1 EXECUTIVE SUMMARY

Two significant achievements for 2010 concern UNICEF’s support to the overall policy/legal environment for promoting the rights of children in Botswana. Following the incorporation of CRC principles in the Children’s Act (2009), the focus has been on establishment of institutions to facilitate its implementation. In 2010, both the National Children’s Council and the Children’s Consultative Forum met and district authorities were oriented. The development of a Social Development Policy Framework included a comprehensive overview of social protection in Botswana and produced policy as well as administrative recommendations.

To promote awareness of the situation of children an annual joint publication with the University of Botswana was launched. ‘Thari ya Bana – Reflections on Children in Botswana 2010’ published a set of 20 papers and current data reflecting the full range of children’s rights. A secondary analysis of recent national surveys has also been initiated to provide a basis for a more equity-focussed programme and advocacy agenda.

2010 was also the first year of the joint UN Country Programme Action Plan for 2010-2014. This reflected considerable joint programming, and has led to opportunities to integrate UN coordination with Government’s new thematic coordination working groups, as well as basis to establish a multi-donor trust fund to mobilise resources for the UNDAF.

Major Shortfalls:
- PMTCT Impact Assessment: after extensive consultations, the Ministry is currently considering three studies rather than a single assessment, with completion expected no later than 2012.
- Birth Registration campaign on hold, given 2007 survey data which reports a much higher rate of coverage and the need to differentiate between birth registration and issuance of birth certificates.
- CRC/ACRWC reports were drafted 12 months ago, but the government review process is still underway.

Key partnerships:
- UNICEF is currently co-chairing the Government’s working group on governance issues, providing an opportunity to champion both Justice for Children and strengthening of the national statistical system.
- USAID/PEPFAR, on both the PMTCT Impact Assessment and the National Plan on OVCs
- Baylor Children’s Centre of Excellence and Ark’n’Mark Trust for innovative approaches to public-private partnership on HIV stigma and psychosocial services.

2 COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

Botswana’s politics remain stable. Combating poverty and unemployment, public service reforms and improved service delivery continue to be priorities for the administration. See http://www.eiu.com

The economy appears to have recovered, with growth of 7.8% in 2010. However, the 2010/11 Budget was characterised by reduced expenditure plans and some tax increases including VAT (which also covers food and water). Public sector salaries have not increased, and recruitment is frozen. Within overall budget constraints, changes have
also been implemented in social protection programmes, potentially impacting negatively on the most vulnerable.

The 10th National Development Plan (NDP10) has now been launched, covering April 2010 to March 2016, after a delay of one year to accommodate the impact of the recession. The NDP also introduced a multi-sectoral approach to planning to address the pillars of Vision 2016. The Government is engaging more actively with civil society, holding a series of thematic ‘pitso’ (consultations). In addition, wherever possible, the Government is identifying opportunities for a greater private sector role in providing services.

Overall progress toward the MDGs and Millennium Declaration is summarised below. A national MDG Report was prepared in 2010.

No new poverty data has been published since the 2002/3 Housing and Income Expenditure Survey (HIES), but on-going analysis shows that families with children are disproportionately below the poverty line and that income poverty is strongly correlated with key deprivations: education, shelter and information.

Child nutrition worsened between 2000 and 2007, according to the Botswana Family Health Survey (2007/8 BFHS). Underweight prevalence increased from 12.5% to 13.5%, the prevalence of stunting and wasting increased from 23% to 26% and 5% to 7%, respectively.

The Net Enrolment Rate (NER) was maintained above 85%, with parity for girls and boys. Action now needs to be taken to improve the quality of education and to bring the last 15% of children into school; the latter are typically from low-density areas, minority mother-tongue, or excluded for parents’ religious reasons. Many drop-outs also result from teenage pregnancy.

The 2007/8 BFHS showed that despite the impact of PMTCT, under-five mortality has remained steady since 2000 at 76 deaths per 1000 live births. HIV and AIDS underlie approximately one-quarter of child deaths in Botswana. BFHS data show that 60% of infant deaths take place in the first 28 days of life, indicating a strong need for better neonatal care.

Over 94% of pregnant women utilised antenatal care services in 2007, and more than 94% delivered under the care of a trained health worker. The Central Statistics Office estimated the maternal mortality ratio in 2008 to be 198 per 100,000 live births, an increase from 159 in 2005. Although skilled/trained midwives attend most normal deliveries, access to emergency obstetric care services is unevenly distributed.

Botswana has a high HIV prevalence rate, at 17.6% among the general population, but notably higher among younger women than men: 33.4% prevalence among pregnant women aged 15-49 years in 2007. Due to the successful implementation of Prevention of Mother to Child Transmission (PMTCT) and antiretroviral treatment (ART) programmes, mother-to-child transmission rates have been reduced from 40%, prior to intervention, to 4% currently.

3 CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview

2010 marked the first year of the new Country Programme for 2010-2014, as well as the first year of the Joint UN Programme Operational Plan (Country Programme Action Plan) for the same period.
The programme has pursued an overall strategy of more ‘upstream’ work: policy engagement, research and advocacy, development and modelling of norms and standards, and capacity development for national duty-bearers. As a result, support to direct service delivery though civil society partners was further reduced (except for legacy commitments under the Children and AIDS Regional Initiative funded by DFID).

Overall the programme was funded largely through Thematic Funding, as OR mobilisation for Botswana remained challenging due to the perception of Botswana as a middle-income country and the need for donors to prioritise in the context of global cutbacks to development assistance.

While there were delays in signing the joint UN Annual Work plans, UNICEF’s commitments to partners were established and allowed implementation to proceed as planned to meet set targets.

3.1.2 Programme Strategy

3.1.2.1 Capacity Development

During 2010, capacity development followed-up on two major developments that took place in 2009: passage of the Children’s Act and development of the National Strategy on Accelerated Child Survival and Development.

The Children’s Act (2009) makes provision for institutions and structures to be established to oversee and accelerate its implementation at national, district and village levels. The highest-level structures include the National Children Council, Children’s Consultative Forum, at lower levels they include district and village child protection committees. Orientation of local authorities on the Act was completed in 2010. Twenty-eight senior magistrates were oriented on the implications of the Children’s Act for their work and future capacity development. A partnership was established with the University of Western Cape (South Africa) to work out the key steps required to support Government with its legislative reform processes for children and to fast-track implementation of the Children’s Act. Progress was limited by the overall fiscal environment, which has limited the Government’s ability to provide the additional start-up costs and also froze all new recruitment.

For implementation of the ACSD national strategy, the Interagency Coordinating Committee (initiated in 2009) provided a forum for sharing information across ministries and departments. In addition, full-time support was seconded to MOH in the areas of Paediatric AIDS/ Child Survival and infant formula supply chain and logistics management. In the latter case, UNICEF direct support will be discontinued in February 2011, as MOH (and CMS) are expected to take full responsibility for these functions.

Two examples of public-private-partnerships that bring together Government resources and technical resources from partners, to significantly increase their joint capacity to address children in the areas of HIV and PSS, respectively, are described in the ‘Innovations’ section of this report.

3.1.2.2 Effective Advocacy

An advocacy and communication strategy was developed during 2010 (both collectively as the UN, and in-house within UNICEF). For more details see Section 3.2 (Cross-sectoral programme).

In 2010, some progress took place through the on-going development of a Social Development Policy Framework and a National Plan of Action for Orphans and Vulnerable Children. Both were developed under the leadership of the Department of Social...
Services, with TA from UNICEF, and are currently being reviewed by Government before submission to Cabinet. In both cases, preparatory work to gather data on the situation in Botswana and amongst comparators took place to provide the evidence base.

An evaluation of the food coupon system demonstrated its feasibility and benefits and some of the drawbacks that will also need to be considered; e.g., limited distribution points. Another area, youth entrepreneurship and life skills, supported by the UK National Committee and Barclays Bank, raised alternatives for MYSC to utilise the Youth Fund effectively. Further documentation and consultation will be required before any scale-up and leveraging of these funds can take place.

Other areas of policy dialogue initiated in 2010 included PMTCT assessment and implications of WHO guidance for infant feeding policy. Support was received from both WHO and UNICEF HQ (and regional offices) to engage stakeholders in initial discussions. The Ministry of Health is reviewing the advice and currently mapping a way forward.

The establishment of the National Strategy Office and thematic coordinating working groups provided opportunities to review and assess progress, as well as to identify lessons and new opportunities in each thematic area of NDP. As co-chair of the group on an ‘Open, Democratic and Accountable Nation’, UNICEF was able to promote issues of justice for children and the importance of strengthening information systems for better planning and accountability.

3.1.2.3 Strategic Partnerships:

Thematic Working Groups (TWGs) were formed by Government to oversee implementation of NDP10. This promises greater coherence and opportunities to overcome ‘silo’ planning and implementation, but the first year of implementation was primarily about the process of forming these groups and developing modus operandi. To support this process, a National Strategy Office was established, but currently has limited capacity to support the TWGs. Supporting the NSO with management of socio-economic data and strengthening information systems is seen as an area where collective UN support in 2011 would be very valuable.

The first year of ‘UN delivering as one’ through the joint country programme action plan (UNPOP), was also tentative, with delays in signing joint AWPs and developing implementation modalities. The coordination mechanisms have been linked to the Government TWGs to a large extent, to further reduce costs to Government.

Support to NGOs continued to shift from simple “outsourcing” of service provision (where a few partnerships remain to honour commitments made under the regional CARI programme), to more strategic public-private sector partnerships where NGO and Government resources are combined to allow for better focus on standards and scale-up. Examples are included in the “Innovation” section of this report. Plans for partnership with ICT providers in 2011 focus on leveraging their services for a multi-media HIV prevention campaign, rather than, as in the past, simply receiving a cash donation.

A partnership was established with the University of Botswana, both to fund student research and to collect recent research on children in Botswana. Resulting from the latter, the book ‘Thari Ya Bana – Reflections on Children in Botswana 2010’ was published.

A partnership was established through ESARO with the University of Western Cape (South Africa) to work out the key steps required in supporting the Government with its legislative reform processes for children and to fast-track implementation of the Children’s Act 2009.
UNICEF partnered with USAID/PEPFAR on the PMTCT Impact Assessment and in the development of the Long-Term Plan on OVCs.

### 3.1.2.4 Knowledge Management

To strengthen and update the Situation Analysis of children, a secondary analysis of recent survey data was commissioned in 2010 to carry out further disaggregation (by location, gender and age and by wealth quintile, where possible), trend analysis and cross-tabulations. The final product will be available in early 2011 to assist in equity-focussed programming as we prepare for the MTR in 2012. This data will also be used to populate an updated DevInfo dataset to present to the National Strategy Office as a tool for tracking progress towards NDP, Vision 2016 and the MDGs.

The first annual publication of ‘Thari Ya Bana - Reflections on Children in Botswana 2010’, (University of Botswana/ UNICEF) was launched at a meeting of 100 stakeholders, including high-level government and non-governmental representatives, development partners and media. The book, combining statistical data, qualitative research and opinion pieces will be published annually, sustaining awareness, contributing to national dialogue on child budgeting and programmes and a child-focused research agenda.

The design for a Country Office website was developed with support and training from HQ and RO. Recently commissioned photographs to illustrate the range of programme issues and interventions will be uploaded, along with updated information on the situation of children and their families and regular news and updates on the programme response.

To promote staff learning, the programme of monthly ‘Learning Hour’ sessions introduced in late 2009 was sustained, providing short, formal training sessions and knowledge-sharing. This included a session on on-line learning and research resources available within UNICEF. Staff were also encouraged to write articles and contributions to “Thari ya Bana” etc. (see Publications)

For 2011 and beyond, there will be a focus on strengthening information systems, both overall and for the main social sector ministries. This will include further cooperation with CSO, following up on the work in 2010 on census questionnaire design and mortality estimates, to support analysis to allow the generation of information on the most vulnerable. In addition, the main ministries will be supported to gather and use more ‘real-time’ data from their respective facility-based systems, to better respond to any vulnerability hotspots.

### 3.1.2.5 C4D Communication for Development

C4D officers were assigned to the various programme sections, to provide support accordingly.

C4D experience in the area of Long-Lasting Insecticide Treated Nets (LLIN) distribution was documented in the global good practices database. The free distribution of LLINs to mothers and children was strongly linked to a C4D strategy, which was developed using findings from the 2007 Malaria Indicator Survey. The strategies also benefited from the inputs provided by the community stakeholders who participated in the Triple A planning process, a participatory process involving key community stakeholders. The process enabled the intervention to be better tailored, not only to the public health approach for malaria prevention, but also to communities’ needs concerning when and how to use the LLINs.

In partnership with Clinton Access to Health Initiative (CHAI), the C4D strategy combined the following:
- Training of distributors, supervisors, demonstrators, and follow-up teams on malaria
and LLINs
- Mass distribution of LLINs
- Interactive demonstrations on the correct utilisation of LLINs
- Monitoring of post-distribution was conducted by the existing community structures; i.e., community health workers.

Demonstrators did demonstrations in their own villages in local languages and were highly interactive. Positive impact of the campaign was reported from the follow-up survey in 2009, which compared the household data to data from the MIS in 2007. In Okavango district, with a population of 63,302 people net ownership increased from 89% in 2009 to 94% in 2010. Usage of LLINs in the general population increased from 41% in 2009 to 47% in 2010, among pregnant women from 45% to 53% and among under-fives from 47% to 50% between 2009 and 2010.

In the area of HIV prevention among adolescents, key messages for the multimedia campaign were based on the analysis of BAIS III (2008) and the UNICEF-commissioned study on Effective Communications Channels (December 2009) to identify young people's risky behaviour and their vulnerabilities to HIV infection. Young people participated in developing the key messages for the campaign, which will be implemented in early 2011.

### 3.1.3 Normative Principles

#### 3.1.3.1 Human Rights Based Approach to Cooperation

During this first year of a five-year programme, no major programming processes took place. However, all staff underwent training in HRBAP and Result-based Management plus Simplified Results Structure training in 2010. This training was designed to a) provide a significant cadre of staff new to UNICEF with the basic orientation on rights-based programming, and b) to reflect on our experience as a pilot country for the use of PCR/IRs. This resulted in the modification of PCR/IRs for 2011 onwards.

In addition, the programme has reviewed its equity focus and defined a number of actions that it can take, prior to more substantive changes resulting from the MTR. These include a greater focus on developing the evidence base, both through the ongoing secondary analysis of survey data and the planned strengthening of administrative-based, real-time information systems. Future editions of the annual joint UNICEF/University of Botswana publication, “Thari ya Bana”, will also foster more sub-national research and analysis. Other initiatives for 2011, based on this review, will include budget analysis and advocacy for a greater focus on equity through the UNDAF, NDP review process and with parliamentarians.

Greater participation of children, in addition to technical consultation during the development of materials was achieved by conducting a Children's Consultative Forum, in partnership with Ministry of Local Government, as part of the process of developing institutions and follow-up actions pursuant to the passage of the Children’s Act in 2009. This engaged a broad cross-section of children to review and identify ways to translate the Act into action.

An opportunity to discuss children’s rights with members of Parliament was scheduled in the parliamentary session for 2010, but was cancelled at the last moment. This has now been rescheduled to early 2011, with the support of the Minister of Local Government. By that time, the process of Government review and endorsement of the combined 2nd and 3rd report on the CRC (and ACRWC) is expected to have been completed.
3.1.3.2 Gender Equality and Mainstreaming

In line with the renewed organisational commitment towards gender, and following recommendations from the CARI reviews, UNICEF’s Regional Office supported a gender audit in the Botswana Country Office. The audit reviewed gender mainstreaming within the overall programme of cooperation, with a specific focus on how to strengthen gender mainstreaming in UNICEF’s Children and AIDS programming in Botswana. The outcome was an improved understanding on how the Botswana Country Office is addressing gender issues in its programming, and, in particular, a set of good practices and recommendations on how to improve gender-based approaches in the Children and HIV and AIDS response.

The review identified areas where current programmes had a gender focus, such as: addressing the way boys have been treated less leniently by the police and the justice system, eliciting viewpoints of both boys and girls in the Children's Consultative Forum; a focus on the special vulnerability of girls when addressing HIV prevention among adolescents; analysis of data on child labour, poverty and the forthcoming reanalysis of CSO survey data by gender; and engaging men in PMTCT programmes.

The main recommendations of the review were:

- Increase staff awareness and understanding of gender concepts and resources, recognising that many staff are new to UNICEF, through learning sessions, e-learning and greater flow of information among staff
- Improve staff capacity to implement, monitor and evaluate gender-specific programming through greater access to and use of gender programming tools and greater use of gender-specific and gender-disaggregated data
- Strengthen partner systems and capacity to integrate gender in both data collection and programming
- Strengthen HR and staff development systems to enhance gender responsiveness of Country Office, through training and allocation of responsibilities
- Map out gender-specific data and research needs for the country programme.

In the 2010 AMP, a gender focal point was nominated and has routinely shared information with staff and NGO partners on gender issues.

3.1.3.3 Environmental Sustainability

While space in the UNDAF to address the issue of children and climate change was established, no funds were mobilised to address this in 2010.

The shift in thinking towards disaster risk reduction, both within UNICEF and with partners, as articulated in the UNDAF, provides more opportunity for UNICEF engagement with ‘upstream’ counterparts in the context of a Government that is well-resourced and broadly able to respond to emergencies without external support. The emerging interest among development partners in disaster risk reduction may also open up new resource mobilisation issues to address issues of environment and climate change.

Progress was not made in the planned support to NDMO to orient them on the need to integrate the CCCs into their disaster preparedness and management plans. However, support was provided in WASH response to floods and, together with WHO, inputs were provided to the MoH sectoral emergency response plan.

In the absence of a WASH programme/staff, the RO provided support for conducting an initial assessment of the Office’s capacity to engage in this area in future. Potential areas
are focus on sanitation and hygiene (linked to pandemic preparedness) and better coordination among the wide range of government institutions in this sector.

3.2 Programme Components

Title: Young child survival and development

Purpose
YCSD will contribute to the reduction of under-five morbidity and mortality due to common childhood illnesses and conditions through improved access and utilisation of quality Child Survival and Development services.

Main results planned for 2010:
1. PMTCT Impact Assessment Study (ground work completed – and field work initiated)
2. Nutrition surveillance database/ reports and economic impact study
3. Monitoring and Evaluation mechanism for ACSD up and running.

Resources Used
Total approved for 2010 as per CPD: US$850,000 (including salaries)
Total available for 2010 from all sources: (excluding salaries) RR US$48,712; OR US$314,234; Total US$362,234

Special allocation: Set–aside for H1N1 pandemic preparedness and response.

Donors: Primarily Thematic (YCSD and HIV), with other contributions from US Fund and UK NatCom.

Results Achieved
The 2007/8 BFHS results showed no change in mortality rates since 2003, despite gains made in PMTCT and sustained good access to health services. In 2010, biannual Vitamin A supplementation coverage reached over 100% as a result of a campaign, and Pentavalent vaccine was introduced. More is required to scale-up ACSD implementation by promoting selected high-impact interventions (HII) and full coverage of PMTCT.

The transfer of health sector functions from the MOLG to one parent ministry (Health) has limited focus on other policy issues during the year, such as young child feeding, but should improve coordination and accountability as well as service provision.

UNICEF contributed in the following areas:

IR1 Child Survival and Development - To increase access and sustain utilisation of quality high impact interventions for children and families, support was provided for the implementation of the Accelerated Child Survival and Development strategy: a) all districts were oriented and Training of Trainers conducted; b) Child Health Day (CHD) guidelines and training manual developed, disseminated and CHDs implemented; c) social mobilisation for two rounds of Vitamin A supplementation (over 100% coverage, perhaps reflecting underestimate of population under-five by Central Statistics Office) and H1N1 campaign (78%); and d) procurement of 67,300 LLINs through Procurement Services and community mobilisation promoting use in malaria districts. UNICEF supported the development of a malaria-elimination strategy, and advocated for the evaluation of the current NPA for Nutrition and development of a new plan. Analysis of nutrition trends was integrated into a broader re-analysis of survey data. World Breastfeeding week was commemorated for the first time.
IR2 PMTCT & Paediatric Care – Goal is to reduce the number of new paediatric infections and improve treatment and care of HIV infected children by 2014. UNICEF and WHO facilitated a consultative meeting on the adaptation of the new recommendations on HIV and infant feeding. Preparations for an impact assessment of the Government’s PMTCT programme resulted in the development of research questions and a larger set of proposed studies rather than a single assessment. TA support to MOH on infant formula supply chain and logistics management resulted in 60 district focal persons trained on logistics management. Paediatric HIV care and linkage with child survival strengthened through a senior paediatrician consultant to the Ministry of Health, resulting in ‘Children and Adolescent Testing and Counselling’ guidelines and 60 nurse prescribers from all ART sites trained and 48 expert patients trained for follow-up with HIV-infected children.

IR3 Early Childhood Development – Goal is to increase access to quality, integrated early childhood development services. Currently only 18% of 36-59-month-old children attend an early childhood programme, (BFHS 2007/8). UNICEF supported the evaluation of Botswana’s only early child learning training centre, as well as the development of 0-3 year learning framework.

Botswana’s experience on LLIN distribution in Okavango district, where ownership was raised from 12.6% to 91%, was published as a good practice in the C4D Newsletter. In addition, the ACSD strategy using evidence-based planning was also published in “MDG Good Practice 2010” by UNDG. A review of Child Health Weeks led to a redesign of strategy. The focus on ACSD monitoring was initiated, but was hampered by the restructuring of the MOH/ MOLG in 2010.

Strategic partnerships and interagency collaboration
UNICEF worked closely with other UN agencies within the context of ‘delivering as one’ to support the development of key policies and strategies, such as the National Strategic Framework (NSFII) for HIV and AIDS 2010-2016, the National Operational Plan for HIV prevention, and the Health Sector Strategic Plan and the GFATM proposal. The collaboration with CHAI was effective for the promotion of LLIN use and the launch of the malaria-elimination advocacy campaign. UNICEF remained an active member of the sectoral coordinating committee bringing together stakeholders on issues of maternal, newborn and child health. UNICEF worked closely with the media in advocacy and programme communication for dissemination of key child survival messages.

Future Workplan
Priorities for 2011 include:
1. Strengthening sectoral information systems for collection, compilation and dissemination of data and analysis
2. Sub-national nutrition trend analysis conducted
3. ACSD monitoring tools and mechanisms operational
4. LLIN promotion implemented in all communities in the five malaria endemic districts
5. Paediatric treatment and follow-up strengthened.

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Title: Child and adolescent protection and participation

Purpose
To contribute to the reduction of adolescent girls’ risk and vulnerability to HIV and mitigate violence, abuse, neglect, discrimination and exploitation of children.

Main results planned for 2010:
1. Institutions for implementation of Children’s Act up and running
2. HIV prevention innovation (multi-media campaign design and launch)
3. Barclay’s Bank Initiative leverages Youth Funds in the MYSC
4. OVC Action Plan
**Resources Used**

Total approved for 2010 as per CPD: US$1,760,400 (including salaries)
Total available for 2010 from all sources: (excl. salaries) RR - US $15,575; OR - US$672,909; Total US$688,484

Special allocations: None

Donors: Primarily Thematic (HIV, BEGE, Protection) with other support from DFID (CARI), and UK NatCom/Barclays.

**Results Achieved**

Following the Children’s Act (2009), the Government inaugurated the National Children’s Council. Technical and financial support was provided to the Children’s Consultative Forum, the Inter-agency Child Protection Coordination Committee and to the Department of Social Services to fast-track the dissemination of the Act to local authorities, reaching 15 out of 16 district councils.

A review of laws and regulations in conflict with the Children’s Act was submitted to the Department of Social Services to forward to the Attorney General’s Office for amendments. Legal orientation on international standards on justice for children and specific techniques ensuring child-friendly practices, procedures and processes within the courtrooms was provided to 28 of 32 magistrates. A manual is being developed for pre- and in-service training of police officers on juvenile justice and child-friendly processes and procedures. A mapping of the justice for children landscape in Botswana was initiated and will be complemented with a mapping of the child protection system in 2011.

The national life-skills framework was finalised and the learning outcomes were defined. The SADC’s re-invigoration of the education sector’s response to HIV and AIDS involved Botswana in the assessment, and the MoESD is receiving support to update the strategic framework for HIV and AIDS, which will be completed in 2011. A multi-media campaign for adolescents and young people aged 10-to-24 years was designed to provide information to promote HIV prevention and prevention services. The adaptation of the TeachAIDS interactive learning tool for HIV prevention knowledge acquisition by in-school children was completed.

In cooperation with Barclay’s Bank, 1,291 youth (52% females) between 12 and 21 years underwent entrepreneurial skills and life skills training in six urban centres. Based on an evaluation in 2011, this will be presented as a model for government to scale up through the Youth Fund.

In collaboration with Government and civil society partners, 8,401 OVCs (58.6% girls) received protection, care and support services (of 46,400 registered OVCs supported by MOLG), including counselling, teenage OVC workshops, life skills sessions and after-school care. Others included place of safety, a crisis hotline, counselling, therapy, awareness-raising on child abuse and violence against children and women, community outreach, education for children living on the streets, and retreats for psychotherapeutic grief counselling for adolescents. Some 2,485 HIV+ adolescents (54.4% girls), aged 10-to-18 years, received psychosocial support and life skills services in Gaborone and five satellite sites. (See also Section 6: Innovations.)

Financial and technical support was provided to develop the Botswana National Plan of Action for Orphans and Vulnerable Children 2010-2016, aligning it with existing national plans and strategies. This will complement the OVC Policy drafted by MOLG during 2009.
The gender audit of the Botswana Programme provided recommendations related to the CARI programme (see section 3.1.7).

The most critical constraints affecting performance included the C4D L4 vacancy and the delay in the release of CARI funding.

The key strategic partnerships include the National AIDS Coordinating Agency, Ministry of Local Government, Administration of Justice, Botswana Police Service, Ministry of Education and Skills Development, USAID/PEFAR and civil society (Ark’n’Mark Trust, Baylor Children’s Centre of Excellence and Childline). TA was provided to NACA to develop the National Operational Plan (2010-2015), for the implementation of the Second National Strategic Framework (NSF II) for HIV and AIDS 2010-2016, and a TOT manual and resource guide for the implementation of the National Guidelines for Children and Adolescent HIV Testing and Counselling. UNICEF chaired the Principal Recipient selection process for the GFATM proposal.

**Future Workplan**

Priorities for 2011:
1. Strengthen sectoral information systems; conduct a mapping of child protection systems
2. Develop a framework for implementation of the Children’s Act, strengthen the Children’s Consultative Forum and the capacity of DSS to implement the NPA for OVC 2010-2016
3. Reduce the number of uncollected birth certificates by 60% in all districts
4. Develop a care package for adolescent girls and boys living with HIV. Implement Phase 2 of the multi-media campaign for access to information for HIV prevention for adolescents and young people and develop Phase 3 for implementation in 2012
5. Strengthen the justice system to provide greater protection for children as victims, witnesses, offenders and prisoners.

**Purpose:**

Improve vulnerability, poverty and educational outcomes for women and children, by addressing the issues and advocating for change.

Main results planned for 2010:
1. Publications completed and disseminated – print and web
2. Development and discussion of Social Development Framework

**Resources Used**

Total approved for 2010 as per CPD: US$949,600 (including salaries)

Total available for 2010 from all sources: (excl. salaries) RR - US$13,216; OR - US$356,784; Total US$370,000

Special allocations: none

Donors: Primarily Thematic (FA5 and BEGE), plus DfID (CARI)

**Results Achieved**

The development of a social policy framework included a comprehensive review of social protection in Botswana and produced both policy and administrative recommendations, which will be submitted to Cabinet once the formal review by MOLG is complete.
As a follow-up to the social protection review, UNICEF supported the Department of Social Services to conduct a study of the food coupon system for orphans and destitute families. The aim was to assess the effectiveness of the system, given early reports of problems in service delivery. Overall, respondents welcomed the food coupons, which removed the stigma of wheeling their food from distribution points, instead enabling them to purchase food in designated shops. Social workers reported being freed from the tendering work and more able to focus on psychosocial care.

UNICEF collaboration with the Ministry of Finance and Development Planning will help support rapid assessments on the impact of the economic crisis at the community level in different livelihood zones. The first was completed in October 2010; the intention is to run such assessments every four months for a period of two years.

The refocus on equity has necessitated secondary analysis of existing data such as the Botswana Family Health Survey, the Botswana AIDS Impact Survey and the Botswana Demographic Survey. Once complete, this disaggregated national data by age, gender, wealth ranking, orphan status, and location on 140 child-related indicators will make a major contribution to shaping future programming.

Results from studies mentioned in this report and others conducted by partners provided the basis for the compilation of a joint publication with the University of Botswana ‘Thari Ya Bana – Reflections on Children in Botswana 2010’. This flagship publication aims to promote awareness of the situation of children among legislators, policy-makers and implementers.

Support was provided by the Regional Office to the Central Statistics Office for the development of the 2011 census questionnaires. UNICEF also supported government staff to attend Child Mortality and Maternal Mortality workshops in Nairobi; the first workshop led to the adjustment of child mortality figures for Botswana by the IMEG.

Social Policy work also included support for two activities related to the quality of primary education for the Ministry of Education and Skills Development - the development of standards for teacher training on Child-Friendly Schools and a study on the quality of education and access to education by vulnerable children. The first produced a book of standards, which was then promulgated to teacher trainers and Ministry officials both at the national and regional levels, with the aim that they be cascaded to the school level. The on-going education quality consultancy will produce both a methodology to measure education quality in Botswana in a holistic way, beyond the existing method of measuring exam results, and information on why vulnerable children do not attend school.

**Constraints**

Challenges to implementation arose from cutbacks in the Government budget due to the recession. This led to some delays and limitations on counterpart funding for joint activities and the need to manage increasing expectations of partners. Consultations within Government on the Social Development Policy Framework and the CRC report have also taken longer than anticipated.

**Future Workplan** Priorities for 2011 include:

1. CSO and ministries supported on strengthening sectoral information systems for collection, compilation and dissemination of data and analysis (Census, secondary analysis, social sector database)
2. Mechanism and guidelines in the education sector to improve access for excluded children developed
3. Joint UNICEF/UB publication
4. Submission of CRC and ACRCW reports.
Title: Cross-sectoral costs

**Purpose**

*Operations Support*: Efficient administration/management of Human Resources, Admin Services, Finance, ICT Services and Supply Procurement provided in a timely manner to the Botswana Country Office

*Programme Support*: Programme guidance, management, oversight, evaluation and support provided in a timely manner to the Botswana Country Office

*External Relations*: UNICEF’s corporate image maintained and promoted through strengthened partnerships

Main (non-routine) results planned for 2010:
- One UN House: Successful relocation to UN House
- Change Management: Keep abreast of new developments in UNICEF: e-PAS, e-Recruitment, IPSAS, VISION and other HQ-driven initiatives, particularly those influencing Pilot Countries such as Botswana
- Gender Audit recommendations generated for entire Country Programme
- BCO website established and kept up to date.

**Resources Used**

Total approved for 2010 as per CPD: US$190,000
Total available for 2010 from all sources: RR - US$672,498; OR - US$818,141; Total US$1,490,639
(Note: programme salaries funded under cross-sectoral in 2010)

Donors: Primarily Support Budget, plus salary components from programme PBAs, topped up by levy on other PBAs received for other cross-sectoral functions.

**Results Achieved**

As a pilot office for use the Simplified Results Structure, this PCR combines a mix of ‘management results’ and ‘programme support’ results. This piloted structure combined both support budget and cross-sectoral activities (programme support). Further, all staff salaries were co-located under operations support, for ease of managing the payroll and to provide clarity on funds actually disbursed to partners and implementation. This structure will, however, be changed in 2011 as per new instructions from DPP that aim to capture staff costs under the most relevant IR where possible and use a standardised set of management results.

Operational support: See section 4 of this report.

Programme support: See gender mainstreaming (section 3.1) and staff development (section 4).

External Relations support:
- The Office strategy developed in 2010 focuses on partnerships with the media, greater use of ICT for brand recognition and public awareness, research and public education and private sector engagement, and will be fully integrated within the 2011 AMP and AWPs. A joint UN Advocacy and Communication Strategy was also approved by the UNCT.
- Progress in developing a Country Office-specific website was limited. Red Dot Training was provided by RO in September 2010, with participation by the Communications Assistant. A website template has now been created and will be populated. The website will be launched in the first quarter of 2011.
A photo mission to document the situation of children and women in Botswana was conducted by a UNICEF-accredited professional photographer in the last quarter of 2010. These photos will be used for both print and web publications as well as to illustrate donor proposals and reports.

Botswana Television Children’s Programming was engaged in developing and airing programmes to mark ICDB. This helped raise awareness of issues faced by children. Similarly, the Day of the African Child was also supported.

**Future Workplan**

2011 Focus for Communication (External Relations)

- Populate, launch and maintain BCO website, develop internal capacity to develop and manage video and photo based content for the website
- Media training:
  - Needs assessment via direct interviews, content development, and a training workshop
  - Commence negotiations/discussions with programme coordinators for Media Studies at UB to introduce the Child Rights-Based Syllabus for Journalism Students. The intention is to have this syllabus integrated into the degree programme, as well as to have UB run shorter professional courses for practicing journalists
- Initiate working relation between the Public Fora and National Children’s Council
- ICDB: Invite all broadcasters to be players in the ICDB commemorations in 2011, as well as continuing efforts to increase children’s programming and meaningful participation of children
- Utilise special events/commemorations to strengthen UNICEF brand presence and corporate image, and to strengthen or acquire new strategic partnerships.

**4 OPERATIONS & MANAGEMENT**

**4.1 Governance & Systems**

**4.1.1 Governance Structure**

The Office developed a comprehensive Annual Management Plan (AMP) in 2010, in which milestones for key events and activities in programme and operations support functions were detailed and specific tasks assigned to staff. Performance indicators and targets for functional areas were also defined. Progress was reviewed at mid-year and end-year reviews. The CMT monitors performance using the Office Management Report (and has provided feedback to HQ on the adequacy and accuracy of this information). Nineteen key management performance indicators were reported to ESARO each quarter with feedback. Cash and bank balances were monitored through data uploaded on the DFAM website. The office was commended by ESARO for its exemplary performance in maintaining optimum cash balances in 2010.

Statutory committees were all active during the year with CMT and general staff meetings convening on alternate months. In 2010 the office expanded the CMT composition to include representation from general service staff, national staff and the staff association, thereby including 41% of the total staff on the team. The CMT also formed a task group to make recommendations for the 2011 Programme Budget Review.

General staff meetings shared information and provided opportunities for all staff to comment or bring forth concerns. Staff Association and Caring for Us also updated staff on on-going activities.
In addition, the Representative introduced a revolving trophy to recognise teams that had performed exceptionally well. The trophy was awarded three times, during general staff meetings, as a measure to motivate staff.

The Contract Review Committee (CRC) was active in 2010; all but one of its recommendations were accepted by the Representative.

The AMP also defined non-statutory office committees that contributed to the management of the office, such as Communications and Publications Committee (CPC), Programme Co-ordination Group (PCG), Operations Group (OG), and Programme/Operations Assistants Committee, Security Team, Audit Task Force and Fire Wardens, to support implementation of the AMP and to further broaden staff participation in office management.

The Emergency Preparedness and Response Plan was filed and updated through the web portal – but no formal emergency response was triggered in 2010.

**4.1.2 Strategic Risk Management**

The office continued to update and apply standard operating procedures. The table of authority and document authorisation tables were updated to improve financial controls.

The office invited ESARO to undertake a peer review of the ICT Control Environment, while an Operations Peer Review was initiated by the Regional Office as a matter of course. The Office immediately undertook to implement recommendations and aims to sustain improved procedures through 2011. The overall peer review ratings were satisfactory and recommendations were issued to strengthen weak areas that may contribute to financial risk. These will provide a basis for further action to improve risk management and provide inputs to the internal audit planned for 2011.

One area that was identified for improvement was the limited coverage of assurance activities carried out in 2010. The office was encouraged to increase joint operations and programme assurance visits to partners (where possible with other UN agencies so as to economise on resources).

The office is in the process of completing its risk library and profiles for ERM reporting to OIA, having received the ERM training in late November 2010.

In 2009 the CMT identified staff morale as a key concern affecting staff performance and contributing to high staff turnover. To systematically address this in a consultative manner a series of three externally facilitated retreats were scheduled. Following the first in 2009, two further staff retreats were undertaken in 2010. The process undertaken moved from retrospection, to moving on/healing, to team-strengthening – and the facilitation ensured all staff were engaged and committed to the process. As an outcome of the process a set of actions was put forward and assigned to the JCC to phase in, oversee and report on progress during 2011 – covering improvements to both the Office physical space and social environment.

An internal review of the Basic Cooperation Agreement suggests a need for updating, in light of ‘Delivering as One’, for which assistance from RO/HQ will be requested.

**4.1.3 Evaluation**

The IMEP was developed as part of the AMP and reviewed through mid-year and annual reviews. The majority of planned studies, surveys and evaluations were conducted (9/16) and a few were carried over to 2011 (3/16). The rest were modified in light of further discussion with Government (most notably, the planned assessment of the PMCTC programme) or cancelled due to lack of funding.
The CO needs to develop a more rigorous process to ensure that follow-up of reviews and evaluations are tracked.

Following abolishment of the PME post in 2009, the CO’s in-house capacity rests with the Deputy Representative and the Social Policy specialist. The CO has called upon the support of RO at times, with success, in terms of: a) supporting census questionnaire design, b) review of survey data for acceptability into global databases, and c) designing secondary analysis of survey data.

For 2011 the Office will consider additional TFT support, given the focus on developing the evidence base and Government capacity to generate real-time information for more equity-focussed programming and advocacy. Another option to explore is an evaluation post to be shared among the smaller Country Offices of southern Africa (BNLS).

4.1.4 Information Technology and Communication

The office has been successfully piloting ProMS version 9.0 since the beginning of the year and upgraded to version 9.1 in November. During the year, five new staff were trained in ProMS and included as Users. Training of the primary applications administrator and a new back-up were also carried out, to improve management of the Document Authorisation Table.

The ICT peer review concluded that the overall risk environment is adequately controlled, despite the temporary (11 months) relocation of the ICT Officer to the Global Help Desk. This was enabled by the fact that the ICT back-up staff member, who is internally trained in ICT, was well-supported by the Botswana office ICT Officer based at the Global Help Desk, by UNICEF South Africa ICT staff and by ESARO regional ICT staff. This cooperation enabled the office to operate continuously with minimum down-time, and created a great learning and interaction opportunity for the ICT back-up staff, who is primarily a driver.

The key area for improvement identified by the peer review pertained to the completion of setting up the BCP offsite station and activation of the site. The office was authorised to complete the procurement of new satellite and BGAN phones for the BCP offsite location, as well as for related MOSS compliance. The first phase of the BCP simulation exercise was carried out in December and will be completed, with external facilitation, by May 2011.

4.2 Fin Res & Stewardship

4.2.1 Fund-raising & Donor Relations

All donor reports were submitted on time in 2010. (The one recorded as late in ProMS, was actually sent on time according to the revised RO timetable for inputs to a consolidated report on CARI). RO feedback on quality of donor reporting by the Country Office cited our reports as “good” to “exemplary”, and specific feedback was noted for subsequent reports.

Currently, 18% of the OR Ceiling for the CPD (2010-2014) has been mobilised, reflecting the challenges of mobilising significant multi-year funding from donors for a middle-income country. A resource mobilisation strategy has been developed and is being implemented (and will engage with the Toolkit for NatComs) – but has yet to yield results and the CO remains heavily dependent on Thematic Funds (53% of ORR in 2010). No emergency appeals were issued.

All but one PBA expiring during the reporting period was 100% utilised prior to expiry and without extension. The only exception followed an extension of a PBA at the request of the UK National Committee to allow partner to complete implementation. This PBA
had been established bilaterally between the NatCom and the Ministry and the CO was initially only involved in making the financial disbursement. However, in 2008/9 it became clear that the Ministry was making little progress, so it was agreed with the NatCom that the Country Office take a more active role in monitoring progress. Ultimately the DCT was liquidated, but was 82% utilised, the balance being returned to the donor as requested.

The UNCT has requested UNDOCO to set up a MDTF with effect in 2011, to allow access to additional windows of funding for the joint UNDAF/CPAP.

Involvement with government planning and review processes also provided opportunities to advocate for revised government allocations for children, a process that will be more carefully documented through the proposed Child-friendly Budget analysis proposed for 2011.

4.2.2 Management of Financial and Other Assets

The Office support budget of US$508,809 is largely (74%) allocated for funding of staff costs. In 2010 the Office requested US$29,000 from ESARO Contingency Funds to supplement operating expenses, specifically MOSS-related activities. The Office has a chronic shortfall in the operating budget and has to depend on cross-sectoral funding to meet recurrent costs such as telephones, internet and rent. The Regional Office also reimbursed US$20,000 against selected training costs.

The annual rent of US$126,000 is the single largest item in the operations budget but only US$83,000 is provided through the Support Budget, covering only 60% of the rent and utilities. BCO has traditionally relied on cross-sectoral funds and the Regional Office to subsidise rental costs. However, while ESARO endorsed the new seven-year lease entered in September 2010, it declined to support the Office in providing annual incremental rent. The Office had hoped to relocate to the rent-free UN Building provided by the Government in 2010, but the premises were inadequate to house all agencies. The Office is in the process of negotiating with the Government of Botswana to support the payment of current rent, as per the Basic Cooperation Agreement.

A noteworthy change in financial administration was the introduction of the UNICEF-SADC staff hosted in BCO. The Office has had to stretch to support the UNICEF-SADC project without a commensurate increase in administrative staff capacity. This has been a constraint, as the remote Citrix access promised by the Regional Office was not provided until December. Thus transactions for this project, with a throughput of over US$100,000 as of November 2010, were transacted by proxy through the operations section; a situation that at times causes bottlenecks in transaction processing. This situation will hopefully be rectified in 2011 with a view to obtaining additional staffing to support through cost-sharing between ESARO and BCO.

4.2.3 Supply

In line with the Country Programme strategy of providing upstream technical support, supplies are not a major component of the Botswana country programme. In 2010 the office procured local supplies valued at US$40,519 and offshore supplies of US$4,504, 40% of which were office supplies.

The more significant component of supply activity was the facilitation of Procurement Services for partners worth US$194,102 comprising: Vitamin A, zinc tablets and mosquito nets procured from Supply Division by the Botswana Government.

Additionally, the office continued to provide technical support to the Ministry of Health through support for a fulltime L3 Supply Chain Specialist to build capacity in paediatrics supplies management. This year was the second and final year of such support.
4.3 Human Resource Capacity

In 2010, the CO brought on board eight national staff, filling posts created in the 2009 PBR for the 2010-2014 Country Programme, bringing the total staffing to 29 (23 staff on posts and six on temporary assistance), of which nine are international staff. Staff turnover has been much reduced compared to previous years (only two staff left).

PER discussions are held routinely and IPs have migrated to e-PAS with some initial technical challenges.

Due to limited OR funding, chief of C4D and UNV Child Protection posts were not filled. The Social Policy Specialist L4 seconded to the Ministry of Local Government was not replaced, as the Ministry requested consultancy support as and when required. The Office will, through the 2011 PBR, review unfunded posts in the context of providing strategic short term temporary assistance on request by government.

The gender balance by the end of the year was 45% female, with 38% international staff being female and 44% national professional staff being female.

The ICT Officer was relocated to GHD for eleven months and internally trained staff back-stopped. The Office used short-term assistance to perform Admin functions until the post of HR/Admin Officer was filled in August 2010. Staff were supportive whenever there was a gap, and skills and capacities have been developed through temporary redistribution and ad hoc assignments.

The office invested US$83,848 in training and achieved 68% of its planned 63 activities. All staff were involved in at least one learning activity. New staff completed the essential trainings (sexual harassment and abuse of authority and Security in the Field). The PPP/SRS training for all programme and operations staff also grounded new staff in UNICEF processes. HACT training was carried out to clarify the use of FACE, while the overall compliance with the UN Cares 10 minimum standards has reached 83% this year.

‘Learning Hours’ for short, formal training sessions and knowledge-sharing, together with Webex sessions, have facilitated access to learning at no cost. Staff otherwise attended formal courses and/or network meetings in accordance with their responsibilities.

4.4 Other Issues

4.4.1 Management Areas Requiring Improvement

The use of a driver as back-stop for the ICT officer deployed to the GHD for 11 months proved to be effective. A temporary driver and additional support from RO and SACO was required, but led to a net saving of the difference between a (replacement) ICT officer and driver staff costs of approximately $50,000.

The management costs for common services are currently borne by UNDP, with implicit savings for UNICEF. In addition, while phasing out SITA, the Office will use the UNDP VSAT as a back-up for ISP, resulting in further gains through common ICT services.

4.4.2 Changes in AMP

No major structural changes to the programme or staff structure are envisioned.

The AMP will focus on:
a. Implementation, using UN and Government Thematic Working Groups to leverage resources for children where possible
b. Resource mobilisation for children
c. Generating the evidence base for equity-focussed advocacy and programming
d. Strengthening information systems for ‘real time’ monitoring of the situation of children and their families.

The AMP will also identify steps required to manage:

a. Organisational shift to VISION and IPSAS.
b. Follow-up to peer reviews and audit preparations.
c. Cross-sectoral support (e.g. C4D, PME, AdCom, gender)

d.

5 STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations:
1. Effective Communication Channels Study
2. Mapping and Analysis on justice for children landscape and prioritize interventions for implementation
4. Rapid Assessment of the Impact of the Economic Crisis in Botswana
5. Food Coupon Study
6. Evaluation Report: Lobatse Day Care Training Centre
7. UNICEF Botswana Gender Review

5.2 List of Other Publications
1. Thari Ya Bana – Reflections on Children in Botswana 2010
2. The Long-Lasting Insecticide Treated Nets (LLIN) Distribution Campaign in the Okavango Sub-District
3. Reaching Children Through Faith-based Organisations in Botswana
4. Clinic Based Nutrition Surveillance Estimates of Malnutrition in Children 0-5 years are consistently lower than estimates generated through National Surveys,
5. 2010 UNDG MDG Good Practices: MDG4 Case Study: Botswana – Accelerated Child Survival And Development Strategy

6. INNOVATION & LESSONS LEARNED

Title: Lifeskills Training and Psychosocial Support to Adolescents Living with HIV in Partnership with Teen Club

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Abstract
Following the impact of successful PMTCT and paediatric care programmes for children with HIV, there is an emerging challenge of supporting adolescents who have grown up HIV-positive. As the number of children growing into adolescence with HIV in developing countries is increasing, innovative strategies are needed to address their complex psychosocial needs, including HIV-related stigma.

As perinatally infected children reach adolescence, they need to receive instruction on a number of life skills, including reproductive health and secondary prevention strategies, as well as coping mechanisms.

This case study documents a successful approach from Botswana, which also exemplifies good partnership between Government, private service providers and researchers.
**Innovation or Lessons Learned**

This case study illustrates a successful approach to a new phase in the HIV epidemic: support to adolescents who have grown up HIV+, given the impact of PMTCT and paediatric care on survival of HIV+ infants and children.

The findings of the programme review indicate a self-reported positive effect in diminishing the stigma faced by these teenagers. A follow-up of the baseline surveys would quantify these effects. The review also provided constructive feedback on the provision of psychosocial services for teenagers:

- Teens and volunteers prefer hands-on, interactive and visual teaching methods.
- NGO staff have expressed a need for more training in adolescent counselling, grief and bereavement counselling, and monitoring and evaluation of activities.
- Staff and volunteers have responded positively to trainings on paediatric and adolescent HIV care and support, as well as fundraising and marketing.

The result of the partnership between Baylor and the Government also resulted in materials and guidelines for a scale-up through Government programmes, such as the “Caregivers Guide to Adherence”.

**Potential Application**

The experience merits further documentation to be shared through the Regional Office, to promote partnerships in other countries with Baylor Centres of Excellence to replicate/adapt good practices and developing additional toolkits, life skills curricula and training programmes to address the rapidly evolving needs of the HIV+ adolescent population.

**Issue/Background**

As the number of children growing into adolescence with HIV in developing countries increases, innovative strategies are needed to address their complex psychosocial needs, including stigma.

In Botswana it is estimated that there are 2,400 teens in need of ARV, of which around 1,400 are enrolled in the Government ARV programme. Among HIV+ teenagers, almost 300 attended Baylor-supported Teen Clubs as of March 2010. The majority were between 13 and 15 years of age.

The Botswana-Baylor Centre of Excellence receives co-funding and staff from the Government, as well as the Baylor International Paediatric AIDS Initiative and UNICEF.

**Strategy and Implementation**

Monthly Teen Club peer support group meetings were first instituted at the Botswana-Baylor Children’s Clinical Centre of Excellence in 2005 with 23 teenagers. Teen Club participants are divided by age (13-15 and 16-19) and rotate monthly between recreational and life skills-themed activities. Since then the number of participants in Gaborone has risen to over 150 teenagers and new satellite sites were added, bringing the total close to 300. Rollout of satellite sites enabled decentralisation of Teen Club and capacity building of civil society partners to provide adolescent HIV care and support.

In November 2008, the abbreviated Berger stigma scale was administered to participants in Teen Club as a baseline. The objectives were to: 1) determine the perceived stigma experienced by HIV+ adolescents of varying age, gender, and orphan status, and 2) compare the degree of stigma perceived in the following domains: personalized stigma, disclosure concerns, negative self-image, and public attitudes.

**Progress and Results**
The baseline assessment found that the mean age of participants was 14.9 years (range 13-18); 64% were female and 36% were male. 41% and 16% had lost one or both parents, respectively. Most reported a considerable degree of stigmatisation. The average stigma score of all participants was 0.54 (range 0.25-1.0). Higher scores in the disclosure (0.65) and public attitude (0.62) categories indicate that these concerns prevail compared to other forms of HIV-related stigma. This pattern was similar for all subgroups.

A survey of participants’ perceptions found them better at handling their daily life, getting along with their family and peers, performing academically, coping when things go wrong, accepting their HIV status, adhering to their medications, practicing life skills and, reportedly, having more hope for their future. Participants have called for increased support to reduce risk-taking behaviours such as unprotected sex and alcohol and drug abuse. Participants also expressed a need for information and guidance on healthy disclosure, as very few participants have admitted to disclosing their sero-status to a friend or romantic partner. Anecdotal evidence strongly suggests that Teen Club plays an important role in normalising the lives of the teens enrolled.

**Next Steps**

Within Botswana, further support will be provided to translate the programmes for national scale-up through the public sector, using guidelines developed from this experience.

Continuous assessment of progress and feedback will be used to refine the existing Teen Clubs programme.

**Title:** *EARTH Psychotherapy for Orphaned Adolescents in Botswana*

**Contact Persons:** Pelonomi Letshwiti-Macheng, pmacheng@unicef.org; Joshua Andi Emmanuel, jemmanuel@unicef.org; Dr. Doreen Mulenga, dmulenga@unicef.org

**Abstract**

Ark’n’Mark Trust and the Department of Social Services implement a programme of therapy for orphaned adolescents that provides psychosocial services in a way which blends psychotherapy with traditional rites of passage. This supports the children directly, as well as strengthening their community support networks. It provides a model for potential adaptation in other countries with a large population of orphans as a result of the HIV epidemic.

This approach to psychotherapy of orphaned adolescents brings together Government social workers and technical resources from partners to significantly increase their joint capacity. This highlights some of the considerations that would need to be made in adapting this model in other contexts.

**Innovation or Lessons Learned**

The programme adopts a powerful approach of blending psychotherapy with traditional rites of passage – and is targeted to orphans aged 12-17. (The programme was also tried out for children 8-11 but was found to be less effective).

While primarily leading to positive life skills and outcomes for the children, it has also resulted in training of 103 government social workers on the methodology and 56 community volunteers.

UNICEF support was channelled through the Department of Social Services, in support of the principle of Government co-ownership with the Trust, with a view to further roll-out to all sub-districts.
**Potential Application**

The innovation provides a focus on Life Skills in the context of grief-therapy for orphans and is also tightly linked to indigenous customs. For other countries with significant AIDS-driven OVC populations, any adaptation of the approach would require substantial customisation. The approach also assumes that there is a widespread cadre of social workers, in order for it to be owned by government – otherwise it would need to rely on non-governmental implementing partners.

**Issue/Background**

In Botswana, 22% (approximately 118,000) of all children under 18 have lost one or both parents. This rises to 35% for children 15-to-17 years-old. This is largely as a result of AIDS. While most have been absorbed into extended families, many experience grief and psychological trauma and in addition, their caregivers also experience stress. The Botswana National Strategic Framework for HIV/AIDS 2003-2009, identifies psychosocial support as the greatest gap facing OVCs.

The capacity of government social workers to provide this service adequately is limited, hence the need to partner with NGOs/CBOs.

**Strategy and Implementation**

The therapy developed by Ark’n’Mark Trust, with the Department of Social Services is known as ‘Empathy-based, Action-oriented, Relationship-building, Transformative, Healing’ (EARTH) therapy. It is delivered through trained implementing partners to orphans aged 12-17 years (i.e. younger than the average age of sexual debut). It combines Western psychology with traditional Setswana youth socialisation, particularly mophato (kinship), and is currently implemented in 10 districts.

The programme has two components: a) a 16-day retreat for groups of not more than 40 adolescents from the same village. The group goes through group therapy, individual counselling, psychodrama, facilitation of self-psychoanalysis, art therapy, music-based therapy and complementary nature/culture education on daily basis. The use of traditionally based rites of passage is key, working as a ‘graduation ceremony’ in which community leaders and members welcome them back home. The second component is the three-year, home-based follow-up support that extends service to children’s families, community leaders and policy makers for total support. This phase includes monthly graduates meetings and caregivers’ workshops to strengthen the support network.

Participants are monitored to identify areas of strength and weakness within the programme to ensure increasing quality.

**Progress and Results**

Using an adapted WHO Quality of Life Tool, data is collected from participants prior to therapy, immediately after therapeutic retreat, 6-months after completion of retreat, and two years after completion of the retreat. Findings from 574 participants in 2009:

- A decrease in feelings of worthlessness: When asked “Do you feel your life is worth living?” 6 months after therapy, 29% of those who originally answered ‘no’ changed their answer to ‘yes’.
- At the time of the retreat 77% of participants reported cooperation with the caregiver; six months after therapy this increased to 91%. The greatest change was seen when asked “I obey the rules set forth by my caregiver”, which increased by over 20%.
- A decrease in the use of violent behaviours is reported, while the confidence to make decisions increased by 11%.
- On stigma, 10% more reported they were “able to make friends” following therapy.
• Children reported an increase in the quality of care after retreats. Affirmative answers to the question “Does your caregiver spend time with you?”, increased by 19%, affirmative responses increased by 10% when respondents were asked “Does your caregiver treat you equal to their biological children?”.
• Graduates of the programme also perform better academically.

**Next Steps**
The three partners (UNICEF, DSS and Ark’n’Mark Trust) are preparing a report for the pilot of this innovation, covering 2006 to 2010, and will be presenting it to national leaders at the end of the pilot in April 2011, for consideration of funding a national scale-up of the programme. Ark and Mark psychotherapists have registered for training accreditation with Botswana Training Authority for certification of their training in this specialised field of psychotherapy, and for credibility of the methodology. Also, all documents were processed through for copyright and the right for intellectual property with the Ministry of Trade and Industry.

**7 SOUTH-SOUTH COOPERATION**
In partnership with UNDP, Government partners were supported to attend workshops on social protection, which facilitated learning and benchmarking between South-South countries on programmes and challenges. This has fed into the process of developing a Social Development Policy Framework, currently under review by the Government.

Benchmarking and training visits were also undertaken by Government counterparts to Kenya, to learn about community psychosocial care for OVCs, and to India on community maternal/ neonatal care. Both of these have encouraged Government officials to explore new ways to promote community involvement and ownership of Government programmes.