





Dear Reader:

Welcome to the 2006 Botswana Child Monitor! The Botswana Child Monitor is a regular production of the UNICEF Knowledge and Learning Centre with the aim of informing programme partners and child rights advocates about recent events, statistics and acquisitions concerning children. The synopsis of recent events is drawn from primary and secondary material, whilst the section on statistics on children uses primary sources such as surveys, censuses, evaluations, etc. The section on acquisitions is a summary of all documents and publications registered by the UNICEF Knowledge and Learning Centre during a given period, in this particular bulletin from January to February 2006. This section is also accompanied by a detailed review of one particular publication that has been in high demand by the centre's users and that we feel you should know about, and this time we review the following publication - Human Rights and Social Policies for Children and Women: The Multiple Indicator Cluster Survey (MICS) in Practice. We trust that this bulletin will help to keep you better informed on children's issues and your valuable comments can be sent to Kutloano Leshomo, Communication Officer. (kleshomo@unicef.org). Additional copies can be obtained from Malebogo Lesokwane, Knowledge and Learning Centre Manager (mlesokwane@unicef.org). Finally, the Knowledge and Learning Centre is open to researchers, students, evaluators, policy makers and programme managers, amongst others, who may wish to consult our extensive holdings on Global, regional and national children's issues. Operating hours: Monday to Thursday from 10h00-12h30 and 14h00-16h00 and Friday, 10h00-13h00.

TABLE OF CONTENTS

	Page Number
Child Monitor: A Bulletin of Issues and Events on Botswana's Children	3-4
(January – February 2006)	
Botswana by Numbers	
Facts and Figures about the Situation of Children and Women	5
with regard to the Millennium Development Goals	
• Statistic of the Month – Children and HIV/AIDS	6
Publication of the Month Review:	
Human Rights and Social Policies for Children and Women: The Multiple	7
Indicator Cluster Survey (MICS) in Practice. (New York, April 2005)	
The Children's Statement "PUT CHILDREN FIRST"	8-10
Acquisitions List for the Months of January and February 2006	
HIV/AIDS Prevention and Mitigation	11
Policy, Legislation and Social Services	11-12
Mobilisation for Children's and Women's Rights	12
Other Relevant Resources in the Centre	13-14



<u>Child Monitor – A Bulletin of Issues and Events on Botswana's</u> <u>Children, January to February 2006</u>

- 1. A **diarrhoea epidemic** broke out around the country affecting young children under the age of five years, since January 2006. By the 9th epidemiological week, 18,180 cases had been reported to health facilities, out of which there were a total of 346 child deaths. The source of the infection has not been conclusively identified, although laboratory tests of stools of affected children conducted in Botswana, the Republic of South Africa and the Centres for Disease Control and Prevention in the United States have pointed to *cryptosporidium* and enteropathogenic *E. coli* (EPEC). Linked to these causes, cases of malnutrition have also been reported because of prolonged diarrhoea. Under the coordination of the Ministry of Health, WHO, CDC, UNICEF, Doctors Without Borders (France) and other development partners have joined together to provide an accelerated response to the outbreak. The Ministry has instituted four committees, all chaired by the Ministry. There is an overall Stakeholders Steering Committee, which is currently meeting on a weekly basis. In turn, the Steering Committee is supported by three sub-committees on: Disease Surveillance, Treatment, and Social Mobilization Committee.
- On 16 January 2006, **HE President Festus Mogae** met with the Chairman of the **Clinton Foundation and the Clinton HIV/AIDS Initiative**, **Mr Ira Magaziner** in Gaborone. During their discussions, Mr. Magaziner said the Foundation was eager to build on past contacts between President Mogae and former President Clinton in supporting Botswana's ongoing efforts to combat the pandemic in such areas as training and access to affordable drugs. This collaboration is envisaged to have benefits for children in the area of pediatric treatment.
- 3. The Minister of Health Prof. Sheila D. Tlou presented a paper entitled "The Role of Men and HIV/AIDS" to a gender event panel discussion in New York. The discussion was organised by the UNDP on 26 January 2006. The Minister pointed out that the involvement of men is very critical to the fight against HIV/AIDS as well as the socio-dynamic aspects of its transmission.
- 4. On 6 February 2006, the **Minister of Finance and Development Planning, Mr Baledzi Gaolathe** presented to Parliament the *national budget speech for 2006/2007* (**Appropriation Bill**). The speech noted several initiatives and developments that directly benefit children:
 - Construction of primary schools and primary health care facilities during the period.
 - Under-5 malnutrition has been brought down to nearly 6 percent.
 - HIV prevalence among pregnant women aged 15-49 years has decreased from 34.7% to 33.4% according to the 2005 Sentinel Surveillance Study.
 - HIV prevalence among 15-19 year olds has decreased from 22.8% in 2003 to 17.8% in 2005.
 - The total number of patients enrolled for ARV treatment in 2005 was 54,378.
 - 73% of pregnant HIV positive women were receiving PMTCT.
 - 16,284 people underwent routine HIV testing in 2005 bringing the cumulative figure to 174,792.
 - Review of the National Youth Policy is ongoing and it will more effectively strengthen the development of youth against the challenges of HIV/AIDS, unemployment and poverty
 - Review of the Education Act to improve access to education services by children and youth with special needs.
- 5. A Mid Term Review of the UNICEF/Government of Botswana Programme of Cooperation was held on 7 February 2006 at the Gaborone International Convention Centre. The meeting was attended by ministers, senior government officials and the UNICEF Regional Deputy Director and a team of six advisors from the UNICEF Regional Office in Nairobi Kenya. During the meeting, three children, representing others from all over the country, presented the Minister of Local Government Dr Margaret Nasha with a statement outlining issues that they wanted government and stakeholders to address. This statement is reproduced on pages 8 of this Child Monitor.

- 6. On 11 February, 2006, **Brazilian President HE Luiz Inacio Lula da Silva** paid a one day state visit to Botswana. During the visit, President Lula da Silva and Botswana's President Festus Mogae signed **two bilateral agreements one to fight the HIV/AIDS epidemic** in Botswana and the other **to create opportunities for young people** through cooperation in sports.
- 7. The **Southern African Development Community** (**SADC**) and the **United Nations Development Group** (**UNDG**) held a regional training workshop on *DevInfo*, which is the UN's corporate software to assist countries monitor the *Millennium Development Goals*. Participants came from 10 SADC countries, representing a combination of statistical offices/institutes, Ministries of Planning and UN agencies. A workplan was developed to ensure improved implementation and use of *DevInfo* at national level. Through *DevInfo*, countries will be able to monitor more effectively indicators related to children and women.
- 8. On 17 January 2006, the **Parliamentarians for Women's Health Project** held a consultation in Gaborone to discuss the concept behind the project and how it will be undertaken in Botswana. The project is an initiative supported by the following organisations: *International Centre for Research on Women, the Centre for the Study of AIDS/University of Pretoria, the Ethical Globalization Initiative, European Parliamentarians for Africa, and the International Centre on Women.* The project seeks to assist parliamentarians in select countries in East and Southern Africa to more effectively improve women's and girls' access to health services, particularly those related to HIV/AIDS and reproductive health.
- 9. The **Department of Culture and Youth** on 15 18 February 2006 organised **a national youth rally** held at Ditshupo Hall in Gaborone. The theme of the rally was 'Unearthing and Nurturing Youth Talent towards Sustainable Development by 2016." The objectives of the youth rally were to create a platform where young people would meet to showcase their talent and creativity, unearth talent and bring out leadership skills among young people as well as to offer young people an opportunity to interact on cultural issues thereby advancing cultural diversity and tolerance.
- 10. The UNICEF Representative, Mr Gordon Jonathan Lewis, and the UNAIDS Country Coordinator, Dr. Kwame Ampomah, met with H.E President Festus Mogae on 17 February 2006, to brief the President on the Unite for Children, Unite Against AIDS Global Campaign. The President indicated his interest to launch the Campaign in the next two months. The Campaign seeks to put children at the centre of efforts to fight HIV/AIDS epidemic.
- 11. On 28 February 2006, the **Minister of Health, Prof. Sheila D. Tlou** launched the **Regulations on the Marketing of Foods for Infants and Young Children** (2005) in Gaborone. The regulations are based on the WHO/UNICEF International Code of Marketing of Breast Milk Substitutes of 1981. The code aims to contribute to the provision of safe and adequate health and nutrition for infants and young children by protecting and promoting breast feeding.
- 12. A **PEPFAR Core Team** (composed of different agencies and offices in the United States Government associated with the US President's Emergency Plan for AIDS Relief) visited Botswana between late February and early March. The purpose of their visit was to obtain a direct exposure to PEPFAR-supported projects and assess implementation. During its visit, the team was able to discuss projects related to orphans and vulnerable children and PMTCT.

FACTS AND FIGURES ABOUT THE SITUATION OF CHILDREN AND WOMEN WITH REGARD TO THE MILLENIUM DEVELOPMENT GOALS (UNLESS OTHERWISE NOTED, ALL SOURCES ARE FROM MULTI INDICATOR SURVEY REPORT {CSO, 2000}

Cool Or	ne: <i>Eradicate</i>	artrama	novertu	and hunger

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

ndicators		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 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**

ndicato	rs	Value
•	Under-five mortality rate	74 ⁵ per 1000 live births
•	Infant mortality rate	56 ⁶ per 1000 live births
•	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%
•	Childhirth care	99%

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

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

licator	rs	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 ⁷ (women)	68%
•	Proportion of women who have been tested for HIV	19%
•	Contraceptive prevalence rate (women)	44%

Goal Seven: Ensure environmental sustainability

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

Indicator	rs ·	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%

¹ Education Statistics 2002, CSO

² Education Statistics 2002, CSO

³ Botswana 2003 Literacy Survey, 2004, CSO

⁴ Botswana 2003 Literacy Survey, 2004, CSO

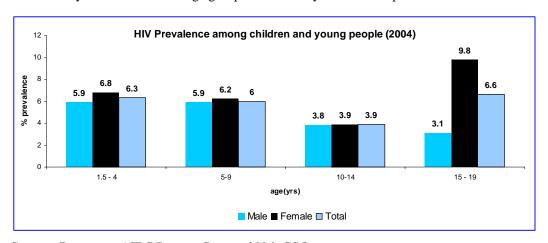
⁵ Source: 2001 population and housing census results, CSO.

⁶ Source:2001 population and Housing census results, CSO

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

STATISTIC OF THE MONTH: CHILDREN AND HIV/AIDS

- 1. No child population age group has been spared from the epidemic. The HIV prevalence rates have already reached alarming rates in all of the age groups, as noted in the table below, sourced from the *Botswana AIDS Impact Survey II (BAIS II)*.
- 2. The average prevalence rate in children between the ages of 18 months and 18 years is about 6 per cent. Male and female prevalence rates are consistently equal between the ages of 18 months and 14 years, and the majority of children in this cohort most likely aquired HIV perinatally. There was also a dip in the HIV prevalence in the 10-14 year age group, which may be explained by a higher mortality in this age group, but more investigations are required to ascertain the cause of this lower prevalence.
- 3. Of note is the stark gender difference in the 15-19 group, where females are three times more likely to be infected than boys. Infection in this age group is more likely related to unprotected sexual intercourse.



Source: Botswana AIDS Impact Survey 2004, CSO

- 4. Many children living with HIV/AIDS are missing out on the life-saving medicines they need. By December 2005, only 4,997 children (below the age of 12 years), out of an estimated 20 000 children (aged between the ages of 18 months to 18 years; UNAIDS/UNICEF) eligible for ARV, were on treatment. Source: Masa Anti-Retroviral Therapy Programme
- 5. It should be noted that the lack of routine PCR testing (which detects HIV antibodies in children 0-18 months) makes it very difficult to estimate the prevalence of HIV infection in this age group. This is an important issue to follow up on in order to provide better care and treatment services to this important age group.
- 6. Young people in Botswana still have a limited understanding of how HIV is transmitted and how to protect themselves from it. According to the 2001 *Knowledge*, *Attitudes*, *Behavior and Practices Among Adolescents* study, almost two thirds of young people aged 15- 24 in Botswana **did not** have adequate knowledge on HIV.
- 7. According to the 2001 Population and Housing Census, 15% (111 828) of children under 18 years have lost at least one parent. The majority of these parents died because of the HIV/AIDS epidemic. By December 2005, the Department of Social Services had registered 50 557 orphans to receive support from the national orphan are programme. Of these children, 96.2% had received the food basket, and 35% received support for educational necessities. The ongoing evaluation of the national Short-term Plan of Action for Orphans will generate findings that will help improve the efficiency and effectiveness of interventions for orphans and vulnerable children.

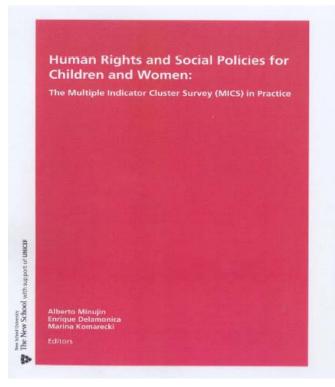
⁸ Percentage of young people aged 15-24 years who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

6

<u>Publication of the Month Review: Human Rights and Social Policies for Children and Women:</u>
The Multiple Indicator Cluster Survey (MICS) in Practice. (New York, April 2005)

Human Rights and Social Policies for Children and Women: The Multiple Indicator Cluster Survey in Practice, is a collaborative product of the New School University and UNICEF, and it is based on a series of incisive papers presented at the international conference in April 2004, entitled Social Policies and Human Rights for Children and Women: Achieving and Monitoring the Millennium Development Goals.

The increased global visibility of children, greater awareness of their rights, as well as breakthroughs in medicine and health and nutrition technology, have all contributed to the improved well-being of children. In an increasing number of countries, children are now more likely to survive and have more opportunities to develop to their full potential than in earlier decades. More rigorous data collection and data monitoring systems have also contributed to these improvements. Child-centred data provide a better understanding of the situation of children in some of the least developed regions of the world, and simultaneously allow for improved planning and implementation of programmes and



policies. The Multiple Indicator Cluster Surveys (MICS) have played an instrumental role in these efforts. MICS were originally conceived as an instrument to measure core indicators to assess progress towards the goals set by the World Summit for Children (and its Plan of Action) in 1990. Subsequently, in many countries, MICS have become a standard survey to assist in measuring progress towards the achievement of the Millennium Development Goals.

The articles contained in this publication are the result of the conference that took place in April 2004. A total of 16 chapters make up the publication, including the first one which sets out the background and methodology. The measurement of child poverty and its relationship to human rights is the theme of chapter 2, whilst chapter 3 deals with the important methodological issue of the construction of disparity estimates. Chapter 4 looks at the challenges of assessing the level and trends of child immunization coverage in India. Chapter 5 addresses the methodological problem of contrasting results of different surveys. The very interesting topic of multidimensional approaches to poverty analysis is discussed in chapter 6, and chapter 7 recommends a methodology that can ensure the inclusion of children within the policy-making process. Chapter 8 is very practical in the sense that it describes how an NGO used MICS findings to shape project design for disadvantaged populations in Albania.

The remaining chapters focus mostly on policy processes, with chapter 9 discussing the impact of breastfeeding as a strategy to improve the health, nutrition and survival of children, and chapter 10 looking at the relationship between chronic malnutrition and poverty. In chapter 11, the authors discuss the strategies pursued by single female-headed households to cope with vulnerability. Chapters 12 and 13 examine the relationship between education outcomes and the working status of children in Niger and India, respectively. Child labour inequities in urban and rural areas is the subject of chapters 14 and 15. Chapter 16 concludes the publication with observations regarding how the MICS can be used as a tool for disparity and poverty reduction.

This publication is particularly useful for policy makers in Botswana, given the fact that there is still much to learn about the situation of children living in poverty and because the existing *National Poverty Reduction Strategy* is not particularly strong in its analysis of the determinants of child poverty.

Mid-term Review of the Government of Botswana/UNICEF Country Programme of Cooperation (2003 - 2007)

The Children's Statement - "PUT CHILDREN FIRST"

Presented by:

Nthabiseng Oteng – Jwaneng Mogomotsi Sennye – Kang Gorata Seboko – Maun

To:

Honourable Minister Dr. Margaret N. Nasha Ministry of Local Government

Tuesday, 7 February 2006
Gaborone International Convention Centre

On 26 November 2005, more than 100 children coming from different parts of the country, came together and participated in the validation meeting of the report of the 2003-2007 GoB/UNICEF Country Programme Midterm Review, at Botswana National Productivity Centre, Gaborone. We were representing all children aged 10—18 years, female and male, rich and poor, living in villages and living in towns, with or without disability, and other children made vulnerable by HIV/AIDS, poverty, etc. At this meeting, we worked on our own, with very little support from adults, so that this message is a true representation of what we discussed, what we said and what we agreed on.

We, the children of Botswana, appreciate the role that our government and other development partners, such as UNICEF, are playing to give us a better environment where our rights are fulfilled. We dream of an environment that is better than it is now, where we have a better participation in decisions that affect our lives at all levels of development such as: at home, school, community and at national level.

During our discussions at the meeting, we reached the following conclusions, that:

- 1. We know a little about our rights, so we feel that we should be taught more about them so we can claim them fully.
- 2. We feel that though many organizations respect our rights, other stakeholders such as some parents, teachers and other adults violate them by:
 - Calling us names such as "stupid, Mongol"—this is emotional abuse
 - Forcing us to drop rape charges this is violation of the right to justice and it reflects inadequate legal protection.
 - Denying us the right to life through actions like abortion and passion killings.
- 3. We are not adequately involved in issues that affect our lives.
- 4. Most of the time when we speak, our views are not considered important and our voices are crushed denying us the right to freedom of speech.

- 5. The social workers, support groups, government, councils and orphanage centers are responsible for our well-being and we expect them to be loving, caring and patient with us.
- 6. We are faced with stigmatization as children, orphans, children affected and infected with HIV/AIDS, and as children from different geographical backgrounds and this leads to us being discriminated.
- 7. For us to be happy we should be accepted, tolerated, loved and respected.
- 8. We mostly need the following services:
 - Child friendly health services with doctors, nurses and guidance and counseling officers who understand and specialize in children
 - Child-friendly community recreational facilities.
 - Due to cultural beliefs, norms, values and non child-friendly services, we find it difficult to access the social services we mostly need.
- 9. We, as the children of Botswana, fail to communicate with our parents and elders about issues that worry us because of the following:
 - Lack of confidentiality
 - Communication breakdown
 - Societal values, norms and taboos
- 10. The negative media influence, peer pressure, lack of or inadequate parental care and fear of our parents are some of the challenges we face in discussing sexuality issues.
- 11. Our parents are not actively involved in our formal education
- 12. There is no equal treatment of children at home.

In light of what we have just mentioned, we considered what can be done to realize a better Botswana for its children, as the future of Botswana lies in our wellbeing. We believe the following can be achieved, initially in the remaining period of this country programme, but also in the longer term.

What we as children can do:

To protect our rights, we intend to:

- 1. Continue making an attempt to communicate with our parents about sexuality issues.
- 2. Respect, obey and honour our parents so that they can listen to us as the Setswana saying goes 'susu ilela suswana gore suswana a go ilele'.
- 3. We can respect other people's rights so that they can in turn respect ours.
- 4. Deal with negative peer pressure by being able to stand for ourselves.
- 5. We can exercise our responsibilities in protecting our rights.
- 6. We can have other children as our advocates.
- 7. Above all, we are ready to exercise our responsibilities as rights come with our responsibilities.

What we expect the stakeholders to do:

- 1. Government should ensure children's participation in decision-making processes on matters that affect them in all government departments.
- 2. Incorporate children's rights into the formal education system.
- 3. Review the school curriculum to allow for a reasonable work load, and options for practical learning that would encourage a better learning environment.
- 4. We expect government to distribute resources equally throughout the country for the existing programmes that support children, especially in remote rural areas.
- 5. Stakeholders like UNICEF and other organizations should use the media, PTAs and workshops to help parents develop better parenting skills.
- 6. Provide the necessary support to vulnerable children.
- 7. The government should come up with a children's parliament and ombudsman to address children's issues, ensure they are investigated and acted upon.
- 8. Ensure that child abusers are severely punished.
- 9. We expect parents to ask for our side of the story when they feel we are at fault.
- 10. Strengthen the legal and policy environment that will be responsive and sensitive to our needs in a rapidly changing world, including quick enactment of the revised Children's Act.
- 11. Social workers' visits should be random and unannounced, so that they can have a clear picture of how guardians treat us.

- 12. Family members, teachers, schoolmates and members of the community have a responsibility in protecting our rights so they should actively play their roles.
- 13. Develop and ensure that children have a fair, adequate and sustained access to quality social and health services, regardless of our geographical location.

In conclusion, we count on your support and ask for a meaningful partnership in the fight for our rights. We also request for your commitment and full participation when dealing with issues affecting us.

We are leaders of tomorrow and decision makers of today
We need love and support and a nation that is patient with children
Our happiness lies on a nation that accepts, tolerates and respects children
We as children share a common reality despite our differences
We are masters of our own destiny.

ACQUISITIONS LIST FOR THE MONTHS OF JANUARY – FEBRUARY 2006 REPORT BY SHELF NUMBER

HIV/AIDS PREVENTION AND MITIGATION

Botswana Network on Ethics, Law and HIV/AIDS (BONELA). Botswana's ARV Treatment Programme: Past Lessons and Future Outlook. (Gaborone: 2005)

Details: Promotes among policy makers ways to improve the efficiency or procurement and equality in the distribution of HIV treatment drugs. G8 BOT

European Parliamentarians for Africa (AWEPA). Review of AWEPA Activities 2003-2004: 20th Anniversary Special Edition. (Netherlands: 2004)

Details: Gives a clear picture of the work AWEPA is privileged to do in Africa and for Africa in Europe in the interest of good governance, human rights and poverty reduction. **A4.1 REV/ www.awepa.org**

International Society for Prevention of Child Abuse and Neglect. Child Abuse and Neglect: The International Journal. Vol.30, No.1 (London: August, 2006) **Details:** Provides an international, multidisciplinary forum on all aspects of child abuse and neglect including sexual abuse, with special emphasis on prevention and treatment. **D7.2 LEV**

Ministry of Health/ACHAP. Masa Antiretroviral Therapy: The Caring Vision of a Loving Child. Vol. 19. (Gaborone: February, 2006) Details: Focuses on the loving and caring for children. Masa file

Southern Africa HIV/AIDS Information Dissemination Services (SAFAIDS). *Exchange on HIV/AIDS, Sexuality and Gender* (Netherlands: 2005) **Details:** Contents include the lack of access to prevention and treatment for mobile population groups such as fishermen and temporary migrants and the consequences of abstinence – only programmes for sexual minorities. **G8 EXC**

United Nations Programme on HIV/AIDS (UNAIDS). Handbook for Legislators on HIV/AIDS, Laws and Human Rights: Action to Combat HIV/AIDS in view of its devastating human, economic and social impact. (Geneva: 1999) Details: Assists Parliamentarians and other elected officials in promulgating and enacting effective legislation and undertaking appropriate law reforms in the fight against AIDS. G8 HAN/www.unaids.org

UNAIDS/UNICEF. A Call to Action: Children the Missing Face of AIDS. (New York: 2005) **Details**: Highlights the priorities of the "Unite for Children Unite against AID" global campaign on children and AIDS.**G8 CHI/www.unicef.org.uk/aids**

POLICY, LEGISLATION AND SOCIAL SERVICES

Association for the Development of Education in Africa (ADEA)/United Nations Children's Fund (UNICEF). Planning Policies for Early Childhood Development: Guidelines for Action. (Paris: 2005) Details: Provides a toolkit for planning Early Childhood Development policies or policy framework. C. VAR

Bernard Van Leer Foundation.

- Early Childhood Matters: Responses to Young Children in Post-Emergency Situation. (Netherlands: 2005) **Details**: Brings important information to organisations facing the needs of young children in emergency situations who otherwise would not have access to it. **C2. EAR**
- The Oscar Van Leer Award 2005 for Excellence in enabling parents and communities to help young children realise their full potential. (Netherlands: 2005) **Details:** Aims to enhance opportunities for children growing up in circumstances of social and economic disadvantage.**D8 LEE/www.bernardvanleer.org**

Ministry of Local Government. Children in Need of Care Regulations. (Gaborone: 2005) Details: Entails the Botswana regulations on the care of children in need. A4.1 CHI

UNICEF

- UNICEF South Africa: Annual Report 2005. (Johannesburg: 2005) **Details:** Reports on the activities of the South Africa Country Office during 2005. **U10.12ANN/www.unicef.org/southafrica**
- Consolidated Emergency Thematic Report 2004: UNICEF Burundi. (Bujumbura: 2005) **Details:** Improves assistances to and protection of victims of conflict, particularly the most vulnerable populations (women, children, internally displaced persons, dispersed persons, refugees. U 10.12 CON
- Country Programme Evaluation Government of the Transitional Islamic State of Afghanistan/UNICEF (2003-2005). (New York: 2005)

 Details: Provides an in-depth assessment of the relevance and appropriateness of the Country Programme Evaluation as well as of the role, design and focus of UNICEF support to the realization of children's rights. U3.2 COU
- Gender Achievements and Prospects in Education: The Gap Report. (Part One). (New York: 2005) **Details:** Examines why the Millennium Development Goal of gender parity in education by 2005 was not met, and highlights innovations that can help to ensure that all children are in schools by 2015. **U18 GEN/www.unicef.org**)
- Life Skills Forum "Without Skills, Knowledge is Useless" Tanzanian Proverb. (Nairobi: 2004) **Details:** Provides a forum to exchange information, ideas and opinions on life skills and youth programming. **U19 LIF**
- *UNGEI Forum Theme: Violence against Children.* (Nairobi: 2005) **Details:** Highlights how schools can be an important part of the solution to address the rights of a huge number of orphans and other vulnerable children in Southern Africa. **U23. VIO**

World Food Programme/UNICEF. The Essential Package Twelve Interventions to Improve the Health and Nutrition of School - Age Children. (New York: 2004) **Details:** Helps to link the resources of the Health, education, nutrition, and sanitation sector in an existing infrastructure of schools. **G. ESS**

MOBILISATION FOR CHILDREN'S AND WOMEN'S RIGHTS

Agency for Co-operation and Research in Development (ACORD). Cycle of Violence: Gender Relations and Armed Conflict. (Nairobi: 2005) Details: Aims to enhance gender - awareness in the design and management of development projects in contexts affected by conflict. CB2. CYL/www.acord.org.uk

Children's World. The World's Children's Prize for the Right of the Child. No. 42. (Sweden: 2006) Details: Encourages children to voice out on any issues that affects them. U23 WOR

New School University/UNICEF. Human Rights and Social Policies for Children and Women: The Multiple Indicator Cluster Survey (MICS) in Practice. (New York: 2005) Details: Offers compelling insights into ways to improve the well-being of children and women, primarily based on the use of the Multiple Indicators Survey (MICS). A4.1 MIN

UNICEF.

- Government of Botswana/UNICEF Mid -Term Review of the 2003 2007 Country Programme of Cooperation. (Gaborone: 2006)
 - Part 1: Global Overview Report. **Details:** Designed to be a light evaluation involving desk review of the UNICEF documents; interviews with key informants; and focus group discussions with important stakeholders such as children, youth, women, service providers and the media. **U3.11 GOV**
 - Part 2: Individual Project Reports. **Details:** Contains the detailed analyses of each of the projects and illustrates their hierarchy of projects within the programme, as well as their respective objectives. **U3. 11 GOV**

- Children's Validation Meeting Report 26 November 2006. **Details:** Provides a meaningful opportunity for children to influence the content and direction of the GoB/UNICEF Country direction. **U3.11 CHI**
- Women's and Children's Rights in a Human Rights Based Approach to Development. (New York: 2005) **Details:** Examines the linkage between children's and women's rights in the context of the Convention on the Rights of the Child (CRC) and the Convention against the Elimination of All Forms of Discrimination against Women (CEDAW). **U23. WOM**

OTHER RELEVANT RESOURCES IN THE CENTRE

- ACHAP. Update Issue 6. (Gaborone: December, 2005)
- Africa Renewal. Vol.19; No. 4 (January, 2006)
- Asia Pacific Perspective 2006. Vol.3; No.9. (January), Vol. 3; No.10 (February), Vol.3; No. 11 (March)
- Botswana Baylor Children's Clinical Centre of Excellence. Annual Report 2005. (Gaborone: 2005)
- Bank of Botswana.
 - Financial Statistics. (Gaborone: August, September, October, 2005)
 - Staff Newsletter (December, 2005)
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