

Dear Reader:

Welcome once again to the **Botswana Child Monitor!** The **Botswana Child Monitor** is a regular production of the UNICEF Knowledge and Learning Centre with the aim of informing programme partners and child rights advocates about recent events, statistics and acquisitions concerning children. The synopsis of recent events is drawn from primary and secondary material, whilst the section on statistics on children uses primary sources such as surveys, censuses, evaluations, etc. The section on acquisitions is a summary of all documents and publications registered by UNICEF Knowledge and Learning Centre during a given period, in this particular bulletin from November to December 2005. This section is also accompanied by a detailed review of one particular publication that has been in high demand by the centre's users and that we feel you should know about, and this time we review an important handbook on **Young People and HIV/AIDS – Opportunity in Crisis**. We trust that this bulletin will help to keep you better informed on children's issues and your valuable comments can be sent to Kutloano Leshomo, Communication Officer (kleshomo@unicef.org). Additional copies can be obtained from Malebogo Lesokwane, Knowledge and Learning Centre Manager (mlesokwane@unicef.org). Finally, the Knowledge and Learning Centre is open to researchers, students, evaluators, policy makers and programme managers, amongst others, who may wish to consult our extensive holdings on Global, regional and national children's issues. **Operating hours: Monday to Thursday from 10h00-12h30 and 14h00-16h00 and Friday, 10h00-13h00.**

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RIGHTS
the sure way to vision
2016!"

Child Monitor – A Bulletin of Issues and Events on Botswana’s Children
November to December 2005

1. The **National AIDS Coordinating Agency** and the **Central Statistics Office** disseminated results of the *second Botswana AIDS Impact Survey (BAIS II)* on 1-2 November 2005. For the first time, the survey provides HIV prevalence information for children between the ages of 18 months and 18 years, and, from the discussions at the workshop, the need has emerged for a stronger focus on incidence monitoring and reporting.
2. The last series of training workshops for district facilitators in the **Human Rights-Based Approach to Programming (HRBAP/CCD) for Community Capacity Development** took place on 7 – 11 November 2005 in Lobatse. The training was organized by the Ministry of Health, with the support of UNICEF. The HRBAP/CCD aims to promote increased uptake of PMTCT at district and community levels. In total, 100 facilitators have been trained in the HRBAP/CCD since August 2005.
3. On 14 – 18 November 2005, UNICEF organized a **training workshop on research methods and evaluation management** held at the UN Conference Room. The training was attended by 40 programme managers from government, the UN and the civil society sector involved in HIV/AIDS projects, social policy, early childhood development and gender and human rights. The training sought to underscore how improving research and evaluation skills can contribute towards a strengthened understanding of the situation of children.
4. The **Botswana National Youth Council Male Involvement Project, Men, Sex and AIDS (MENSA)**, in partnership with the Ministry of Health and UNICEF, co-organised a *Prevention of Mother to Child Transmission (PMTCT) Male March* on 19 November 2005. The objective was to promote increased male involvement in sexual and reproductive health with focus on the PMTCT programme.
5. The **French Embassy** sponsored a *Roundtable on Reporting on HIV/AIDS* on 22 November 2005 to kick-start a ten-day training of media on how to report on HIV/AIDS. During his presentation at the roundtable, the UNICEF Representative, Gordon Jonathan Lewis, underscored the need to strengthen the capacity of local media practitioners on the child rights based approach, in order to strengthen their appreciation of how HIV/AIDS compromises the rights of children to education, protection and development
6. The **Department of Social Services** organized a dissemination workshop on 23 November on the *Concluding Observations for Botswana of the UN Committee on the Rights of the Child*. The purpose of the seminar was to get inputs from stakeholders on a plan of action towards the implementation of the concluding observations and recommendations made by the Committee on the Rights of the Child, following its review in September 2004 of Botswana’s progress report on implementation on the Convention on the Rights of the Child.
7. 25 November 2005 marked the beginning of the *16 Days of Activism against Gender-based Violence*, which is an international campaign aimed at placing the issue of gender violence on the agendas of both government and civil society. The national launch was held in Maun.
8. As part of the Mid-term Review of the **Government of Botswana/UNICEF Country Programme of Cooperation**, UNICEF organised a *Children’s Validation Meeting* at BNPC on 26 November 2005 involving approximately 110 children from all over the country. The objectives of the meeting were to provide a meaningful opportunity for children to influence the content and direction of the Country Programme, as well as to contribute to the realization of their right to participate in issues that affect them.
9. From 26 November to 4 December 2005, the **Ministry of Education**, in partnership with UNICEF, held a *Regional Youth Forum* for the North East District in Masunga to promote youth empowerment. The purpose of the forum was to give young people an opportunity to share information and experiences on a wide variety of issues that affect their lives. The activity brought together 130 young people between the ages of 10 - 20 years from both primary and secondary schools in the North East District.

10. **UNICEF and the Baylor International Pediatrics AIDS Initiative (BIPAI)** held a bilateral meeting in Gaborone on 29 November 2005, to discuss strengthened partnerships for accelerated pediatric HIV/AIDS interventions in Eastern and Southern Africa. The meeting involved senior officials of UNICEF Botswana, UNICEF's Regional Office in Nairobi Kenya, BIPAI, and the Botswana Baylor Children's Clinical Centre of Excellence. The meeting concluded that a partnership between the two institutions could go a long way to fulfil the right of children living with HIV/AIDS to quality care, treatment and support.
11. On 30 November 2005, **BIPAI** hosted a *dinner in honour of President Festus Mogae*, to thank him for his steadfast leadership on issues related to the impact of HIV/AIDS on children. The dinner was also attended by the Chief Executive Officer of Bristol-Myers Squibb, as well as the President of the Baylor College of Medicine. President Mogae noted his gratitude to Baylor and acknowledged the tough task of fighting the AIDS epidemic, but said it was comforting to know that Botswana Government has good allies such as Baylor and Bristol-Myers Squibb.
12. The **National Commemoration of World AIDS Day** took place on 1 December 2005 in Letlhakane, under the theme "Stop AIDS: Keep the Promise." In his keynote address at the occasion, President Festus Mogae said the day was an occasion to recommit ourselves as a nation to meeting what remains the greatest challenge our nation has faced in its entire history – keeping the promise to achieve an HIV free nation and promises to ourselves to remain faithful to our families.
13. **Minister of Health Prof. Sheila D. Tlou** and the **Director of the Department of AIDS Prevention and Care, Dr. Khumo Seipone**, represented Botswana at the **Global PMTCT Forum** held in Abuja, Nigeria on 1-3 December 2005, as a precursor to the International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa meeting. The forum called for more programmes which help prevent transmission of HIV between mother and child to be more accessible.
14. On 3 December 2005, the **Masiela Trust Fund** held its annual fundraising dinner. The dinner counted with senior officers of the W.K Kellogg Foundation, which is providing an important amount of funding to the Trust Fund.
15. On 10 December 2005, the **Botswana Girl/Boy Education Movement (G-BEM)** was formally launched to coincide with the end of the **16 Days of Activism Against Gender-based Violence**. G-BEM believes that issues of gender violence manifest themselves right from early childhood, and therefore, joined the Botswana society in fighting this scourge. G-BEM advocates for a child-friendly, gender-sensitive rights-based environment for children in- and out-of-school. The launch was a collaboration of the Ministry of Education, the Women's Affairs Division, UNICEF and the Girl/Boy ChildNetwork, a conglomerate of civil society organizations concerned with issues of the girl and boy child.
16. **Botswana Television, Radio Botswana and Gabz FM** observed this year's commemoration of the **International Children's Day of Broadcasting** on 11 December 2005 by inviting children to be part of the day's programming. Eighty-five children were involved in the Day's productions, the theme of which was "Sport for Development and Peace."
17. **The First Lady, Mrs Barbara Mogae** held a *charity luncheon* in Gaborone on 17 December 2005 for orphans from Khurutshe and Kgomodiatshaba primary schools. Mrs Mogae encouraged the pupils to study hard so that they can have a better future. The pupils also had the opportunity to meet with the reigning Miss Botswana.
18. The **Eve's Club**, a charitable organization in Botswana, contributed P10, 000.00 to support UNICEF's global relief efforts in Niger, where a devastating drought has been affecting thousands of young children. Niger was plunged into a food crisis early this year after a locust infestation and drought damaged the country's crops, putting millions of children and their families at risk of starvation.

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

Goal One: Eradicate extreme poverty and hunger

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

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

Goal Two: Achieve universal primary education

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

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

Goal Three: Promote gender equality and empower women

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

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

Goal Four: Reduce child mortality

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

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

Goal Five: Improve maternal health

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

Indicators	Value
• Antenatal care	97%
• Childbirth care	99%

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

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

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

Goal Seven: Ensure environmental sustainability

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

Indicators	Value
• Use of safe drinking water	97%

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

Indicators	Value
• Use of sanitary means of excreta disposal	84%

¹ Education Statistics 2002, CSO

² Education Statistics 2002, CSO

³ Botswana 2003 Literacy Survey, 2004, CSO

⁴ Botswana 2003 Literacy Survey, 2004, CSO

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

⁶ Source: 2001 population and Housing census results, CSO

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

STATISTIC OF THE MONTH: CHILDREN'S LIVING ARRANGEMENTS

Based on the recent report developed by the Central Statistics Office and UNICEF – *Analysis of Child Focused Indicators Based on the 2001 Botswana Population and Housing Census* - children are more likely to live in rural, female-headed and poorer households, than in urban, male-headed and better off households. Consider the following data:

- 59% of all households in Botswana have children. In urban areas, only 54% of the households have children compared to 66% of the households in rural areas. Therefore, most children in rural areas are likely to be deprived of essential social services as a result of inadequate availability of these in rural areas.
- 55% of children are living in female-headed households. As a result, female-headed households have larger average household sizes than male-headed households. According to the 1993 household income study carried out by the Central Statistics Office, female-headed households were poorer than male-headed households.
- Child-headed households account for over 2% of the total number of households in 2001, which is about 8660 households. The majority of these households are in rural areas.
- Households with orphans have greater dependency ratios than households without orphans at 105:100 and 92:100, respectively. This means that households with orphans have 12 more dependents than those without orphans.

Publication of the Month Review: Young People and HIV/AIDS – Opportunity in Crisis
(UNICEF/UNAIDS/WHO, 2002)

There is a way to halt the spread of HIV/AIDS in countries with high infection rates and this can be achieved through a strong and concerted focus on young people. More than half of new infections every year are between the ages of 15 to 24 years. There are approximately 1 billion young people in the world today, yet their social and economic needs are often disregarded during the development of HIV/AIDS strategies and policies, as well as during budgetary allocations. In fact, the involvement of young people in these critical processes often comes as an afterthought. This report contains new important data about why young people are key to turning the tide against HIV/AIDS. It reaffirms that top priority must be accorded to making investments in the well-being of young people and to more effectively engaging them in the fight against HIV/AIDS.

Today's young people have inherited a lethal legacy that is killing them and their friends, their brothers and sisters, parents, teachers and role models. An estimated 12 million young people are living with HIV/AIDS, and only a fraction of them actually know their status. More than two decades into the epidemic, the vast majority of young people remain uninformed about sex and sexually transmitted infections (STIs). Although many have heard of HIV/AIDS, even larger numbers do not know how HIV is spread and, more worrying, they do not believe that they may be at risk of becoming infected. And those who do know something about HIV, often do not protect themselves because they lack the skills, the support and the means to adopt safe behaviours.

However, in areas where the spread of HIV/AIDS is subsiding or even declining, it is largely because young people are being given the tools and the incentives to adopt safe behaviours. Young people have demonstrated, much against the current tide of opinion, that they are capable of making responsible choices to protect themselves, and that they can motivate others to make safe choices.

This report asks the very fundamental question: why focus on young people, and it provides five core reasons. The **first** one is that young people, whether we like to hear this or not, are sexually active. Indeed, worldwide, sexual activity – voluntary or involuntary – begins during adolescence. In many countries, close to a quarter of the population of boys and girls had already had their first sexual encounter before the age of fifteen years. The **second** reason is that young people lack critical, life-saving information, ranging from how it is transmitted, what are risk behaviours, how it can be prevented, and how to avoid stigmatising and discriminatory behaviours.

The **third** reason is that among young people, girls are the most vulnerable. Even though the global average is for more men to be infected with HIV than women, adolescent girls are at a very high risk of getting infected. This pattern is especially true in sub-Saharan Africa, and, more so, in southern Africa. In Botswana, for instance, for every 15-19 year-old boy living with HIV, there are three equally-aged infected girls. Girls are also victims of intergenerational and transactional sexual patterns that can help to fuel the epidemic. The **fourth** reason is that certain groups of adolescents are at very high risk of infection because of their social and health lifestyles. These include: young people who inject drugs; adolescents who are sexually violated; young people in the sex trade; children living on the streets; adolescents caught in armed conflict; and children orphaned or affected by HIV/AIDS.

The **fifth** reason, however, is the most compelling one, and it is that in many countries young people are the ones helping to reverse the trends. Young people are the hope to putting a halt on new infections and can be effective leaders, if only they are given the opportunities and resources to rise to the challenge. For this to happen, older generations will need to wake up to the fact that young people do not represent a threat or that they are indulging in negative behaviours out of choice, but rather, that they are the key opportunity in a world living in crisis.



**ACQUISITIONS LIST FOR THE MONTHS OF NOVEMBER TO DECEMBER 2005 REPORT BY
SHELVE NUMBER**

HIV/AIDS PREVENTION AND MITIGATION

Joint United Nations Programme on HIV/AIDS (UNAIDS)/ World Health Organisation (WHO). *AIDS Epidemic Update: Special Report on Prevention.* (Geneva: 2005) **Details:** Provides the most recent estimates of the epidemic's scope and human toll, explores new trends in the epidemic's evolution, and features a special section on HIV prevention. **G8 AID/ Also available at www.unaids.org**

Southern African Development Community (SADC)/European Union (EU). *The SADC/EU Project on HIV and AIDS: Making a Difference.* (Gaborone: 2004) **Details:** Provides an analysis of the situation facing the region and the rationale for a strengthened SADC response. **G8 SAD**

Southern Africa HIV/AIDS Information Dissemination Services (SAfAIDS)/ Swedish International Development Agency (SIDA). *A Few Days More....The Story of a Young Woman Living with HIV in Botswana.* (Harare: 2005) **Details:** Entails a life time story of a young Motswana woman living with HIV. **G8 KOB/ www.safaids.org.bw**

United Nations Children's Fund (UNICEF). *Strategic Review Position Paper: An Analysis of UNICEF's Strategic Positioning in the HIV/AIDS Landscape and Identification of Opportunities for the Future.* (Washington: 2004) **Details:** Focuses on efforts which could be supported and expanded within the near future to reduce the number of children infected with HIV, and to provide improved care for infected children and parents. **U19 STR**

POLICY, LEGISLATION AND SOCIAL SERVICES

Commonwealth Secretariat. *Young People at the Centre: Participation & Social Change.* (London:2001) **Details:** Aims to demonstrate the potential of young people, and to enable them and their advocates to speak; to share their experiences and vision of a world in which young people are equal partners. **CA6 FOS**

Futures Group. *Profiles for Family Planning and Reproductive Health Programs 116 Countries. – 2nd ed.* (Washington: 2005) **Details:** Intended audience encompasses the many international agencies active in family planning and reproductive health programs, It also includes officials and researchers in individual countries, who can find here a convenient source of information on their own situation, as well as comparative data for their region. **G ROS**

Swedish International Development Agency (SIDA). *Looking Back, Moving Forward: SIDA Evaluation Manual.* (Stockholm:2004) **Details:** Intended primarily for SIDA staff, but may also be useful to SIDA's co-operation partners and independent evaluators engaged to evaluate activities supported by SIDA. **AB4 LOO/ Available at www.sida.se**

Management Sciences for Health. *Managers WHO LEAD: A Handbook for Improving Health Services.* (New York: 2004) **Details:** Provides practical approaches for applying key leading managing practices in all aspects of your work - practices that will lead you and your team to realise your vision of better health for all. **G MAN**

The Penguin Press. *RX for the Survival: Why we must rise to the global health challenge.* (New York: 2005) **Details:** Tells inspiring stories of some pioneers who are fighting the good fight- the researchers who have innovated the new approaches, as well as leading thinkers within the global organizations who are the major forces pushing for a coordinated world campaign. **G HIL**

World Health Organisation (WHO).

- *Evidence-Led Obstetric Care: Report of a WHO Meeting Geneva, Switzerland, 28-30 January 2004.* (Geneva: 2005) **Details:** Focuses on ways of promoting evidence-based care in the area of pregnancy and childbirth, using the WHO Reproductive Health Library (RHL) as a source of systematic review evidence. **G EVE.**

- **Framework for National Policy Makers in OPV-Using Countries: Cessation of Routine Oral Polio Vaccine (OPV) Use after Polio Eradication.** (Geneva:2005) **Details:** Provides National Health Policy Makers in OPV-using countries with an overview of the rationale, risks prerequisites and potential timetable for the global cessation of OPV. **G8.7 FRA**

Secretary of State in Charge of Family Children and Disabled Persons. *Second Arab African Conference Against Exploitation, Violence and Sexual Abuse of Children: Rabat December 14-16, 2004* (Rabat: 2004) **Details:** Focuses on the situation of children's protection against sexual violence. **D7 MOH**

Southern African Development Community (SADC). *Report on a Study to Assess Capacity Needs of the National Machinery for Gender Equality of Botswana.* (Gaborone: 2004) **Details:** Identifies key capacity needs and challenges for the national gender machinery in Botswana and presents short-term and long-term priorities for addressing these needs. **CA8 REP**

Overseas Development Institute. *A Rough Guide to PPAs Participatory Poverty Assessment: An Introduction to Theory and Practice.* (New York: 2001) A guide on how to improve the effectiveness of public actions aimed at poverty reduction. **BA2 NOR**

MOBILISATION FOR CHILDREN'S AND WOMEN'S RIGHTS

Duisburg/Heidelberg. *Poverty Reduction Strategy Papers: Children First!* (Germany: 2005) **Details:** Aims to contribute to an assessment of PRSP process in Ethiopia, Kenya and Zambia from a child rights perspective and examines how these three countries assess how far they fulfil child right's demands. **A4.1 POV**

International Society for Prevention of Child Abuse and Neglect. *Child Abuse and Neglect: The International Journal. Vol.29, No.11* (London: August, 2005) **Details:** Provides an international, multidisciplinary forum on all aspects of child abuse and neglect including sexual abuse, with special emphasis on prevention and treatment. **D7.2 LEV**

OTHER RELEVANT RESOURCES IN THE CENTRE

- **Bernard Van Leer Foundation.** *Annual Report 2004.* (Netherlands: 2005)
- **Botswana Council of Non-Governmental Organisations (BOCONGO).** *Directory* (2004-2005).
- **British Council.** High Fliers: Kick-start your life and Career
- **The Economist 2005**
 - November 26th-December 2nd
 - 3rd-9th December
- **The European Commission Newsletter to Botswana.** (November/December 2005)
- *Future Positive Issue No.4*
- **Harvard Business Review 2005.** *Cutting Through Complexity.* (November, 2005)
- Sight and Life Newsletter 3/2005: Incorporating the Xerophthalmia Club Bulletin.
- **YoungTalk.** *Avoid Alcohol No.11, Vol.8* (November and December 2005)