Acknowledgements

This report was written by Susanne Wallenöffer for UNICEF Botswana under the guidance of Marcus Betts, Deputy Representative and Colleta Kibassa, Chief Young Child Survival and Development of UNICEF Botswana.

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Design: Constance Formson
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<tr>
<td>ACSD</td>
<td>Accelerated Child Survival Development</td>
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<tr>
<td>ACHAP</td>
<td>African Comprehensive HIV/AIDS Partnerships</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ARV</td>
<td>Anti-Retroviral</td>
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<td>BFHS</td>
<td>Botswana Family Health Survey</td>
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<td>CAPP</td>
<td>Child/Adolescent Protection and Participation</td>
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<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
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<tr>
<td>CHAI</td>
<td>Clinton Health Access Initiative</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CSO</td>
<td>Central Statistics Office</td>
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<tr>
<td>DFID</td>
<td>UK Department for International Development</td>
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<td>DSS</td>
<td>Department of Social Services</td>
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<td>EU</td>
<td>European Union</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GFATM</td>
<td>Global Fund to Fight AIDS, TB and Malaria</td>
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<td>HIES</td>
<td>Household Income and Expenditure Survey</td>
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<td>HII</td>
<td>High Impact Interventions</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>LLINs</td>
<td>Long Lasting Insecticide Treated Nets</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MoESD</td>
<td>Ministry of Education and Skills Development</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoLG</td>
<td>Ministry of Local Government</td>
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<td>NDP 10</td>
<td>Tenth National Development Plan</td>
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<td>NGO</td>
<td>Non-governmental Organization</td>
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<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<tr>
<td>PEPFAR</td>
<td>President's Emergency Plan for AIDS Relief</td>
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<td>PMTCT</td>
<td>Prevention of Mother-to-Child-Transmission (of HIV)</td>
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<tr>
<td>UB</td>
<td>University of Botswana</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNDG</td>
<td>United Nations Development Group</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>USD</td>
<td>United States Dollar</td>
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<tr>
<td>VAT</td>
<td>Value-Added Tax</td>
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<td>WBW</td>
<td>World Breastfeeding Week</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>YCSD</td>
<td>Young Child Survival and Development</td>
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Foreword

The year 2010 was significant in that it marked five years remaining until the 2015 deadline to achieve the Millennium Development Goals and six years until the national Vision 2016 deadline, which will mark 50 years of independence.

This Annual Report includes a review of progress in 2010 against the planned results of the UNICEF country programme 2010-2014. The overall goal of the country programme is to contribute to the achievement of the 10th National Development Plan (NDP10) in areas directly and indirectly affecting the survival, development, protection and participation of children and families.

The key results for the UNICEF programme of cooperation are to contribute to (a) reduction of under-five mortality; (b) reduction of incidence of HIV among young children; (c) reduction of adolescent girls’ risk and vulnerability to HIV; and (d) reduction and mitigation of violence, abuse, neglect, discrimination and exploitation of children.

The report aims to provide the reader with a summary of issues affecting children as well as progress made in Botswana towards achieving the child-related Millennium Development Goals. In addition, examples of innovative public-private partnerships have been highlighted to demonstrate examples of UNICEF’s work in detail.

On behalf of UNICEF Botswana I would like to express my appreciation to the Government of Botswana and all our partners for their support and commitment towards the wellbeing of all Batswana children.

Ke a Leboga

Dr. Doreen Mulenga MB ChB, MPH
UNICEF Representative, Botswana

UNICEF is a United Nations Agency present in over 150 countries and territories to help children survive and thrive, from early childhood through adolescence. The world’s largest provider of vaccines for developing countries, UNICEF supports child health and nutrition, good water and sanitation, quality basic education for all boys and girls, and the protection of children from violence, exploitation, and AIDS. UNICEF is funded entirely by the voluntary contributions of individuals, businesses, foundations and governments.
The Children of Botswana

Socio-economic development
Since independence in 1966, Botswana has undergone rapid development. A stable civilian government and progressive policies have led to dynamic economic growth.

Botswana is now a middle income country and had an annual GDP of 6,064 USD per capita in 2009. Despite its steady economic growth, Botswana suffers from very high income inequality.

According to the 2002/2003 Household Income and Expenditure Survey (HIES), the Gini Coefficient, which is a measure of income inequality, is 0.57. This places Botswana firmly among one of the top 10 most unequal countries worldwide.

The uneven distribution of income in the country means that despite its status as a middle-income country, the majority of Botswana’s population is affected by income poverty and poverty-related deprivations. Subsequently, combating poverty and unemployment, public service reforms and improved service delivery continue to be priorities for the Government.

Population
The capital Gaborone is a modern, fast-growing city with a population of over 250,000. About half of the entire population of Botswana lives within a 100 km radius of the capital. The rest of the country is thinly populated, with cities, small settlements and villages scattered around the country.

Since the last census in 2001, Botswana’s population is estimated to have growth to 1.8 million people. With a total of approximately 750,000 children aged 0-17 forming about 41% of the entire population. More than two thirds of the population (67%) was younger than 30 years, according to the 2001 census.

In terms of geographic distribution, almost half of the children in Botswana live in rural areas. Around one third of children live in urban villages and the remaining 19% in cities such as Gaborone or Francistown (see Figure 1).

Statistics of Interest at a Glance

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage/Number</th>
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<tbody>
<tr>
<td>Total population (2011)</td>
<td>1.8 m</td>
</tr>
<tr>
<td>Under 5 population (2011)</td>
<td>12% (215,000)</td>
</tr>
<tr>
<td>Child population (&lt;18)</td>
<td>41% (750,000)</td>
</tr>
<tr>
<td>Girl population (&lt;18)</td>
<td>49.6% (371,000)</td>
</tr>
<tr>
<td>Boy population (&lt;18)</td>
<td>50.4% (377,000)</td>
</tr>
<tr>
<td>Orphaned children (&lt;18)</td>
<td>21.7% (160,000)</td>
</tr>
<tr>
<td>Child poverty (2002/3)</td>
<td>32.7%</td>
</tr>
<tr>
<td>Infant mortality (2007)</td>
<td>57/1000 live births</td>
</tr>
<tr>
<td>Under five mortality (2007)</td>
<td>76/1000 live births</td>
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</table>


Figure 1: Percentage distribution of children by place of residence

Sources: CSO.2002/3. Household Income and Expenditure Survey. CSO. Gaborone
The majority of children are living in households with more than five persons; and 52% of households had at least one child under 18 years of age, while 28% of households had at least one child under 5 years of age.

Orphanhood
In 2007, 160,000 children (0-17 years) were orphans in the sense that either one or both parents were deceased, though only 44,327 orphans were registered for orphan support in June 2010. The former figure constitutes almost 22% of all children in Botswana and is primarily a result of the HIV/AIDS epidemic.

Child poverty and nutrition
Botswana’s overall poverty rate was 30.6% at the time of the last HIES in 2002/03. In the same year the number of poor children in Botswana was 239,430 (32.7%) of all children aged 0-17. According to the 2002/03 HIES, households with children are more affected by poverty in Botswana than households without children. Young children (0-14) are disproportionately affected by poverty in Botswana as their poverty rate is higher than the national average. The rate is highest in children aged 3-4 with 44.1% of all boys, and 39.7% of all girls in this age group considered poor (see Figure 2).

The Government of Botswana is firmly committed to eradicating poverty and has put in place a number of social safety nets, providing vulnerable groups of society with access to basic necessities such as food, education and health care.

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

HIV and AIDS
Another major challenge for Botswana is the HIV and AIDS epidemic. Botswana is among one of the countries with the highest HIV prevalence rates worldwide with 17.6% of the general population infected. Unfortunately, this figure is even higher among younger women than men: the figure stood at 31.8% prevalence among pregnant women aged 15-49 in 2009.

Preventing the spread of HIV therefore remains one of the major challenges for the country. The success or failure of this fight will also determine the fate of many children in Botswana.

Successful implementation of Prevention of Mother to Child Transmission (PMTCT) and Antiretroviral Treatment programmes reduced mother-to-child transmission rates from an estimated 40% with no intervention to 4% by the end 2009.
**Child and maternal health**

In 2009, the national Accelerated Child Survival and Development (ACSD) Strategic Plan for 2009/10-2015/16 was adopted. It identifies a number of 'High Impact Interventions' (HII) at individual, community and population-wide levels to make a significant impact on the morbidity and mortality of children. Progress has been made on a number of fronts as outlined below.

Malaria is endemic in five northern districts. The ACSD Strategic Plan (2009) prioritized free distribution of insecticide treated nets to all children under-five years and pregnant women. According to the latest statistics a total of 8,341 nets were distributed in 2010, supporting efforts to reduce malaria infections in affected areas.

Over 94% of pregnant women utilized antenatal care services in 2007, and more than 94% of them delivered their babies under the care of a trained health worker. The Central Statistics Office (CSO) has 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, the quality of care provided on emergency obstetric care has not met the required standards.

While pneumonia and diarrhoea are major causes of child deaths in Botswana, data from the BFHS shows that 60% of infant deaths take place in the first 28 days of life, indicating the strong need for greater neonatal care. The 2007/8 BFHS showed that under-five mortality, despite the impact of PMTCT, has been increasing and is currently 76 deaths per 1000 live births.

**Schooling**

Botswana’s primary education system is free and the Net Enrolment Rate has been maintained above 85% respectively, 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, typically characterised as from low-density areas, minority mother-tongue, or excluded for parents’ religious reasons. Many drop-outs also result from teenage pregnancy.

**Water**

Botswana is a semi-arid country. Great progress has been made in reducing the proportion of people without sustainable access to safe drinking water and basic sanitation. However, about one fifth of the population still lack sanitary means of excreta disposal, more so in rural areas.
Government resources

To a large extent, UNICEF’s work is to leverage government resources, by supporting the development of new standards and norms and to influence government spending by demonstrating effective ways to support the survival, development, protection and participation of children. In 2008, the government budget was the equivalent of USD 4.1 billion, while official development assistance amounted to only USD 0.7 billion. Much of this was from PEPFAR, EU and ACHAP for HIV/AIDS programmes.

The global recession also affected Botswana. The 2010/11 Budget was characterized by reduced expenditure plans and increased VAT (which also affects food and water prices). Salaries in the public sector, which is the main employer, have not increased, and recruitment is frozen.

Due to overall budget constraints, changes have also been implemented in social protection programmes, which potentially impacts negatively on the most vulnerable.

The 10th National Development Plan (NDP10) was launched after a delay of one year to accommodate the impact of the recession and is now covering the timeframe April 2010 to March 2016. The 10th 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 greater private sector role in providing services.

In light of the recent global recession, the Government of Botswana has initiated interventions to achieve greater economic diversification and reform of the public sector.

The policy environment for children

Various policies and laws that impact on the wellbeing of children have been modified over recent years.

The new Children’s Act was signed in 2009, replacing the 1981 Children’s Act and introducing a harmonised definition of a child and improving the legal status of children in Botswana. To support implementation, other pieces of legislation which conflict with the requirements of the Children’s Act have been identified for revision, such as the Births and Deaths Registration Act, the Education Act, the Inheritance Act and the Penal Code.

Following the domestication of the Convention on the Rights if the Child (CRC) 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, which will provide a solid foundation for future work on social protection and social development.

Facilitating a child sensitive policy environment remains an important aspect of UNICEF’s collaboration with the Government.
Text Box 1

Botswana’s progress on MDGs

The recently published 2010 MDG Status Report for Botswana shows that progress has been made and Botswana is on a good track to partly achieve the Millennium Development Goals. In line with Government’s commitment to achieve the MDGs, progress has been made in the following areas, impacting positively on children in Botswana:

- A decrease in the number of people living in poverty from 47% in 1993/1994 to 30.6% in 2002/2003
- A high net enrolment rate of 86.5% for primary school and a low dropout rate of only 6% in 2009
- An increase from 90% in 2007 to 93% in 2009 of children who are fully immunised by the age of one.
- A decrease of HIV prevalence among pregnant women aged 15-19 from 24.7% to 13% and among pregnant women aged 20-24 from 38.7% to 24.3% between the years 2001 and 2009.
- Access to safe drinking water for 97% of the population
UNICEF’s work in Botswana

UNICEF’s mission is to advocate for the realization of children’s rights, to help meet their basic needs and to expand their opportunities to reach their full potential. As a global organization, UNICEF works in more than 150 countries and territories.

Among UNICEF’s strengths are long-term presence in countries, global experience and expertise that can be tailored to local needs, close working relations with governments, and multiple partnerships with civil society, the private sector, academic institutions, donors and other development partners.

The UNICEF Botswana country office collaborates closely with the Government of Botswana and other partners to achieve results for the benefit of children within the context of NDP10, the Millennium Development Goals and the Millennium Declaration. The programme addresses the rights of children to survival, development, protection and participation.

The United Nations Development Assistance Framework (UNDAF) for the period 2010-2016, the same period as the 10th National Development Plan, has been developed jointly with the Government of Botswana to support national efforts articulated in the Vision 2016, and the 10th NDP.

The thematic areas for the second UNDAF (2010-2016) are:

- Governance and Human Rights Promotion
- Economic Diversification and Poverty Reduction
- Health and HIV/AIDS
- Environment and Climate Change
- Children, Youth and Women’s Empowerment

In all of these thematic areas, the role of the UN and its agencies in Botswana is primarily to support “the establishment of norms and standards in accordance with international conventions and treaties that Botswana has acceded to or ratified. To achieve these goals, UNICEF provides technical assistance and access to international expertise for policy, programmes and legislative development.

UNICEF’s Programmes

Young Child Survival and Development (YCSD)
To contribute to the reduction of under five morbidity and mortality due to common childhood illnesses and conditions through improved access and utilization of quality Child Survival and Development services.

Child/Adolescent Protection and Participation (CAPP)
To contribute to the reduction of adolescent girls’ risk and vulnerability to HIV and mitigate violence, abuse, neglect, discrimination and exploitation of children.

Advocacy and Planning
To address issues such as vulnerability, poverty and education and advocating for change.

The current programme of cooperation covers the period 2010 – 2014. This report provides an overview of UNICEF’s work with partners in 2010.
The results of the study were disseminated and national level and participating districts have used the findings of the study to implement interventions to address issues raised that affect children's nutritional status.

To support the implementation and scale up of high impact child survival interventions identified in the national ACSD strategy, UNICEF’s support has been for interventions such as PMTCT and paediatric HIV and AIDS care to address the special challenges of early childhood in the context of HIV and AIDS.

In addition, biannual Vitamin A supplementation coverage reached over 100% and Pentavalent vaccine was introduced to protect children against Haemophilus influenza which causes pneumonia and meningitis. This vaccine also contains protection against whooping cough, hepatitis B, diphtheria and tetanus.

**Child nutrition**

A nutrition surveillance database is being established to improve data and facilitate evaluation of information, as current information on the state of child nutrition in Botswana is not comprehensive.

As a first step, an economic impact study has been conducted. The study provides baseline information on child nutrition and household’s economic situation in vulnerable areas in the context of rising food prices. The findings indicated poor child nutritional status and high food insecurity in the two districts of Bobirwa and Mabutsane.

Exacerbated by pre-existing vulnerabilities such as poverty, children suffer from malnutrition. Additionally, household food insecurity is a problem, especially during this period that is marked by increased food prices.
Malaria elimination strategy
The goal for elimination is to attain zero local malaria transmission by 2015.

In collaboration with district authorities UNICEF distributed 67,300 Long Lasting Insecticide Treated Nets (LLINs) to five malaria endemic districts as well as facilitated a community mobilisation programme promoting the use of bed nets within households. The success of this campaign can also be measured by the reduced rate of malaria deaths in the country as well as the increase in the number of people using LLINs to protect themselves against malaria.

The use of LLIN’s in the Okavango pilot district has increased to 47% in 2010 from 40% in 2009 and 5.3% reported in the 2007 Malaria indicator survey. According to recent data, malaria deaths were reduced from 24 in 2005 to 12 in 2008. The incidence of confirmed malaria cases reduced from 24 in 2005 to 10 per 1000 population at risk in 2008. The future target is to maintain this number below 10.

Best Practice Example
Botswana’s experience on LLIN distribution in Okavango district where the ownership was raised from 12.6% to 91% has been published as a good practice in the global UNICEF Communication for Development Newsletter. In addition the ACSD strategy’s use of evidence based planning was also published in “MDG Good Practice 2010” by UNDG

Treatment for children living with HIV
One of the goals of the Child Survival and Development (YCSD) programme is to reduce the number of new paediatric infections and improve the treatment and care of HIV infected children by 2014.

UNICEF and WHO facilitated a consultative meeting on the adaptation of new recommendations on HIV and infant feeding. In addition, technical assistance was provided to the Ministry of Health (MoH) to strengthen the supply chain and logistics management for infant formula that is made available to mothers living with HIV across the country.

A senior paediatrician consultant at the Ministry of Health supported development of guidelines for Children and Adolescent Testing and Counselling. These guidelines were finalised in 2010. Training was provided to 60 nurse prescribers from all ART sites on management of children with HIV. In addition, 48 expert patients were trained on how to follow up HIV infected children in the community.
Early childhood development
Access to and the quality of education is one of the key areas for intervention for the Government of Botswana. As part of the Early Childhood Development programme, UNICEF Botswana is supporting the development of strategies for quality integrated early childhood development services.

Currently 18% of 36-59 month-old children attend an early childhood programme. UNICEF supported the evaluation of Botswana’s only early child learning training centre as well as the development of a 0-3 year care and learning framework.

Child Health Days
Child Health Days are a key intervention for rolling out ACSD. Activities included the development of Child Health Days guidelines and training manuals as well as the dissemination of the guidelines. Child Health Days were implemented in May and November 2010 and activities conducted during child health days include Vitamin A supplementation to children 6-59 months old, immunisation, distribution of insecticide treated mosquito nets, health promotion talks on topics such as complementary feeding, and diarrhoea management, all of which are crucial for the health and development of children.

Breastfeeding
Breastfeeding has long been identified as a way to improve infant health and reduce infant mortality. UNICEF has been working with the Government of Botswana to review current HIV and infant feeding policies based on the revised guidelines on HIV and infant feeding issued by the WHO in 2010. UNICEF and WHO facilitated a high level consultative meeting on the adaptation of the Botswana guidelines in line with the new WHO recommendations.

To raise awareness and gain support World Breastfeeding week was commemorated in Botswana, encouraging mothers to breastfeed their babies. This global commemoration is conducted every year to promote, support and protect breast feeding.

The theme for the 2010 World Breastfeeding Week (WBW) was “Breastfeeding, Just 10 Steps! The baby-friendly way”. Botswana commemorated World Breastfeeding Week during the first week of September as Breastfeeding and Code Week and organised sensitisation meetings for the media and general public on the importance of breastfeeding.

Other topics that were discussed during the WBW were optimum infant feeding for child survival, Botswana regulations on marketing of breast milk substitutes and foods for infants.

In Gaborone a breakfast briefing was organised for national media. At district level, the WBW was commemorated with a focus on “Breastfeeding, Just 10 Steps! The baby-friendly way”.

The support to WBW is part of UNICEF’s commitment towards supporting countries to reach the millennium goal on reduction of child mortality through scaling up high impact interventions such as breastfeeding and supporting optimal infant feeding for child survival, growth and development.
Subsequent to the recently passed Children’s Act of 2009, UNICEF focused on issues of child protection, justice for children and child participation. In the context of HIV and AIDS, additional assistance was provided to prevent HIV transmission among youth and to support the needs of infected and affected children.

**Life skills for adolescents**

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 pre-natal-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.

In 2010, UNICEF Botswana supported the development of a national life-skills framework and following its completion, worked on defining learning outcomes. As part of a regional effort led by SADC to strengthen the education sector’s response to HIV and AIDS, UNICEF provided support to the MoESD to update the strategic framework for HIV and AIDS.

A multi-media campaign for adolescents and young people aged 10 – 24 years has been designed to provide information for the youth to protect themselves from HIV and promote prevention services. The adaptation of the TeachAIDS interactive learning tool for HIV prevention knowledge acquisition for in-school children was completed.

In cooperation with Barclay’s Bank, 1,291 young people between 12 and 21 years underwent entrepreneurial skills and life skills training in six urban centres. More than half of the participants were girls, empowering them to be economically independent.

**Orphans and vulnerable children support**

UNICEF also collaborated with government and civil society partners to provide protection, care and support services to a total of 8,401 orphans and vulnerable children (OVC), of which the majority (58.6%) were girls.

These services included counselling, workshops for teenagers, life skills sessions and after-school care as well as a crisis line, therapy, awareness raising on child abuse and violence against children and women, education for children on the streets and others. In partnership with Baylor and Ark’n’Mark, more than 2,400 HIV-positive adolescents received psychosocial support and life skills services.

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.
Advocating for children’s rights
Following the Children’s Act (2009), 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 to effect a consequential amendment.

Legal orientation on international standards on justice for children and specific techniques that will provide them with child friendly practices, procedures and processes within the court rooms was provided to 28 out 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 children protection system in 2011.
Social protection

To support both young children and adolescents, UNICEF has also worked to strengthen the overall knowledge base for effective policy-making. In 2010 the focus has been on social policy, social protection and education quality.

The development of a social policy framework included a comprehensive review of social protection in Botswana and produced policy as well as administrative recommendations which will be submitted to Cabinet once the formal review by MOLG has been completed.

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 the 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 community level in different livelihood zones.

The first one of these was completed in October 2010 and the intention is to run such assessments every four months for a period of two years.

Education

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 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 national and regional level, with the aim that these be cascaded to school level.

The book contains ideas and tips on how to ensure a school is child friendly. The education quality consultancy is still ongoing and will produce both a methodology to measure education quality in Botswana in a holistic way, beyond the existing method of measuring exam results, and produce information on why vulnerable children do not attend school. This information will enable Government to prepare a suitable response to bringing the last 15% of children into school.
Developing data on children

In order to make adequate provisions and create an enabling legal and political framework, Government is relying on correct and reliable data about the situation of children and families in the country. UNICEF Botswana is supporting the necessary secondary analysis of existing data such as the Botswana Family Health Survey, the Botswana AIDS Impact Survey and the Botswana Demographic Survey in order to provide the Government with much-needed insights. Once complete this disaggregate national data by age, gender, wealth ranking, orphan status, and location on 140 child-related indicators will provide a major contribution to shaping future programming. A secondary analysis of recent national surveys has also been initiated to provide a basis for a more equity-focused programme and advocacy agenda.

Support was provided by UNICEF 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 for inclusion in international databases of mortality estimates.

Thari ya Bana

To promote awareness of the situation of children an annual joint publication with the University of Botswana was launched in November 2010. ‘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.

‘Thari ya Bana’ is a Setswana term describing the blanket that holds the baby securely on mother’s back; thus, it reflects the need to focus on children’s issues and the support they need on a daily basis.

The publication is the first of what will be an annual series of joint publications as part of a Memorandum of Understanding between UNICEF and the University of Botswana. The publication was inspired by the need to bridge the gap between conducting child-focused research and translating the research findings into policy and then putting them into practice.
**Key partnerships**

Partnerships are key to achieving success for children. Overall, the UNICEF programme under the GoB-UN partnership supports government ministries. In addition, we work with NGOs, the private sector and academia, looking for creative partnerships that will demonstrate effective approaches which in the medium term will enhance government planning and programming processes.

**Inter-agency coordination**

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

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.

**Government partners and other development partners**


In collaboration with USAID/PEPFAR, UNICEF Botswana is supporting the development of the National Plan on OVC. The collaboration with CHAI was effective for the promotion of LLIN use and the launch of the malaria elimination advocacy campaign.

With Barclays Bank and Junior Achievement Botswana, UNICEF supported an approach to mixing entrepreneurship training with basic life skills for the prevention of HIV.

UNICEF remained an active member of the interagency coordinating committee bringing together stakeholders on issues of maternal, newborn and child health. UNICEF also co-chaired the Government’s working group on governance issues, providing an opportunity to champion both Justice for Children and strengthening the national statistical system.

UNICEF worked closely with the media in advocacy and programme communication for dissemination of key child survival messages to the general public.
Case Study 1

Botswana Baylor Centre of Excellence

This case study documents a successful approach which also exemplifies good partnership between government, private service providers and researchers.

In Botswana, it is estimated that there are 2,400 teens in need of ARVs, of which approximately 400 are enrolled in the Government ARV programme. Among HIV+ teenagers, almost 300 attended Baylor supported Teen Clubs as of March 2010, the majority of whom are between 13 and 15 years of age. The Botswana-Baylor Centre of Excellence receives co-funding and staff from Government, as well as the Baylor International Paediatric AIDS Initiative, UNICEF, Barclays bank and DFID.

In 2005, the first monthly Teen Club peer support group meetings were instituted at the Botswana-Baylor Children’s Clinical Centre of Excellence with 23 teenagers. Since then the number of participants in Gaborone have risen to over 150 teenagers, as well as the addition of new satellite sites, bringing the total close to 300. Teen Club participants are divided by age (13-15 and 16-19) and rotate monthly between recreational and life skills-themed activities. Rollout of satellite sites has enabled decentralization 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 Clubs 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.

The findings of the review of the programme indicate a self-reported positive effect in diminishing the stigma faced by these teenagers. A follow-up of the baseline survey would quantify these effects. The review also provided constructive feedback on the provision of psychosocial services for teenagers (see Text Box 2).

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 partnership between Baylor and the Government has also resulted in materials and guidelines for scale up through government programmes, such as the “Caregivers Guide to Adherence”.

Text Box 2

Innovative Public Private Partnerships

Findings from the review of the programme at Botswana Baylor Centre of Excellence

- Teens and volunteers prefer hands-on, interactive and visual teaching methods.

- NGO staff have expressed a need for more training on adolescent counseling, grief and bereavement counseling, and monitoring and evaluation of activities.

- Staff and volunteers have responded positively to trainings on pediatric and adolescent HIV care and support as well as fundraising and marketing.
Case Study 2

Ark’n’Mark Trust Programme
“Empathy-based Action-oriented Relationship-building, Transformative, Healing” Therapy

In Botswana, 22% (approximately 118,000) of all children under-18 are single or double orphans. The number is even higher among children aged between 15 and 17 years with 35% of them considered as orphans. This high number of orphans is largely as a result of HIV/AIDS.

While most are absorbed in extended families, many experience grief and psychological trauma. In addition, the caregivers also experience stress. The Botswana National Strategic Framework for HIV/AIDS 2003-2009 identified psychosocial support as the greatest gap facing OVC. The capacity of government social workers to provide this service adequately is limited, hence the need to partner with NGOs/CBOs.

Ark’n’Mark Trust and the Department of Social Services implement a programme of therapy for orphaned adolescents which provides psychosocial services in a way which blends psychotherapy with traditional rites of passage. This supports the children directly while at the same time it strengthens their community support networks. The project 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.

The therapy developed by Ark’n’Mark Trust, with the Department of Social Services is “Empathy-based, Action-oriented, Relationship-building, Transformative, Healing” (EARTH) therapy. It is delivered through trained implementing partners to orphans aged 12-17.

It combines Western psychology with the traditional Setswana youth socialization institution of mophato (kinship) and is currently implemented in 10 districts.

The programme has two components. The first is a 16-day retreat for groups of not more than forty adolescents from the same village. The group goes through group therapy, individual counselling, psychodrama, facilitation of self psychoanalysis, art therapy, music based therapy and the complementing of nature/culture education on a daily basis. The use of traditionally-based rites of passage is key, working as a “graduation ceremony” where the community leaders and members welcome them back home.

The second component is the 3-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.

Using an adapted WHO Quality of Life Tool, data is collected from participants prior to therapy, immediately after therapeutic retreat, six months after completion of the retreat, and two years after completion of the retreat (see Text Box 3 overleaf).

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 has been channelled through the Department of Social Services, in support of the principle of government co-ownership with a view to scaling up to all sub-districts. The innovation provides a focus on life skills in the context of grief-therapy for orphans and is also tightly linked to indigenous customs.
The three partners, UNICEF, DSS and Ark’nMark Trust, are preparing a report for the pilot of this innovation, covering 2006 to 2010 and will be presenting it to the national leaders at the end of the pilot phase in April 2011. Ark’nMark psychotherapists have registered for training accreditation with Botswana Training Authority for certification of their training in this specialized psychotherapy.

Text Box 3

Innovative Public Private Partnerships 2

Findings from 574 participants in the 2009 survey of the Ark’nMark programme state:

- 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; 6-months after therapy this increased to 91%. The highest change is shown 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. When they were asked “Does your caregiver spend time with you”, this increased by 19% and by 10% when asked “Does your caregiver treat you equal to their biological children”.

- Graduates of the programme also perform better academically.
## Funding and Disbursements

### UNICEF Botswana funding sources (2010)

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<thead>
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<th>Donor Name</th>
<th>Amount (USD)</th>
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<td><strong>UNICEF Regular Resources</strong></td>
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<td><strong>UNICEF Thematic Funds</strong></td>
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<td>Basic Education And Gender Equality</td>
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<td>HIV-AIDS And Children</td>
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<td>Policy Advocacy And Partnership</td>
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### 2010 Expenditure per programme area

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<td>Young Child Survival and Development</td>
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<td>Child/Adolescent Protection and Participation</td>
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<td>Advocacy and Planning</td>
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<td>Technical Assistance</td>
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<td><strong>TOTAL</strong></td>
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</tbody>
</table>
Outlook

In 2011, UNICEF will continue to work with the Government of Botswana to further improve the situation of children and families in the country.

Among the priorities for 2011 are:

- Support to the Central Statistics Office (CSO) and ministries to strengthen sectoral information systems for collection, compilation and dissemination of data and analysis (census, secondary analysis, social sector database)
- Establishment of mechanism and guidelines in the education sector to improve access for excluded children
- Continue the joint UNICEF/UB publication “Thari ya Bana”
- Conduct sub-national nutrition trend analysis
- Support conduct newborn mortality situation analysis
- Develop ACSD monitoring tools and mechanisms
- Implement LLIN promotion in all communities in the five malaria endemic districts
- Improve paediatric treatment and follow up
- Strengthen sectoral information systems and conduct a mapping of child protection system in Botswana
- Develop a framework for the 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
- Reduce the number of uncollected birth certificates by 60% in all districts
- 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
- Strengthen the justice system to provide greater protection for children as victims, witnesses, offenders and prisoners
The UNICEF Botswana Team

The UNICEF Botswana team is made up of:

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