
We are the world’s children. 
We are the victims of exploitation and abuse. 
We are street children. We are the children of war. 
We are the victims and orphans of HIV/AIDS. 
We are denied good-quality education and health care. 
We are children whose voices are not being heard: 
It is time we are taken into account…
You call us the future, but we are also the present.1

The poem, “A World Fit for Us,” was recited by Gabriela Arrieta, 13, from Bolivia and Audrey Cheynut, 17, from Monaco, on May 8, 2002 at the UN Special Session on Children. The two children were asked to speak as delegates on behalf of all children who at that time had been orphaned and/or made vulnerable by disease, war, and social injustice. The UN Assembly and the world listened intently to their testimony; today, already four years later, I strongly argue that their testimony would still read exactly the same. We would still hear their cry for recognition, guidance, and support.

UNICEF revealed in its 2006 State of the World’s Children that still “less than 10% of the children who have been orphaned or made vulnerable by AIDS receive public support and/or services.”2 AIDS is by no means the only issue that afflicts children today; the above testimony clarifies this point. AIDS is nevertheless a pandemic that has literally taken nations to their knees over an extremely short period of time. It has cut national life-expectancies in half and has left Botswanans, for example, barely living past the age of thirty seven.3 The disease has also cut national economies down to the point that their traditional support networks and older community members have lost the capacity to cope with their growing numbers of vulnerable individuals. Children are now the ones left standing in the deteriorating communities; they are now the ones left looming in the aftermath of the pandemic. They are the ones who therefore deserve to be recognized by more than a mere 10%.

If the extremely large number of children who have been left orphaned and/or made vulnerable by HIV/AIDS are not offered a significantly greater amount of support services (especially those from the most afflicted nations, such as in Sub Saharan African countries of Zambia, Zimbabwe, and Botswana), USAID states that these

1 Message from the Children's Forum, delivered to the UN General Assembly Special Session on Children
millions of children will mature into individuals who are disproportionately vulnerable to disease, malnutrition, depression, prostitution, illiteracy, and premature death. USAID also quotes, “beyond the economic, emotional, educational, and cultural harm that has already been done to OVC, the substantial gains made in child health and survival that countries have attained will surely unravel.”

Because Gabriela Azurduy Arrieta and Audrey Cheynut’s testimony would still prove to be the same today, obviously not enough has been done to benefit OVC since the 2002 UN Special Assembly on Children. UNICEF and UNAIDS leaders are therefore trying to spur the world to action once again. This past October, they started challenging international agencies, governments, and individuals to respond to a new campaign, “Call to Action: Unite for Children, United Against AIDS” by declaring, “If this situation is not addressed, and not addressed now with increased urgency, millions of children will continue to die, and tens of millions more will be further marginalized, stigmatized, malnourished, uneducated, and psychologically damaged.” The UNICEF and UNAIDS leaders boldly launched the campaign by demanding that these international and government agencies and individuals must “respond” by dedicating more monetary and programming efforts towards OVC around the world. The leaders also demanded that all “responders” act with sensitivity and caution. Children are faced with many different kinds of challenges and vulnerabilities; this can be evinced by the World Summit poem included above. OVC must therefore be provided for in an appropriate, sustainable, and effective fashion. They are in need of holistic services—the kind that offers both material and psychosocial support—in addition to services that incorporate them back into their respective communities and family networks. Responding parties and individuals around the world, according to these UNICEF and UNAIDS leaders, must recognize their call and act accordingly.

The Sub-Sahara African nation of Botswana has already started to respond to this “Call to Action” and plea for holistic services. Its government, community, and international-collaborator groups have come together over the past decade to act on behalf of their 110,000+ OVC living within their borders. Instead of focusing solely on their material needs, these programming groups have been developing a program that addresses their children’s psychological and social needs; namely, one that is an OVC-PSS Prevention and Care Program. They now are at a critical point of their action and programming—studies and manuals have been developed specifically on their OVC situation. Service providers are now being pooled and beginning training. The real understanding of OVC needs and the means of successfully providing for them, however, have not yet been incorporated into Botswana by the programmers.

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4 USAID Project Profiles Pg.1.
In order to advance such a program in the most appropriate, effective, and sustainable fashion, this thesis argues that Botswanan programmers must look across their national borders so as to find and learn from the strategies of already successful OVC programs of other nations. Zambia and Zimbabwe, two of Botswana’s Sub-Saharan African neighbors, happen to be two of the hardest AIDS-hit nations in the world. According to a number of physical, socio-political, and health markers, these two nations have many of the same environmental conditions as Botswana. Most importantly, however, Zambia and Zimbabwe happen to be two of the few nations that have had successful social welfare programs for their OVC for more than five years. SCOPE, Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children, is the name of the program in Zambia; STRIVE, Support for Innovative Village/Community-Based Efforts, is what operates throughout Zimbabwe. This thesis uses these two nations and their respective programs as perfect examples for Botswana to study and imitate accordingly. To do so, this thesis addresses three core indicators for programmatic success and nine principles for defining the strategies that help achieve such success status.

The strategy community ownership happens to be the main force behind both Zambia and Zimbabwe’s successful programs. This strategy respectively “encourages self-help and builds on local resources, cultures, and perceptions of child development.”6 It is especially pertinent to PSS programming because, as especially true in traditional African cultures, “the psychosocial health of an individual is bound up with the health of the community.”7 This thesis finally uses community ownership to argue that Botswanan programmers must look across their national borders, recognize the strategy, and then apply it to their developing program. They must set an example for other nations and “Unite for Children, Unite Against AIDS” with Zambia and Zimbabwe by means of instilling the same community ownership strategy for their OVC-PSS Programming.

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6 Foster. Beyond education. Pg 504
7 Ibid 504.