



Republic of Botswana

A WORLD FIT FOR CHILDREN

Mid Decade Review

BOTSWANA PROGRESS REPORT

August 2007

TABLE OF CONTENTS

<i>LIST OF ACRONYMS</i>	3
1. INTRODUCTION	4
2. MAJOR NATIONAL ACTIONS TAKEN FOR CHILDREN AND TOWARDS THE WFFC TARGETS SINCE 2002	4
2.1 POLICIES, PROGRAMMES, PLANS AND ACTIVITIES FOR THE PROTECTION AND CARE OF CHILDREN	5
• <i>The National Plan of Action (NPA) for Children 2006-2016</i>	5
• <i>Botswana National Strategic Framework (NSF) for HIV/AIDS 2003-2009</i>	5
• <i>National Poverty Reduction Strategy</i>	5
• <i>Routine (opt-out approach) HIV testing</i>	6
• <i>Paediatric antiretroviral treatment</i>	6
• <i>Short Term Plan of Action (STPA) for the Care of Orphans</i>	6
• <i>The inclusion of child labour module in the 2005/06 Labour Force Survey</i>	6
• <i>Harmonisation of Adolescent Sexual and Reproductive Health (ASRH) related Laws and Policies</i>	Error!
<i>Bookmark not defined.</i>	
• <i>Review of the National Youth Policy in 2004</i>	6
• <i>Civil Society Interventions</i>	7
• <i>Decentralization of the Births and Deaths Registration system</i>	7
• <i>Botswana Police Service</i>	7
• <i>Drought relief programmes</i>	7
• <i>National Strategy for Behaviour Change Interventions and Communications for HIV and AIDS</i>	7
• <i>National NGO/CBO/FBO Forum</i>	7
• <i>Donor Forum</i>	7
2.2 NEW INSTITUTIONS	7
• <i>Ministry of Youth, Sports and Culture</i>	8
• <i>Masiela Trust Fund</i>	8
• <i>Mpule Kwelagobe Children's Centre</i>	8
• <i>SOS Children's Villages</i>	8
• <i>Bana Ba Metsi</i>	8
• <i>Childline</i>	8
• <i>Emang Basadi</i>	8
2.3 LEGAL REFORMS	8
• <i>Affiliations Proceedings Act</i>	9
• <i>HIV/AIDS Policy Review</i>	9
• <i>Immunization Act</i>	9
• <i>National Plan of Action for Nutrition</i>	10
• <i>Early Childhood Policy</i>	10
• <i>National Orphans and Vulnerable Children's Policy</i>	10
3. RESOURCE TRENDS FOR CHILDREN	10
3.1 NATIONAL BUDGET ALLOCATIONS: EDUCATION	11
3.2 NATIONAL BUDGET ALLOCATIONS: HEALTH	12
3.3 EXPENDITURE FROM OTHER SOURCES	12
4. DEVELOPMENT AND USE OF MONITORING INSTRUMENTS TO TRACK WFFC/MDG TARGETS	12
5. ENHANCING PARTNERSHIPS, ALLIANCES FOR CHILDREN AND PARTICIPATION	14
6. ACHIEVEMENT OF WFFC PLAN OF ACTION AND RELATED MDG TARGETS	14
6.1 PROMOTING HEALTHY LIVES	14
6.1.1 INFANT AND CHILD MORTALITY	14
6.1.2 <i>Nutrition</i>	15
6.1.3 <i>Immunization</i>	16
6.1.4 <i>Maternal Health</i>	16

6.1.5	<i>Water and sanitation</i>	17
6.2	PROMOTING QUALITY EDUCATION	17
6.3	COMBATING HIV/AIDS	18
6.4	MOBILIZING RESOURCES	19
6.5	CHILD PROTECTION AGAINST ABUSE, EXPLOITATION AND VIOLENCE	19
6.5.1	<i>The Children’s Act</i>	20
6.5.2	<i>Penal Code</i>	21
6.5.3	<i>The Employment Act</i>	21
6.5.4	<i>Birth Registration Act</i>	21
7.	SUMMARY OF LESSONS LEARNED AND INITIATIVES UNDERTAKEN SINCE 2002 FOR ACCELERATING THE PROGRESS TOWARDS ACHIEVEMENT OF WFFC AND RELEVANT MDGS AND OUTLINE OF FUTURE INITIATIVES PLANNED AT NATIONAL, SUB-NATIONAL OR REGIONAL LEVELS	22
	REFERENCES	23

LIST OF ACRONYMS

ACRWC	African Charter on the Rights of the Child
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ASRH	Adolescent Sexual and Reproductive Health
BCIC	Behaviour Change Interventions and Communications
BCG	Bacille Calmette-Guérin
BMBFI	Baby & Mother Friendly Hospital Initiative
BOCONGO	Botswana Council of Non-Governmental Organizations
CBO	Community Based Organisation
CBPS	Community Based Programme Strategy
CRC	Convention on the Rights of the Child
DPT	Diphtheria, pertussis and tetanus
EPI	Expanded Programme on Immunization
FBO	Faith Based Organisation
HBV	Hepatitis B Virus
HIV	Human Immuno-deficiency Virus
ICT	Information and Communication Technology
ILO	International Labour Organization
IYCF	Infant & Young Child Feeding
MDGs	Millennium Development Goals
NPAN	National Plan of Action for Nutrition
OVC	Orphans and Vulnerable Children
PACC	Programme Advisory Committee on Child Labour
PEM	Protein-Energy malnutrition
PHAST	Participatory Hygiene and Sanitation Transformation
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Postnatal Care
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TECL	Towards the Elimination of Child Labour
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling & Testing
VGFP	Vulnerable Group Feeding Programme
WFFC	World Fit For Children

1. Introduction

At the United Nations General Assembly on Children held in May 2002, many countries adopted the Declaration and Plan of Action entitled “A World Fit for Children” (WFFC). The Declaration committed governments to time bound set of goals for children and young people with a particular focus on:

- Promoting healthy lifestyles
- Providing quality education
- Protecting children against abuse, exploitation and violence
- Combating HIV/AIDS and
- Mobilising resources

The Botswana delegation to the Special Session was led by His Honour the Vice President of the Republic of Botswana Lieutenant General Seretse Khama Ian Khama. The delegation also included representative from Family Health Division (Ministry of Health), Population Coordination Section (Ministry of Finance & Development Planning), Department of Social Services (Ministry of Local Government), Shining Stars community organisation, and 2 children. It should be noted that a “child” refers to a person aged below 18 years.

The year 2007 marks the mid-decade point for the “Plan of Action of “A World Fit for Children”. All countries are expected to review progress towards the goals and strategies for children contained in their commitments to creating *A World Fit for Children*. The country reports will form input to the UN Secretary General’s report which will be presented at the General Assembly Plenary on WFFC review planned for October/November 2007.

The purpose of this review is therefore to assist the Government of Botswana to measure the progress it has made towards achieving the WFFC targets. The review takes stock of actions taken for children by the government, civil society and other partners; analyzes and draws attention to challenges in the achievement of the objectives and targets of the WFFC Plan of Action and related MDGs and targets; mobilizes partners to accelerate progress towards the objectives/targets, particularly as milestones on the path to achievement of the MDGs and the commitments of the Millennium Declaration; and draw on the most recent available information and data providing a national assessment of whether Botswana is on track to achieve the objectives/targets of the WFFC Plan of Action. By pointing to what has been achieved, these results also highlight how much remains to be done.

2. Major National Actions taken for Children and towards the WFFC targets since 2002

Prior to the development and signing of the WFFC Declaration and Plan of Action, the government of Botswana had already embarked on initiatives for the realization of children’s rights. The following initiatives were undertaken to make progress towards achieving the WFFC targets:

2.1 Policies, programmes, plans and activities for the protection and care of children

- The National Plan of Action (NPA) for Children 2006-2016. The process of developing a successor was started soon after the Special session. The draft NPA for Children 2006-2016 priority areas are in line with those of the WFFC and MDGs. The priority areas in the NPA 2006-2016 are: education and training; health and nutrition; children and HIV/AIDS; sport and recreation; child protection; environment and safety; and policy and legislation. This NPA will be used to inform programmes for children in National Development Plan 10.
- The scaling up of the Prevention of the Mother-to-Child Transmission of HIV (PMTCT) programme to the national level. After successful piloting in 2000, the PMTCT programme was launched nationwide in 2002. PMTCT services are now offered as part of the routine antenatal services. By the end of 2006, 12,934 women had received AZT; 1,653 infants were given AZT and 1,595 infants were given infant formula for PMTCT. In 2006, 95% of women were counselled on PMTCT. 83% of those counselled were tested for HIV and 89% of those tested positive received zidovudine. Evidence from PMTCT programme shows that in 2006, out of the 9,977 infants tested for HIV infection, 334 were found to be HIV positive. Since Botswana introduced ARV programme in 2002, the number of people enrolling in the programme has increased hugely. 11,808 infants were on AZT in 2006.
- The National Anti Retroviral (ARV) programme was started in 2002 as a national programme. There are 32 sites covering all 28 districts which offer ARV free of charge countrywide. By June, 2007 there were 73,732 patients receiving ARVs from the public sector. 6,853 of the 73,732 were children aged 0 to 12 years. A further 6,258 patients had been outsourced from public sector to the private sector under the Government outsourcing programme. Another 9,514 patients received their treatment from the private sector, comprising the medical aid schemes and the work place programmes. Overall, there were 89,504 patients on ARV by June 2007 in Botswana.
- Botswana National Strategic Framework (NSF) for HIV/AIDS 2003-2009 outlines the national strategic responses to the HIV and AIDS epidemic. It identifies orphans and vulnerable children and children with HIV as priority “target groups” for interventions. Children and youth’s issues have also been identified as one of the thematic areas for cross cutting sectoral actions. Under goal 1, prevention of HIV infection, increasing access to PMTCT has been identified as a medium-term strategic action. The NSF is currently being reviewed.
- National Poverty Reduction Strategy. In 2003, the Government of Botswana developed this strategy to link and harmonise anti-poverty initiatives, provide opportunities for people to have sustainable livelihoods through the expansion of employment opportunities and improved access to social investment and to monitor progress against poverty. Botswana’s approach to poverty reduction follows a three pronged approach, namely:
 - Empowerment through health, education and skills development;
 - Creation of opportunities for gainful employment through growth and incentives for entrepreneurship and job creation; and
 - Social welfare.

One of the major weaknesses of the National Poverty Strategy is the fact that it is adult-focused and does not include children's issues.

Routine (opt-out approach) HIV testing was introduced in 2004 in all public health facilities. Until 2004 pregnant women were offered voluntary testing (opt-in approach) and counselling services as part of the PMTCT interventions. The objective of this policy shift was to among other things, increase the uptake of the free national PMTCT and antiretroviral treatment (ARV) programs.

- Paediatric antiretroviral treatment was launched in 2005. To date, all 634 health facilities can draw blood from infants 6 weeks to 18 months using the dry blood spot technique for testing at the Botswana Harvard partnership laboratory in the capital city, Gaborone. All the 48 ARV sites in the country also provide paediatric drugs. Since 2003, the Botswana-Baylor Children's Clinical Centre of Excellence (BCCCOE) provides specialized treatment for HIV positive children (up to 12yrs) outreach and psychosocial for children aged 12-18yrs positives.
- Short Term Plan of Action (STPA) for the Care of Orphans.
- Although this programme was launched long before 2002, it continued to be strengthened in order to improve services for orphans in the country. Orphan care desk officers are deployed to districts to register all orphans and provide material and psychosocial support to children needing these products and services. As of March, 2007 there were 52,588 orphans assisted with food baskets. The STPA was reviewed in 2004. The findings of this review will be used to inform the long term Plan of Action for the Care of vulnerable children in Botswana.
- Strengthening of national data collection on children's issues
 - A child labour module was for the first time included in the 2005/06 Labour Force Survey.
 - children aged 18months -18years were included in the sample for HIV testing in the population based 2004 Botswana AIDS Impact Survey II (BAIS-II)
 - 2001 census included parental survival module which was used to estimate orphans in the country
- Development of the National Sexual and Reproductive Health (SRH) Programme Framework in 2002. Out this, an Adolescent Sexual and Reproductive Health Implementation Strategy was developed in 2003. All Adolescent Sexual and Reproductive Health (ASRH) related Laws and Policies.
- Review of the National Youth Policy in 2004. According to the National Youth Policy, youth is defined as a person aged 12-29 years of age. The Government of Botswana undertook a review of the National Youth Policy because although it was supposed to be reviewed every 3 years, it was never reviewed since its inception in 1996. Secondly, the policy was reviewed in order to incorporate the new challenges such as the Millennium Development Goals (MDGs), Vision 2016 ideals and Information and Communication Technology (ICT) among others. The policy identified six key strategy areas as: the provision of appropriate education

and training; the promotion of health amongst young people; the provision of employment to young people; the active participation of young people in recreation, sports and leisure; and the development of youth talent.

- Civil Society Interventions (psychosocial support and early childhood interventions). Civil society organisations provide psychosocial support and early childhood services to children. The civil society submitted the CRC shadow/alternative report in 2004 and this process was facilitated by Botswana Council of Non-Governmental Organizations (BOCONGO).
- Decentralization of the Births and Deaths Registration system. 30 of the 32 registration offices are networked countrywide. In order to reach remote areas, mobile registration units are regularly used.
- Botswana Police Service intensified Crime Prevention Campaigns to prevent crime such as rape. Twenty of the 76 police stations have toll free telephone numbers for reporting crime. As much as possible, rape cases are handled by female police officers and interviews with rape survivors are conducted in privacy.

Drought relief programmes are regularly implemented after the declaration of a drought year by the His Excellency the President of Botswana. As part of drought relief programmes children are provided with a meal at school and a take home food package for children of remote area dwellers.

- National Strategy for Behaviour Change Interventions and Communications for HIV and AIDS developed in 2006. This strategy offers a generic framework for guidance that enables each sector to determine what behaviours or social change are needed; target who to focus on in order to bring about the desired change; select best strategies for motivating and supporting desired behaviours; and access ongoing and focused technical support for BCIC efforts (Republic of Botswana, 2006).
- strengthened networking and information sharing and service providers
 - A National newsletter on children's issues was launched in July 2007 for who?
 - National NGO/CBO/FBO Forum formed in 2006. The first forum was held in 2006 while the second was held in 2007.
 - Donor Forum where who ? was formed in 2006. The purpose of the forum is....The second forum is scheduled for October 2007.

2.2 New Institutions

The Government has established the following institutions that address issues of children and young people at various levels:

- A National AIDS Coordinating Agency was established in 1999 to coordinate the national response to HIV/AIDS.
- The Botswana-Baylor Children's Clinical Centre of Excellence was opened in 2003. This facility provides state-of-the-art care and treatment to approximately

1,000 HIV-infected infants and children and 200 families from Gaborone and surrounding areas.

- The Division of Social Welfare was elevated to a Department of Social Services. Its primary responsibility is to assist government to formulate social welfare policy and improve the economic, social, cultural and physical and spiritual conditions of the people.
- Ministry of Youth, Sports and Culture – The establishment of the Ministry of Youth, Sports and Culture was pronounced on 22nd January, 2007 while its actual operation started on the 29th January, 2007. Although this ministry is concerned with youth, the definition of youth overlaps with that of children. A youth is defined as a person aged 12-29 years and a child 0-14 or 0-18 years depending on which Act one is referring to. Therefore, although this ministry is targeting the youth, a sizeable proportion of the youth actually comprises of children.
- Masiela Trust Fund was established in 2001 with the view to fundraise and disburse funds to community-based initiatives targeting orphaned and vulnerable children.
- Mpule Kwelagobe Children's Centre provides accommodation and a home to abused and orphaned children.
- SOS Children's Villages care for orphaned, destitute and abandoned children. The aim is to develop them into responsible and independent adults who can face the challenges of the future.
- Bana Ba Metsi is an independent school funded entirely by charitable donations and provides education for male youths that have been excluded from mainstream schools in northwest of Botswana. Government provides grants to NGOs through the Department of Culture and Youth.
- Childline provides information, education, training and advocacy on issues of child abuse. In addition, it also runs a national crisis toll-free telephone line and place of safety.
- Emang Basadi provides legal aid to children who need legal representation.

2.3 Legal Reforms

The Government of Botswana continues to harmonize domestic laws with the provisions and principles of CRC and other international conventions and treaties. As such certain pieces of legislation have been amended and these include:

- The Marriage Act was amended in 2001 to increase the age of marriage to 21 years for both girls and boys. The amendment also made it illegal for any person under the age of 18 years to marry, and that no minor below the age of 21 years may marry without the consent of his/her parents or guardian. The amendment further made the registration of all customary and religious marriages compulsory

- Affiliations Proceedings Act was reviewed in 2003 to ensure that a person other than the mother can institute legal proceedings under the Act. It also made it possible for legal action to be brought against the mother and extended the time limit within which an action can be instituted.
- The Children's Act review was reviewed in 2004. Initially, the 1981 Children's Act was limited to the protection of children in exceptionally difficult circumstances. As such it did not cater for the needs of all children that are by definition vulnerable and dependant. One of the reasons for reviewing the Act is to bring the Act in conformity with the CRC. The amendment Bill is currently being drafted.
- The Abolition of Marital Power Act in 2004. Prior to the abolition of the Act, the Common Law principle of marital power treated the husband as the head of the family with powers over his wife including legal representation and administration of the wife's property. However, the Act was enacted in 2004 and consequently abolished the Common Law principle of marital power and replaced it with equal powers of spouses married in community of property to dispose off assets held in a joint estate. The Act has abolished the Common Law position of the husband as the sole guardian of minor children and replaced it with joint guardianship of both parents.
- The Development of Children in Need of Care Regulations in 2005. This regulation basically describes child fostering process and procedures.
- Proposals are underway to review Adoption of Children Act of 1952.
- HIV/AIDS Policy Review The 2006 draft Botswana National Policy on HIV and AIDS, which is in its final stages of formulation, demonstrates a significant improvement in terms of children issues from the 1998 policy. It explicitly states that "children should not be discriminated against in terms of access to legal and health services" and makes promotion of Prevention of Mother-to-Child Transmission interventions a policy imperative. With regard to testing, it states that "Any individual aged 16 and over will be deemed capable of giving informed consent to be tested". It also recognizes the need for parental/legal guardian's consent for children under 16 and their right in terms of protection of privacy and confidentiality
- The draft Botswana National Policy on Infant and Young Child Feeding. It covers optimal Infant and Young Child Feeding in relation to decision about HIV/AIDS. It states that "All people especially those in childbearing age shall have access to routine testing and further counselling as necessary, to facilitate informed infant feeding decisions". Under section 6.2.4 it makes statements on "women who have tested HIV positive regarding replacement feeding when acceptable, affordable, sustainable and safe. It commits Government to providing adequate approved commercial milk formula until the child is one year old.
- Immunization Act was enacted in 2005 to make it illegal for any parent to refuse to immunise their children for religious on any other reason. This was prompted by the refusal by some religious groups to immunize their children due to their beliefs.
- Review of the National Registration Act is ongoing. Currently, the Act requires that children who have attained age 16 and have not yet obtained their identity card (Omang) are liable to charges. Section 189a) and 19(b) stipulates the maximum

amount chargeable is BWP500.00 (US \$100.00) or 6 months imprisonment or both such a fine and imprisonment.

- Review of Births and Deaths Registration Act. The Births and Deaths Act is currently considered for review especially to include a section which makes it mandatory for all children to have names of their fathers written on their birth certificates. It is currently silent about this and only makes it optional as it gives fathers a prerogative to give consent.
- The Education Act was reviewed to allow a pregnant girl to continue with her schooling. The policy was that a girl child who dropped out of school due to pregnancy must stay away from school for one complete year and that if she were to return to school, it ought to be other than the school she was attending prior to the pregnancy. It is now possible for pregnant girls can re-enter the same school after 6 months following delivery.
- National Plan of Action for Nutrition was developed in 2005. The purpose of the Plan is to enhance multi-sectoral collaboration and cooperation in improving the food and nutrition situation in the country.
- Early Childhood Policy has been adopted by the Botswana government.
- National Orphans and Vulnerable Children's Policy is in the pipeline.

3. Resource trends for children

The Initial Report of the UN Committee for the Convention on the Rights of the Child notes that there is no single body with overall responsibility for the coordination of policies relating to children or for monitoring the implementation of the children's rights and welfare issues. It acknowledged, however, that there are administrative and institutional structures formulated by government to facilitate the achievement and implementation of national welfare policies which is the Department of Social Services in the Ministry of Local Government. Because of lack of the existence of a body coordinating policies for children and ensuring their implementation and monitoring, it is not possible to obtain a reliable figure on funding for children's rights and welfare issues. Therefore budgets provided below are simply indicative.

The budget of the Government of Botswana is such that it is not exactly clear what amounts have been allocated for children. Sometimes different ministries contribute a certain amount toward the same sector. For instance, the provision of primary education is the administrative responsibility of two ministries: the Ministry of Education is responsible for the curriculum, management and deployment of teachers; and the Ministry of Local Government is responsible for the provision of physical infrastructure and the procurement of teaching and learning resources. The responsibility for the provision of textbooks has been transferred to the Ministry of Education with effect from 1st April 2007. The Ministry of Health is mainly responsible for the provision of health in the country even though there is a Primary Health Services in the Ministry of Local Government which also provides health care services. The provision of health care is the shared responsibility of the Ministries of Health and Local Government. Primary health care services are mainly provided by the Ministry of Local Government through the Council Health Departments. Therefore, the budgets provided below are proxies of the actual budgets for children.

3.1 National Budget Allocations: Education

Botswana has consistently showed commitment to child well-being by greatly investing in basic social services. Table 1 gives trends of recurrent estimated expenditure on welfare support for the period 2002 to 2007. It is evident from this table that the amount of money spent on welfare support has increase more than fourfold between 2002/03 and 2006/07.

Table 1: Recurrent Estimated Expenditure on Welfare Support, 2002/03-2007/08 (In million BWP)

Social Welfare Sector	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Local Authorities	91,9	134,0	215,0	373,0	384,0	-
Total	91,9	134,0	215,0	373,0	384,0	-

Source: Department of Social Services Annual Report 2006.

Notes: DSS-Department of Social Services

It is assumed here that the departments listed in the table below cater mainly for children therefore it can safely be assumed that the budgets of these departments reflect spending on children. It is evident from this table that the overall spending on education has been increasing over the years. It should be noted that DPE may have a small budget because of the dual responsibility, with significant expenditures for primary schools funded through the Ministry of Local Government, either directly or indirectly or through local councils. Overall, it is evident from the table below that the Government of Botswana spends considerable amount of resources on education.

Table 2 presents rates both of recurrent and development expenditure in the Ministry of Education between 2003 and 2007.

Table 2: Proposed Budget for the Ministry of Education, 2002/03-2007/08 (In million BWP)

Type of Expenditure	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Recurrent	3,190.00 (28%)	3,790.00 (30.0%)	3,980.00 (29.0%)	4,520.00 (30.0%)	4,520.00 (27.0%)	5,000.00 (28.2%)
Development	440.00 (9.0%)	327.00 (7.0%)	315.00 (9.0%)	400.00 (8.0%)	528.00 (9%)	584.00 (8%)
Primary schools-MLG	225.00	208.00	216.00	222.65	239.30	222.00
% of the total ministerial budget	30.7%	23.2%	24.9%	24.2%	21.1%	20.6%
Total	3,855.00	4,325.00	4,511.00	5,142.65	5,287.30	5,806.00

Source: Botswana Budget Speeches: 2002/03 – 2007/2008.

Notes: MLG – Ministry of Local Government

A row reflecting development expenditure on primary schools by the Ministry of Local Government is also included to show the dual nature of funding for education through various ministries and that significant expenditures for primary schools are funded through the Ministry of Local Government. Overall, it is evident that in absolute terms the amount of money spent on education has been increasing over the years. In most cases, the Ministry of Education has been taking a large share of the total ministerial recurrent budget, showing the firm commitment that Botswana has towards achieving basic 10-year universal education, equity and quality goal. The Millennium Development Report Status

2004 confirms that Botswana has achieved universal access to primary education. Instead of aiming at universal access to primary education, Botswana has committed itself to a 10-year basic education and has invested tremendous resources in the expansion of both infrastructure and services.

One of the notable achievements in the area of education is the expansion of institutional capacity at both primary and junior secondary schools, which reduced the supply capacity constraint. The average distance to school has been reduced to 5 km for primary schools and 10 km for junior secondary schools which has reduced the significance of distance as a constraint to access.

3.2 National Budget Allocations: Health

Government spending on the health sector has been increasing over time as shown in Table 3.

Table 3: Proposed Recurrent and Development Budget for the Ministry of Health, 2002/03-2007/08 (In million BWP)

Type of Expenditure	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Recurrent	826.0 (7.0%)	884.3 (7.0%)	1,020.0 (%)	1,340.0 (%)	1,390.0 (8.0%)	1,570.0 (8.9%)
Development	380.0 (7.0%)	406.0 (9.0%)	412.0 (11.0%)	606.0 (12.0%)	577.0 (10.0%)	636.0 (9.0%)
% of the total ministerial budget	10.2%	9.3%	8.3%	10.1%	8.7%	8.1%
Total	1,406	1,319.30	1,465.00	1,946.00	2,006.60	2,206.00

Source: Botswana Budget Speeches: 2002/03 – 2007/2008.

Government recurrent budget rose from BWP825 million in 2002/03 financial year to about BWP1.6 billion. It should however be noted that expenditure on health excludes funding for HIV/AIDS, which falls under the Ministry of State President. The provision of health services through primary health care which is managed by Ministry of Local Government requires that health funding be provided through this ministry.

3.3 Expenditure from other sources

The tables above have provided information on government budget allocation. However, Botswana receives funding for the implementation of children's rights, which include international organisations such as UNICEF, UNDP, UNFPA, UNHCR, WHO, SIDA and non-governmental organisations, among others. Funding from these organizations supplement and complement government expenditure.

4. Development and use of monitoring instruments to track WFFC/MDG targets

At the World Summit for Children held in New York in 1990, the Government of Botswana committed itself to a Declaration and Plan of Action for Children. Subsequently, a National Programme of Action for Children was developed and implemented, spelling out a specific agenda that responds to the rights and needs of children and women. In order to monitor progress toward the goals and objectives of the Plan of Action, UNICEF, WHO, UNESCO and others, developed a set of indicators of specific aspects of the situation of children. The 2000 Botswana Multiple Indicator Survey (MIS) was designed to provide up-to-date information for assessing the situation of children and women. The survey collected

information relating to infant and childhood mortality, education, child malnutrition, child health, child rights, and reproductive health.

In regard to monitoring of HIV/AIDS, the Botswana AIDS Impact Surveys I and II (BAIS I & II) were undertaken to provide nationally representative, population-based estimates of HIV/AIDS prevalence among the population of 18 months old to 64 years and above. The first BAIS survey was conducted in 2001 whilst the next was held in 2004. The survey results were expected to provide benchmarks against which successive progress on the impact of the National Response to HIV/AIDS can be measured. Among the issues captured by the surveys are the qualitative and quantitative information on the situation of the orphan and vulnerable children, sexual and reproductive behaviours of the youth, and the utilisation of the sexual and reproductive health, HIV/AIDS services and programmes.

In addition to the above surveys, sentinel surveillance surveys are conducted on yearly basis to monitor HIV/AIDS prevalence among pregnant women accessing antenatal and postnatal care services in health facilities and men presenting at these facilities with sexually transmitted infections.

The Botswana HIV Response Information Management Systems (BHRIMS) was set up as a vehicle to monitor and evaluate the implementation of the national response through the National Strategic Framework 2003-2009. Initially, reports about HIV and AIDS were generated in an unsystematic way and indicators and data collection methods were not standardized. The National Strategic Framework states that the objective of BHRIMS is to systematically collect information on the national response to HIV/AIDS to ensure accountability, appropriate policy formulation and review, programme management and social justice through the direction of resources to the most vulnerable groups.

The Government of Botswana submitted the Initial Report on the Implementation of the United Nations Convention on the Rights of the Child (UNCRC) in May, 2001. The report was considered at the Pre-sessional Working Group meeting held in June. The Working Group raised a list of issues on the submitted report. The Ministry of Local Government was assisted by a Multi-Sectoral Working Group comprising representatives of government, non-governmental organisations and development partners such as UNICEF to prepare responses to the issues raised by the Pre-sessional Working Group. The responses report which was completed in August, 2004 observed that there were instances where required data were not available because there were no indicators or tools developed for the collection of such data prior to the submission of the report. However, the report noted that Government of Botswana recognizes the importance of developing data collection tools for monitoring all aspects of the implementation of the CRC and will take the necessary steps to develop strategies and tools for monitoring the implementation of the CRC.

Administrative/routine data such as data from PMTCT and the Botswana National Nutritional Surveillance System (BNNSS) collect routine data that can be used to monitor progress in different aspects of children's issues. For instance, BNNSS has been used to monitor malnutrition trends and influences major national decisions and policies regarding household food security.

Central Statistics Office is a government department in the Ministry of Finance and Development Planning mandated to collect official statistics. It is mandated to provide advisory service to Government and other users on all statistical matters and related

subjects. It is also expected to provide regular and timely statistical information on the economic and social state of the country and its people.

5. Enhancing partnerships, alliances for children and participation

The Government has worked in partnership with international development partners, bilateral and multi-lateral organisations in the implementation of the CRC and other conventions aimed at protecting and caring for children and young people. One such partnership is the Government of Botswana/UNICEF Programme of Action 2008-2009.

The Government of Botswana has also worked with key Ministries and Departments in developing the National Programme of Action (2006-2016) for the realisation of child rights. These key stakeholders include: UNICEF; UNDP; UNFPA; UNHCR; President's Emergency Program for AIDS Relief (PEPFAR); Global Fund, African Comprehensive HIV/AIDS Partnerships (ACHAP); Botswana-USA Partnership (BOTUSA) NGOs/CBOs/FBOs; Department of Social Services – Ministry of Local Government; National Council on Population and Development – Ministry of Finance & Development Planning; Department of Environmental Affairs – Ministry of Environment, Wildlife and Tourism; Ministry of Health, Women's Affairs Department and Department of Civil and National Registration in the Ministry of Labour and Home Affairs, and the Division of Youth in the Ministry of Youth, Sports and Culture and Ministry of Education.

The Government of Botswana has joint projects with International Labour Organisation (ILO) to secure funding to assist the country to develop comprehensive, explicit time-bound strategies to address child labour and worst forms of child labour. In 2004, a multi-sectoral Programme Advisory Committee on Child Labour (PACC) was established to oversee the coordination of the "*Towards the Elimination of the Worst Forms of Child Labour*" (TECL) programme of ILO. The Department of Labour and Social Security in the Ministry of Labour and Home Affairs is the lead department and secretariat of the PACC.

The government of Botswana strengthened partnerships with NGO in the delivery of child wellbeing services by establishing in 2006 a National NGO/CBO/FBO Child Care Forum for networking among NGOs and sharing of standards of practice. It should be noted that the number of NGOs working on children's issues has increased significantly from 22 to 155 NGOs.

6. Achievement of WFFC Plan of Action and related MDG targets

This section reviews the latest information available on the achievement of WFFC Plan of Action targets in Botswana in the context of the MDGs and the Millennium Declaration. The WFFC themes and targets are: promoting healthy lifestyles; promoting quality education; combating HIV/AIDS; mobilizing resources; and child protection against abuse, exploitation and violence.

6.1 Promoting Healthy Lives

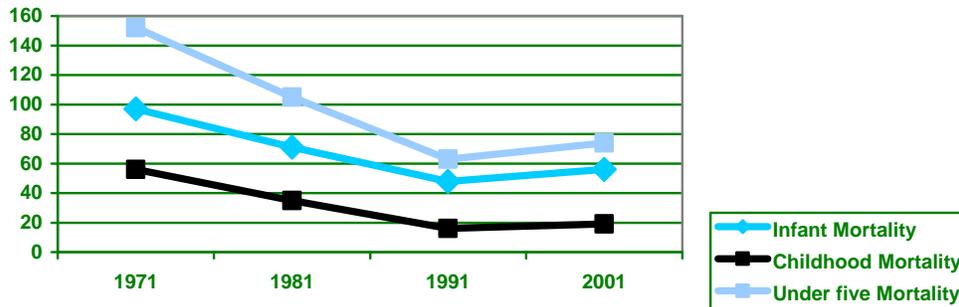
Prior to the advent of HIV/AIDS, Botswana was well on course towards eradicating tuberculosis and significantly reducing infant and child and maternal mortality. In Botswana, the incidence of malaria is linked to rainfall, with major epidemics occurring in years of heavy rainfall.

6.1.1 Infant and Child Mortality

Prior to the mid 1990s, infant and child mortality were declining. From the mid 1990s, both infant and child mortality experienced increases mainly due to the rising HIV prevalence.

Infant mortality rate declined from a high of 97 deaths per 1000 live births in 1971 to a low of 48 deaths and then rose to 56 deaths per 1000 live births (see Figure 1). The childhood mortality and under-five mortality rates followed a similar pattern as infant mortality rates.

Figure 1: Trends in infant and childhood mortality rates, 1971-2001, Botswana



Source: Botswana Population and Housing Censuses, 1971-2001

Gender disparities exist in all childhood mortality, with higher rates observed among male children. Infant mortality rates vary quite markedly across districts, with the lowest rate of 33 deaths per 1000 live births recorded in South east and the highest rate of 87 deaths in Ngamiland.

6.1.2 Nutrition

The provision of nutrition services in Botswana remains the priority strategy for primary health care. The protein-energy malnutrition among children aged 0 to 5 years declined from 15% in 1995 to 7-9% in 2000/01. By the end of July 2007, facility-based moderate malnutrition was 4.2% and severe malnutrition rate 0.8% for children under five years.

In 2005, a National Plan of Action for Nutrition which embodies the country's efforts to enhance multi-sectoral collaboration and cooperation in improving the food and nutrition situation in the country was launched.

The introduction of the Vulnerable Group Feeding Programme (VGFP) provides food products for the vulnerable children. In addition, pregnant and lactating mothers are provided with monthly rations in order to improve the nutritional status of both the mother and child.

According to the Botswana Multiple Indicator Survey of 2000, the proportion of children aged under five years estimated to be too thin for their age (underweight) was 13%, 23% were too short for their age (stunting) and 5% were too thin for their height (wasting). Poverty rate has declined from 46.7% in 1993/4 to about 30.3% in 2002/3. The proportion of the population living below \$1 per day has however increased from 19.9% in 1993/4 to 23.4% in 2003/4.

Breastfeeding for the first few years of life protects children from infection and provides an ideal source of nutrients. It is also economical and safe. Because of the advent of HIV/AIDS, only exclusive breastfeeding is recommended as an option. Infant formula is provided through the public health system as a substitute for breastfeeding to HIV positive mothers who enrol for PMTCT.

In order to prevent and control nutrient deficiencies and other diet related diseases/disorders, the government has embarked on several strategies to ameliorate these conditions. These strategies include universal supplementation with vitamin A for mothers after delivery and all children aged 0-36 months; providing under-fives with capsules during measles campaign; universal salt iodization; routine iron and folic acid supplementation of pregnant women; and fortification of foods with vitamins and minerals.

6.1.3 Immunization

The government of Botswana introduced the Expanded Programme on Immunization (EPI) in 1980 with the view to fully immunize for all vaccine preventable diseases. The ultimate objective of the programme was to reduce infant and child morbidity and mortality from vaccine preventable diseases. The proportion of children immunized against diphtheria, pertussis and tetanus (DPT) by age one rose from 94% in 1988 to 95% in 2006 and those immunized against measles slightly declined from 93% in 1988 to 91% in 2006. The overall immunization coverage increased from 67% in 1990 to 74% in 2000.

Botswana met the target of polio free by the year 2000, although the Ministry of Health continues to implement strategies for polio eradication. Overall, immunization coverage rates for Botswana have been maintained at above 85%.

6.1.4 Maternal Health

Maternal health services are provided by facilities at every level of the Botswana healthcare system. Clinics with maternity services are normally staffed by registered nurses and midwives. They provide antenatal care, treat simple medical problems in pregnancy such as anaemia, and occasionally conduct normal deliveries. Childbearing presents serious risks for some women, especially young mothers because they are physiologically immature and they have a higher propensity towards unsafe and illegal abortion. The Government of Botswana has introduced the Safe Motherhood Initiative within the maternal and child/family planning programme. The adoption of the National Population Policy in 1997 included the reduction of the incidence of maternal mortality, as well as high risk pregnancies and births. In 1993 maternal mortality was estimated to be between 200-300 deaths in every 100,000 women though a formal national comprehensive survey has not been undertaken.

The total fertility rate (TFR) fell by more than three points between 1971 and 2001, from 6.5 to 3.3 births per woman. Between 1971 and 1981, it remained stagnant at about 6.5 births per woman. In 1981 the TFR started a sustained decline, falling from 6.6 to 3.3 births per woman by 2001. The crude birth rate fell from 47.7 to 28.9 births per 1000 women between 1981 and 2001. The sustained fertility decline in the TFR partially reflects changes in the socio-economic structure of the economy.

The improved health care system has ensured that the majority of pregnant women are attending antenatal and postnatal care services and using contraception. The coverage of antenatal care improved from 92% in 1988 to 97% in 2000. Access to family planning services such as contraceptive use rose from 30% in 1988 to 44% in 2000. The Sexual and Reproductive Health Report of 2006 indicated facility-based maternal mortality to be 167 deaths, which would be suggestive of a maternal mortality decline from over 200 deaths in 1993. The reduction in maternal mortality may be indicative of the effect of ARVs which is provided mainly through PMTCT programme for pregnant women.

6.1.5 Water and sanitation

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as cholera and typhoid. Another important factor in disease transmission is the inadequate disposal of human excreta and personal hygiene.

In Botswana the proportion of the population using safe drinking water grew from 77% in 1991 to 97% in 2000. Approximately 84% of households in Botswana used sanitary means of excreta disposal in 2000, compared to 55% in 1991.

6.2 Promoting Quality Education

Education is a vital prerequisite for protecting children from hazardous and exploitative labour and sexual exploitation and for promoting human rights. The Government of Botswana has committed itself for the provision of a 10 year universal education. In pursuit of this objective, the government has committed resources that are relatively generous by international standards. Government of Botswana provides quality, universal and equitable access to 10-year basic education by providing the education facilities for both primary and secondary (junior secondary school) levels to meet the educational needs of all children of school – going age within the basic education band. The other strategy that government uses is to improve the schools' capacities to retain children in both primary and junior secondary schools thereby reducing the dropouts and repetition rates for both boys and girls. The adult literacy rate increased from 68.9% in 1993/94 to 81.2% in 2003/04. Whilst the gender disparity was slightly larger in 1993/94 (66.9% male versus 70.3% female), this gap virtually disappeared in 2003/04 (80.4% male versus 81.8% female). This is indicative of the gender equity in education.

It should be noted that although education is compulsory in Botswana, it is offered free of charge in all public schools at primary but students are required to pay a nominal fee at secondary level as a cost-sharing strategy. It is evident from Table 4 that Botswana has long achieved the universal access to primary education. In 2005, the gross enrolment ratio was 115. This shows that all the eligible school age children were actually enrolled in primary schools. It should also be noted that Botswana has also achieved gender equality in formal education. The ratio of primary school enrolment rate of male to female is 51.4/49.6%. Literacy rate among 15 to 19 year olds male/female is 87/93%. Enrolment ratios decline as the level of education increases, indicating that comparatively fewer children are enrolled in secondary schools.

Table 4: Gross Enrolment Ratios for Primary and Secondary Schools, 2002 – 2005.

Year	Primary (7-13 years)		Junior Secondary (14-16 years)		Senior Secondary (17-18 years)	
	Female	Male	Female	Male	Female	Male
2002	114	116	98	91	57	48
2003	114	117	98	92	56	48
2004	113	118	99	93	55	47

One of the major reasons for school dropout among female students is teenage pregnancy. In realising the negative impact of this phenomenon, Botswana has come up with a pregnancy policy that allows female students to be retained in schools. Overall primary school drop-out rates are low. Only 1.3% of female students enrolled in primary school dropped out of school compared to 1.8% of male students in 2004. However, school dropout appears to be a major problem at secondary schools, especially at junior

secondary schools. Approximately 3% of female students in junior secondary schools dropped out compared to about 2.8% in senior secondary schools.

Table 5: Drop Out Rates for Primary and Secondary Schools, 2002 – 2005.

Year	Primary (7-13 years)		Junior Secondary (14-16 years)		Senior Secondary (17-18 years)	
	Female	Male	Female	Male	Female	Male
2002	1.3	2.1	3.7	1.5	1.5	3.2
2003	1.1	1.7	2.8	1.7	3.0	0.3
2004	1.3	1.8	3.0	2.2	3.8	1.4

Concern has been raised about whether Botswana's education adequately prepares young people for life after school. In this report, preschool enrolment, pupil-teacher ratio, classroom accommodation, and quality of teachers are used as proxies for the measurement of education quality.

Early Childhood Education is recognized as an integral part of basic education and the Ministry of Education charged with the responsibility to coordinate and develop early childhood education programme. Only 17% of pre-school going age children access early childhood education and these children usually come from middle to upper class families who can afford the fees charged in pre-schools. Because of the fees charged for pre-school education, the programme tends to cater for the well-to-do only. The pre-primary education is predominantly privately run or provided by non-governmental organisations. One of the major challenges is that there is only one training school for Early Childhood Education teachers. However, Government has adopted an Early Childhood Policy.

The significance of the pupil-teacher ratio is that the lower it is the greater the amount of time the teacher spends with each pupil and the greater the quality of instruction. In 2002, the average pupil-teacher ratio in Botswana's public schools was estimated at 27 pupils per teacher. In 2004, pupil-teacher ratio was 26 pupils per teacher for all primary schools compared to 15 pupils per teacher for private primary schools; 15 pupils per teacher for junior secondary schools; and 14 pupils per teacher for government senior schools (Republic of Botswana, 2007).

Classroom accommodation is central to learning as it reduces the impact of the external environment on learning. Through aggressive construction of new schools and additional classrooms in existing ones, Botswana has reduced its classroom shortage.

Whether a trained or an untrained teacher is used has a bearing on the education outcomes. Therefore, the quality of teachers is measured in terms of whether the teacher is trained or not. In 2004, Botswana had 92.5% of all primary school teachers were trained. In the same year, 93.8% of junior secondary schools had trained teachers compared to 97.9% of government senior secondary schools (Republic of Botswana, 2007).

6.3 Combating HIV/AIDS

Botswana is amongst the countries hard-hit by HIV/AIDS scourge with HIV prevalence of 17.1% in the population aged 18 months to 64 years. The annual HIV sentinel surveillance

surveys among pregnant women aged 15 to 49 years now indicate that HIV prevalence may be declining, especially among young people aged 15 to 24 years.

In 2004, HIV prevalence was recorded as 6.3% for children aged one and a half years to 4 years. Those aged 5-9 years indicated HIV prevalence of 6% compared to 3.9% among those aged 10-14 years. Those aged 15-19 years indicated HIV prevalence of 6.6% in 2004.

In 2004, 28.1% of young people aged 15-24 years correctly identified ways of preventing the sexually transmission of HIV and rejected major misconceptions about HIV. Despite this knowledge, 5.4% of young people aged 15-24 years reported having more than one sex partner in the last 12 months. Furthermore, 14.7% of them reported having unprotected sex after consuming alcohol. The survey found that 12.6% of young people aged 15-24 years were HIV infected in 2004 (Republic of Botswana, 2004).

Table 6: Trends in age-specific HIV prevalence rates among pregnant women 1992-2006, Sentinel Surveillance Survey, Botswana

Age group	2000	2001	2002	2003	2005	2006
15-19	22.9	24.7	21.0	22.8	17.8	17.5
20-24	39.4	38.7	37.4	38.6	30.6	29.4
25-49	35.5	40.0	40.5	42.8	40.7	39.4
15-49	38.5	36.2	35.4	37.4	33.4	32.4

Source: National Strategic Framework for HIV/AIDS 2003-2009 and 2006 Botswana Second Generation HIV/AIDS Surveillance

The AIDS pandemic continues to compound the crisis of increasing numbers of orphaned and vulnerable children and the number of child-headed households. In 2001, orphaned and vulnerable children constituted 19.6% of the child population. 111,512 were orphans and 33,380 non-orphan but vulnerable children. The number of child-headed households increased from 8,379 in 1991 to 8,660 in 2001. The Department of Social Services in the Ministry of Local Government has registered 51,600 registered orphans in Botswana by the 30th September, 2005, a substantial increase from the 37,850 registered in 2002.

6.4 Mobilizing Resources

Since Botswana acquired a middle-income country status, international development assistance has dwindled. Although Botswana spends huge amounts of financial and other resources in the pursuit of the Vision 2016 ideals, many donor agencies are leaving the country to focus on poorer countries. Despite the financial and human resource constraints that Botswana face, the importance of partnership between development partners and Government of Botswana cannot be overemphasized. Various development partners are assisting Botswana to tackle some of the major developmental challenges facing the country, including the threat of HIV/AIDS. In addition civil society organisations and the private sector have also played an important role in providing human resources, especially in the fight against HIV/AIDS pandemic.

6.5 Child Protection Against Abuse, Exploitation and Violence

The Government of Botswana ratified various international conventions and instruments dealing with child abuse, exploitation and violence. The Government of Botswana ratified the World Declaration of the Survival Protection and Development of Children in 1992; the United Nations Convention on the Rights of the Child in 1995; the ILO Minimum Age for Admission to Employment Convention of 1973 in 1999; and the ILO Worst Forms of Child

Labour in 1999. In addition, the government has enacted or reviewed legislation that deals either directly or indirectly with child abuse, exploitation and violence. This section discusses the different legislation in existence in the country that deals with child abuse, exploitation and violence. Before discussing legislation, an overview of the types of abuses, exploitation and violence experienced by children is in order.

A Discussion Document on Child Labour (2006) states that a Strategic Planning Workshop was held in 2004 as part of the TECL process, which highlighted several key areas of concern as:

- The commercial sexual exploitation of children, especially through transactional sex related survival, arranged child marriages and children prostituted on the streets, in bars, at truck stops and in hotels;
- Child trafficking with a focus on the internal movement of children for domestic labour in slave-like conditions; bonded labour especially of San children where the child's family is "owned" by the cattle post owner and orphans forced to work to retain tenure of their home;
- Children used by adults to commit crimes; and
- Hazardous work done by children which includes collecting water and wood over long distances, working on the streets and working in agriculture where children may be exposed to particular hazards.

The document also states that the Urban Youth Project interviewed 51 commercial sex workers in Gaborone and found that half of them aged 15-24 years and a quarter of these girls were aged 12-14 years. Most of these young girls had been recruited into this work by friends or immediate family members at ages as young as 9 years.

The number of cases of sexual abuse and violence reported to the police is on the increase in Botswana, although it is also understood that many cases are not reported due to the powerlessness of children and that the perpetrators are often the sole breadwinner in the household and to report them would undermine the family income.

Table 7: Reported cases of sexual offences

Type of Sexual Offence	2002	2003	2004	2005	2006
Rape*	1,473	1,481	1,517	1,540	1,534
Defilement	237	232	320	319	324
Indecent Assault	125	103	113	96	123
Incest	9	7	5	6	8

Source: 2003, 2004 & 2005 Botswana Police Annual Reports

Notes: * The number of reported rape cases included all ages.

Table 7 shows trends in sexual offences in Botswana between 2002 and 2005. In respect of defilement of children under the age of 16 years, legal protection has not been very effective.

6.5.1 The Children's Act

The Children's Act Section 11 finds any parent or guardian of a child or any person having custody of a child who neglects, mistreats or exploits a child guilty of an offence. Neglect may include the unreasonable failure to provide for adequate food, clothing, housing, health and care of the child and exposing a child to conditions or circumstances likely to cause him/her physical, mental or psychological distress or damage.

The Children's Act also provides that any parent or guardian having custody of a child is guilty of an offence if s/he causes or conduces to the seduction, abduction or prostitution of the child.

Although the sale and trafficking of children is virtually unknown in the country, both the Penal Code and the Children's Act make the abduction of children criminal offences.

6.5.2 Penal Code

The Penal Code covers forms of abuse against children, namely, abduction of females for immoral purposes, abduction of persons under 16 years, indecent assault of young children, defilement of persons under 16 years of age, unlawful carnal knowledge of children

The Penal Code has provisions which deal with sexual abuse and exploitation. Section 141 holds that any person who has unlawful carnal knowledge of another person or who causes the penetration of a sexual organ or instrument into the person of another without consent is guilty of rape.

6.5.3 The Employment Act

The Employment Act protects children against exploitation and hazardous employment. The Act defines a child as a person under the age of 15 years and a young person as a person who has attained the age of 15 years but is under the age of 18 years. The law permits employment of children 13 to 15 years of age in light work that is unlikely to be harmful to their health or development and that will not prejudice their benefiting from school or vocational programmes. No child shall be permitted to work more than 6 hours a day or 30 hours a week.

In March 2005, the Department of Social Services in collaboration with UNICEF, Childline Botswana, and United States Embassy ran a workshop on Child Protection, Child Abuse and Child Trafficking. The purpose of the workshop was to sensitize the public and communities about the problems facing children in the country.

6.5.4 Birth Registration Act

The CRC states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Therefore birth registration is a fundamental means of securing these rights for children. Botswana has a Births and Deaths Registration Act which makes birth registration compulsory. There is a Department of Civil and National Registration in the Ministry of Labour and Home Affairs which is responsible for the registration of civil registration and national identity cards in the country. So far, the department has 32 registration offices countrywide, 30 of which are networked. In order to reach remote areas, the department has mobile offices which register civil events and issue national identity cards and birth certificates. Any person who has attained age 16 years must have a national identity card. A levy of BWP5.00 (US\$1.00) to a maximum of BWP500.00 (US\$100.00) is charged for late registration. At the moment, there are no waivers for any communities, including children under the age of 18 years. A maximum of BWP500.00 (US\$100.00) or six months imprisonment or both fine and charge is administered for late registration. AT the moment, there are no waivers for any communities, including children under the age of 18 years.

7. Summary of lessons learned and initiatives undertaken since 2002 for accelerating the progress towards achievement of WFFC and relevant MDGS and outline of future initiatives planned at national, sub-national or regional levels

- The main lesson to be learned from Botswana is that it is possible to attain WFFC targets although success does not come cheaply. A huge amount of resources are needed to attain the WFFC targets. Botswana had to develop a strategic framework to help it achieve its developmental goals through Vision 2016.
- The major challenge that hampers the proper assessment of progress made in the area of children is lack of a body that coordinates the implementation of the treaties and conventions dealing with children's issues and lack of a proper monitoring and evaluation system that collects relevant data for the calculations of child indicators. This body would ensure that relevant information needed for each indicator is collected and that the necessary resources are mobilised and made available for the implementation of children policies, laws and programmes. A response to the list of issues brought up during the consideration of the Initial Report of the CRC has noted in its introduction that: "The Government of Botswana recognizes the importance of developing data collection tools for monitoring all aspects of the implementation of the CRC and will take the necessary steps to develop strategies and tools for monitoring the implementation of the CRC" (p.2). The implementation of this observation will undoubtedly facilitate the monitoring of progress made with regard to WFFC targets.
- Botswana has also increased the participation of young people in the sexual and reproductive health services due to the reduction in the age of consent. Now it is possible for young people to access the sexual and reproductive health services and products at the age of 16 years without obtaining consent from their parents or guardians.
- Because of Government has taken deliberate efforts to review and introduce laws and policies that will facilitate the participation of females in areas traditionally the preserve of males. These areas include science-based subjects such as engineering fields. As a result, more and more women are now entering these fields of training.
- One of the planned future initiatives is the proposal to develop a National Policy on Orphans and Vulnerable Children which is due to begin in August 2007. It is hoped that the policy will go a long way in addressing issues of OVC. The completion of the review of the Children's Act to align it with the CRC will also help Botswana to implement child protection laws.
- In addition, plans are under way to review the Adoption Act of 1952.

References

1. Central statistics Office and UNICEF (2005) ***Analysis of Child-focused Indicators*** Based on the 2001 Botswana Population and Housing Census. Gaborone
2. Republic of Botswana (2002) ***Botswana National Strategic Framework for HIV/AIDS 2003-2009***. Ministry of State President. Gaborone.
3. Republic of Botswana (2003) ***National Strategy for Poverty Reduction of 2003. Ministry of Finance & Development Planning***. Gaborone
4. Republic of Botswana & ILO (2006). ***Summary of Discussion document on child labour in Botswana***. Department of Labour & Social Security, Ministry of Labour and Home Affairs. Gaborone.
5. Republic of Botswana ***Budget Speeches***. Ministry of Finance and Development Planning. Gaborone.
6. Republic of Botswana (2004). ***Botswana Millennium Development Goals Status Report 2004: Achievements, Future Challenges and Choices***. Ministry of Finance and Development Planning and the United Nations. Gaborone
7. Republic of Botswana (2007). ***Education Public Expenditure Review Botswana***. Ministry of Education. Gaborone. June.
8. Republic of Botswana (2006). ***2006 Botswana Second Generation HIV/AIDS Surveillance***. Ministry of State President. Gaborone
9. Republic of Botswana (2003). ***National Development Plan 9 2003/04-2008/09***. Ministry of Finance and Development Planning. Gaborone
10. Republic of Botswana (2005). ***Botswana National Commission for UNESCO***. Ministry of Education. Gaborone
11. UNICEF and Republic of Botswana (2001). ***Botswana Multiple Indicator Survey 2000***. Ministry of Finance and Development Planning. Gaborone
12. Republic of Botswana (2001). ***Initial Report on the United Nations Committee for the Convention on the Rights of the Child***. Gaborone.
13. Republic of Botswana (1997). ***Long-Term Vision for Botswana: Towards Prosperity For All***. Ministry of Finance and Development Planning. Gaborone
14. Republic of Botswana (2004). ***Botswana AIDS Impact Survey II***. CSO, Gaborone.