnant women's access to ARVs	Assessment	To assess access to care, treatment and support for infected pregnant women their children and partners.
Assessment of adolescent friendly communication approaches	Assessment	To identify adolescent-friendly strategies for communicating HIV/AIDS prevention messages and life skills.
Impact of customary law on children's rights	Assessment	To assess compliance of the customary law system with the CRC.



RESOURCE MOBILISATION 2004

UNICEF wishes to thank all of its donors for their generous support to the Country Programme in Botswana.

Table 3: Donor Contributions to UNICEF, 2004

Donor	Amount (in USD)	Percentage
PEPFAR	625,084.36	52
Sweden	363,990.47	31
Netherlands	61,578.70	5
Norway	47,707.97	4
France	40,474.41	3
International Development Research Centre	30,000.48	3
US Fund for UNICEF	1,817.99	0
Global Set Aside, 2003/2004	22,026.38	2
Total	1,192,680.76	100

Table 4: Donor Contributions and Expenditure by Project

Donor	Amount (in USD)	Projects Supported	Expenditure
PEPFAR	282,127.75	Care of Orphans and Vulnerable Children	113,377.75
	342,956.61	PMTCT Plus	229,068.36
Sweden	177,674.91	Care of Orphans and Vulnerable Children	177,674.91
	104,524.08	PMTCT Plus	104,524.08
	50,444.93	Policy and Legal Analysis	46,314.93
	20,000.00	Cross Sectoral Costs	20,000.00
	7,241.83	Programme Communication for CCD	7,241.83
	4,104.72	Advocacy for Children's and Women's Rights	4,104.72
Netherlands	61,578.70	Adolescent Mobilization and Empowerment	53,048.16
Norway	47,707.97	Integrated Girls' Education	47,707.97
France	40,474.41	Policy and Legal Analysis	34,070.30
International Development Research Centre	30,000.48	PMTCT Plus	23,724.01
US Fund for UNICEF	1,817.99	PMTCT Plus	1,817.99
Global Set Aside, 2003/2004	19,258.21	Integrated Early Childhood Development	19,258.21
	2,768.17	PMTCT Plus	2,768.17

All balances are automatically rolled over to 2005.



THE WAY FORWARD: PROGRAMME PRIORITIES FOR 2005

HIV/AIDS Prevention and Mitigation Programme

PMTCT-Plus Project

- Baseline study on access to treatment, care and support for infected mothers, their children and partners.
- Implement action points on expanding treatment and care for children living with HIV.
- Disseminate the analysis of the PMTCT evaluation data.
- Integrate PMTCT-Plus into the National ARV programme.

Care of Orphans and Vulnerable Children Project

- Evaluate the STPA and develop a long-term plan of action for OVC.
- Conduct a baseline study and develop guidelines and training tools for psychosocial support.
- Finalise the Child Protection Protocol and organize a child protection consultative workshop.
- Support research and advocacy initiatives on child abuse, exploitation and discrimination through partnerships with relevant organisations.
- Strengthen capacities in strategic planning, co-ordination, monitoring and evaluation at the Department of Social Services.

Adolescent Empowerment and Mobilisation Project

- Conduct needs assessment visits to selected Youth District Offices.
- Continue advocacy for the 2005 National Youth Fora and other youth coordination mechanisms.
- Develop a National Communications Strategy for youth.

Policy, Legislation and Social Services Programme

Policy and Legal Analysis Project

- Provide technical support for the drafting of the final version of the Children's Act.
- Finalise the National Plan of Action for Children.
- Finalise and disseminate the survey and report on the legislative review of customary law in Botswana.
- Follow up on the recommendations of the UN Committee on the Rights of the Child.
- Strengthen the capacities of national partners in programme monitoring and evaluation standards.

Integrated Early Childhood Development Project

- Launch the National IECD Framework for Action.
- Implement the IECD demonstration sites in

partnership with the University of Botswana.

- Conduct a baseline study of IECD and disseminate the findings.

Integrated Girls Education Project

- Train an additional 33 PLWHAS for the 'Ringing the Bell' project.
- Establish a national coordinating structure for girl child service providers.
- Conduct a situation analysis of the girl child in Botswana and disseminate the results.
- Develop the National Life Skills Framework and implement it.

Mobilisation for Children's and Women's Rights Programme

Programme Communication for Community Capacity Development Project

- Undertake community mobilisation as a follow up to the implementation of the IECD demonstration sites.
- Train key stakeholders in government, the University of Botswana, and other UN staff in HRAP/CCD.
- Develop a one day HRAP/CCD training module for Parliamentarians.
- Expand PMTCT HRAP/CCD activities to 7 more districts.

Advocacy for Children's and Women's Rights Project

- Expand use of Resource Centre and develop links with other libraries.
- Develop multi-media advocacy materials on HIV/AIDS
- Raise awareness of broadcasters of the International Children's Day of Broadcasting

Media and HIV/AIDS Project

- Finalise the Memorandum of Agreement with Btv to increase programming on children's and women's issues.
- Increase involvement of local media in reporting on UNICEF supported projects.
- Launch a child-to-child radio programme.