Adolescents and HIV/AIDS

UNICEF Botswana Programme Strategy Note

2017-2021 Country Programme

1. Introduction

In Botswana, UNICEF has to prioritise its efforts. Working solely through influencing and leveraging results for children, it must focus on the most pressing issues to remain effective. The evidence is clear that these are *Child Poverty* and *Adolescents and HIV/AIDS*. This programme strategy note lays out the logic for the programme component targeting **Adolescents and HIV/AIDS**. An accompanying schematic is provided as Annex A.

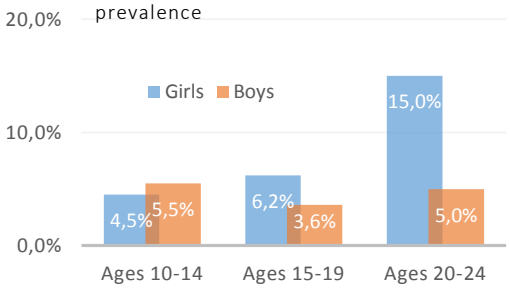
Within the Adolescents and HIV/AIDS component, the UNICEF programme will effectively address **gender equality.** In adolescents, HIV/AIDS disproportionally affects girls who are more likely to be infected or exposed to risk that may lead to infection.

UNICEF in Botswana predominantly works with the Government of Botswana, through the Office of the President, sector ministries (Health, Education, Local Government), and specialised agencies (such as the department of child protection). In its advocacy approaches, UNICEF also works with key influencers, civil society and the private sector, in particular the media.

2. Prioritized Issue: Adolescents are key to "the end of AIDS" in Botswana

Evidence points clearly to adolescents as the optimum entry point for systematic efforts to reverse the trend of the HIV/AIDS epidemic in Botswana. Overall HIV prevalence is high at 18.5%, with its peak between ages 35-39 and 45-49 years, estimated at 43.7% and 41.8% respectively (age 35-39 at 50.6% for females, age 40-44 at 43.8% for males). HIV prevalence in adolescents 15-24 years is less at only 7.9% (BAIS[1] 2014), amounting to an estimated 20,700 young people living with HIV (Spectrum 2013[2]). Figure 7 plots the prevalence rates disaggregated by sex for the three age groups. Targeting adolescents when prevalence is still comparatively low therefore offers a logical entry point.

Figure 7: Age distribution of HIV prevalence



Further analysis of successive BAIS 2004-2013 shows two clear trends that further support this thinking. Firstly, ***prevention is working***; within age brackets prevalence has gone down steadily over the last years (Figure 8). Secondly, when ageing BAIS data (i.e. tracking age group data as the group matures into the next higher age group over time) shows that ***prevalence goes up substantially*** from 20 years of age onwards. Essentially, it appears that when adolescents become young adults they get infected more often; a trend that continues with further maturation (Figure 9). This leads to a hypothesis that adolescents are the most important group to target with stronger prevention, to effectively pre-empt this trend. This hypothesis is the basis for UNICEF's planned actions in this thematic area.

[1] Botswana AIDS Impact Survey BAIS

[2] The UNAIDS Spectrum program is used to estimate key HIV indicators for national programmes

Figure 8 - Prevalence rates within age brackets 2004-2013

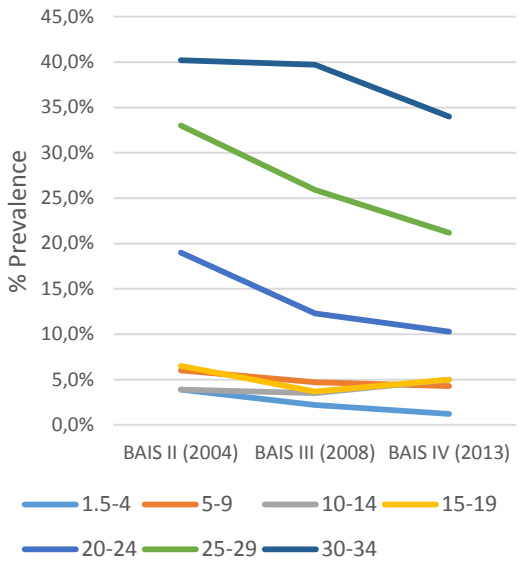
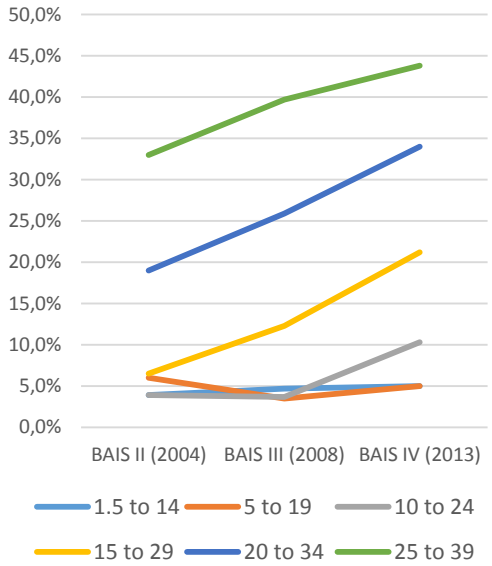


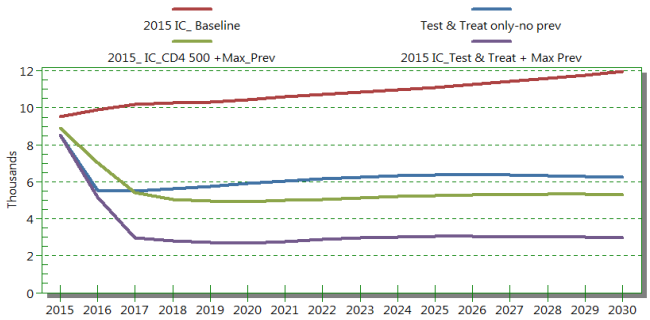
Figure 9 - Prevalence rate: ageing through age brackets 2004-2013



Harmful social norms and beliefs have not been addressed. Drivers of the epidemic include decreasing levels of condom use (from 78.4% in 2008 to 65.2% in 2013); low levels of comprehensive knowledge of HIV (24% and 22% for girls/boys 10-14 years, respectively); high rates of multiple partner relationships among males (48.7%); and inter-generational and transactional sex. Other risk factors are teen pregnancy, driven also by early marriage, and exposure to sexual violence. High impact interventions have fallen well below target among adolescents with 64% in the 15-19 age group reporting that they accessed Testing and Counselling servicing and only 22% opted for voluntary medical male circumcision.

A recently presented investment case for reducing HIV/AIDS in Botswana[3] states that "*Investing in HIV prevention requires adoption of strategies that protect [from] HIV transmission across all age groups but particularly among the youth. Therefore, HIV Prevention must be geared towards behaviour change and transforming cultural norms that no longer benefit society as a whole"* If maximum prevention accompanied the test and treat programmes, the investment case submits, the number of new infections would be half of the projected case numbers were only "test and treat" programmes to continue (Figure 10). Little has yet happened, and with limited prevention measures in schools, adolescents remain a highly vulnerable group. There is no large scale targeted intervention aimed at the out of school population.

Figure 10: Projected number of new infections, depending on type and combination of intervention



[3] Ministry of Health (2015) Botswana at the Crossroads: Investment towards effective HIV Prevention, Health Systems Strengthening, & the End of Aids

Progress is constrained by bottlenecks. Inter-generational and transactional sex, Peer pressure among adolescents and young adults, HIV and AIDS related stigma and discrimination all contribute to barriers in the enabling environment, as do gaps between policies and implementation, and inadequate funds allocation. Sector coordination is weak. On the Supply side, capacity gaps, lack of disaggregated and district level data, an insufficient Health Information System, weak M&E in government, and a high level of non-reporting are other barriers to change in this area. On the demand side, low rates of male partner testing, low levels of comprehensive knowledge of HIV, and high rates of multiple partner relationships among males are substantial obstacles. The quality of services, when accessed, do not necessarily comply with international standards.

3. Theory of Change: Reduced risk of HIV infection in adolescents and young adults

Summary Statement[4]

***If** evidence-based advocacy can influence policy and investment by government to be more effective and targeted, and can at the same time drive appropriate and effective behaviour change communication, **then** knowledge in children and young people and their parents will be enhanced **(Changes in Capacity). If** changes in capacity lead to **changes in attitude** in people and institutions, well targeted policies and investment will lead to a better choice of services, matched by people being better prepared to accept such services as useful. Harmful behaviours will change. **If** adolescents and young people practice less harmful behaviours, **then** they will be less exposed to new HIV infections, reducing the prevalence of the virus in their age group over time.*

Problem statement

Over the last three BAIS (2004, 2008, and 2013), prevalence rates within age groups declined, showing that prevention is working. When looking at ageing data, however, it is clear that prevalence goes up substantially from 20 years of age onwards. This supports the hypothesis that targeting adolescents with prevention could be effective in reducing new infections.

Overall Goal (Impact) and Timeline

Reduced risk of HIV infection for 10-24 year olds in Botswana, over 5 years

Relevant Sustainable Development Goals (SDGs)

The primary SDG for this programme component is ***Goal 3 - Ensure healthy lives and promote well-being for all at all ages***, specifically ***3.3. - By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases***, especially as it applies to adolescents and young people. The component will also work towards a subsidiary SDG, namely ***Goal 5 - Achieve gender equality and empower all women and girls.*** Girls are at higher risk in Botswana of contracting HIV/AIDS, and/or to be more disadvantaged in regards to overall sexual health and the freedom to make choices.

[4] also refer to Annex A for the change logic

Change Process

a) Outputs to Outcomes: UNICEF Strategic Interest

Overall Process

In strengthening the four dimensions of demand, supply, quality, and enabling environment UNICEF relies fully on the actions of the Government of Botswana. It has the means and the will to invest in social development, and looks to UNICEF for knowledge and evidence (both local and global) to guide and inform policy implementation and social investment. The role of UNICEF at this level is the most direct in the change process, through building of capacity in relevant institutions, through the generation and/or analysis of local and global evidence, through advocacy for positive change based on this evidence, and through the constructive interaction with all actors to convert this evidence into concrete action for adolescents.

The UNICEF programme has three specific Outputs on HIV/AIDS and adolescents (*see also Section 4. Results Structure*), targeting the three elements it believes to be most effective in achieving the desired Outcomes, and focusing on where it knows to be most effective in its role. These three outputs cover the three categories of *Demand, Supply,* and *Enabling Environment.*

To support overcoming ***demand*** side bottlenecks UNICEF will work through key influencers to engage adolescents and young adults, and the families and communities they live in, on positive behaviour around HIV/AIDS, including prevention of sexual and gender-based violence. Traditional community structures and consultation processes will be the main entry points for such engagement. UNICEF will also work with government to strengthen their behaviour change communication through campaigns and education material targeting vulnerable groups. Partnerships will play an important role at all levels and will include the Ministry of Health, United Nations agencies, PEPFAR, Global Fund, local civil society organisations, faith-based institutions and traditional leadership. To reduce ***enabling environment*** bottlenecks, UNICEF will work closely with partners to provide access to international knowledge and evidence, and to avail technical assistance where appropriate to strengthen the policy framework for prevention and its effective implementation.

To strengthen the ***supply*** side of the HIV/AIDS sector, UNICEF will use evidence and technical assistance to strengthen the availability and quality of services for adolescents and youth, specifically targeting the most at risk. Policy dialogue and advocacy will use evidence to increase the focus on issues around adolescents and HIV, to increase investments in prevention, and to design and deliver a comprehensive and complementary set of support services for HIV infected adolescents

UNICEF will employ a number of corporate strategies in this programme component, making use of global expertise and well-established practices within the organisation. The global strategies applied to this component are Capacity Development, Evidence, Policy Dialogue, and Advocacy, and Partnerships.

Underlying Theory

It is submitted that at the transition from outputs to outcomes, a change in capacity and then in attitude has to take place. UNICEF through its work can leverage a change in knowledge in people and capacity in institutions. In the right environment, for which UNICEF will advocate, this **change in capacity** will translate, over time, into a **change in attitude** of people and institutions. This change has to happen in three dimensions: Behaviour or attitude change has to be matched with sufficient available and relevant services, while underpinned by productive national investment in a balanced approach.

b) Outcomes to Impact: UNICEF Strategic Interest

Overall Process

UNICEF, in contributing to a reduction of HIV/AIDS risk for adolescents and young adults, works towards three Outcomes. Two of these are shared across the UN, and match categories (Enabling Environment, Demand, Supply) of the UNICEF Strategic Plan (*see Section 4. Results Structure for detailed output statements*).

The first outcome, a UN-wide result, establishes the remit for supporting and strengthening relevant legislation, strategies, and programmes. The second outcome, also a UN-wide Outcome on effective systems and mechanisms for productive implementation and accountability, provides the entry point for addressing the demand side of reducing HIV/AIDS risks, and for advocating for better services around HIV/AIDS for adolescents and young adults. The two outcomes come together to create the desired impact: Sufficient resources will be allocated to prevention for adolescents and young adults (Outcome 1), adolescents and young people will be able to take action for themselves (Outcome 2), and they will get help and advice when needed (Outcome 2).

Underlying Theory

The data provided by the last three rounds of the BAIS show that efforts to prevent additional infections in Botswana succeeded. They also indicate that when adolescents mature into subsequent age groups, prevalence rates go up. It is documented that adolescents are exposed to violence and harmful practices, and that they practise unsafe behaviours. They are also exposed to infection through seeking alternatives to limited employment opportunities, such as transactional sex and early marriage for girls. The effect reaches beyond their age group, into their early twenties when infection rates go up. This may indicate that targeting adolescents with prevention could be effective in reducing new infections when adolescents mature into young adults.

4. Results Structure

	UNICEF Programme Components
	Adolescents, Youth, and HIV/AIDS *Children and young adults aged 10-24 are less at risk of HIV/AIDS infection*
Outcomes **"Change in institutional performance or individual behaviour"**	**Outputs** **"Changes in ability or skills, or in availability and quality of services"**
	HIV/AIDS
Outcome 1 (UNICEF-UNDAF) ***By 2021, Botswana has quality policies and programmes towards the achievement of Sustainable Development Goals targets and national aspirations***	**Enabling Environment** *National policy supports a balanced approach of prevention, treatment, and care for adolescents and young adults*
Outcome 2 (UNICEF-UNDAF) ***By 2021 Botswana fully implements policies and programmes towards the achievement of Sustainable Development Goals targets and national aspirations***	**Supply** *Capacities enhanced for achieving the elimination of maternal to child transmission, and its validation.*
	Demand *Adolescents and young adults are engaged on positive behaviour around HIV/AIDS*

5. Monitoring Outputs and demonstrating UNICEF Contribution to Outcomes

UNICEF's Outputs will be achieved *indirectly*, as UNICEF in Botswana will not directly implement programmes in the sector. Rather, through generating evidence, using it for advocacy and leveraging investment, and capacity building it will facilitate the implementation of relevant programmes by others, mostly the Botswana government.

Monitoring, against set Output indicators, will therefore take place based on government data and, where possible and effective, studies and research by UNICEF or partners. Key monitoring sources at the Output level will therefore be:

Demand: Behavioural research (qualitative and quantitative), facility data, surveys

Supply: Budget allocation data, facility data, surveys

Enabling environment: Policy and budget analysis

6. Resource Requirements (in US$)

Programme Components and Outcomes	2017	2018	2019	2020	2021	Total 2017 -2021
Programme Component 2: ADOLESCENT & HIV						
Outcome: Adolescent & HIV - Policy						
RR	15,000	10,000	10,000	10,000	10,000	55,000
OR	20,000	20,000	20,000	20,000	20,000	100,000
Total	**35,000**	**30,000**	**30,000**	**30,000**	**30,000**	**155,000**
Outcome: Adolescent & HIV - Implementation						
RR	228,191	232,355	231,603	232,935	235,354	1,160,438
OR	25,000	25,000	25,000	25,000	25,000	125,000
Total	**253,191**	**257,355**	**256,603**	**257,935**	**260,354**	**1,285,438**

7. Risks and Planned Response

External risk originates from other actors and circumstances beyond the control of any actor. The following summary risk analysis therefore identifies the actors, submits assumptions, and then defines the risks and proposes mitigation measures.

Actors

End-users of the programme are all adolescents and young adults, and their families and communities

Implementing actors are predominantly the Government of Botswana and its various service institutions, then communal structures, and to a lesser extent civil society and the private sector.

Interacting actors are also (not directly involved) government institutions, civil society and the private sector, as well as the other UN agencies in Botswana.

Spoilers are potentially communities. civil society and/or faith-based organisations that may resist changes in social norms and harmful practices. Spoilers could therefore also be found in official institutions as well as in individuals with a public standing ("Influencers")

External stakeholders are SADC, as well as the UN in regards to development policies towards middle-income countries in the region and specific support and cooperation in the field of HIV/AIDS reduction.

Assumptions

For the described programme to have effect, it has to be assumed that other actors will support the HIV/AIDS investment case (notably the government with UNAIDS and the UNCT in general)

The government will have to continue investment in the social sectors at present or increased levels.

Economic growth must prevail and economic diversification has to strengthen to provide economic opportunities for adolescents to exert a pull-effect against negative behaviours.

Internal Risks

The key risk internal to UNICEF lies in its funding and consequently **constraints to in-house expertise** and skills the programme can access, including in Communication for Development (C4D). With a programme that has to fully rely on advocacy based on sound evidence, the country office needs staff as well as advisors (consultants) that can lead quality studies and their analysis, and translate the results into convincing arguments for social investment. There is also a risk of **non-delivery in less tangible programme results**, and a risk of **UN capacity to leverage national resources being inadequate**.

External Risks

If the **UN cannot create a truly unified presence** where agencies fully complement each other, a number of assumptions are likely to be affected and threaten the programme. If the **current income base** of the government (mostly from the Southern African Customs Union and diamond exports) is weakened, key assumptions for the programme will no longer hold. **Evidence could be politicised**, and there is a **reputational risk** for UNICEF associated with the advocacy for **changing attitudes & practices.**

Mitigation

Appropriate mitigation measures include **consistent operational research**, **regular reviews** of the strategies and the overall theory of change, and **careful staff development and HR planning.**

Annex A - Theory of change schematic