

Botswana Millennium Development Goals

Status Report 2010



REPUBLIC OF BOTSWANA



UNITED NATIONS

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The Government of Botswana
Ministry of Finance and Development Planning
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// // When I took Office in April 2008, I enumerated some of the challenges which lie ahead, and my resolve to harness our collective energies and capacities to overcome them. These challenges, namely, unemployment, poverty, crime, HIV and AIDS, shortage of shelter, declining social values, environmental degradation and global competition remain valid today. // //

H.E. Lt. General Seretse Khama Ian Khama
President of the Republic of Botswana

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LIST OF ABBREVIATIONS

ACP	African, Caribbean and Pacific
ACSD	Accelerated Child Survival and Development Strategy
AIDS	Acquired Immuno Deficiency Syndrome
ANC	Ante Natal Care
ARI	Acute Respiratory Infections
ARV	Antiretroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
BCG	Bacillus Calmette Guerin
BFHS	Botswana Family Health Survey
BNNSS	Botswana National Nutrition Surveillance System
CBO	Community Based Organisation
CEDA	Citizen Entrepreneurial Development Agency
CHBC	Community Home Based Care
CO2	Carbon dioxide
CSO	Central Statistics Office
CWC	Child Welfare Clinics
DOSET	Department of Out of School Education and Training
DOTS	Directly Observed Treatments-short course
DPT	Diphtheria Pertussis Tetanus
DWMPC	Department of Waste Management and Pollution Control
EPI	Expanded Program on Immunisation
FDI	Foreign Direct Investment
GDP	Gross Domestic Product
GNI	Gross National Income
GER	Gross Enrolment Ratio
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immuno Deficiency Virus
ICT	Information Communication Technology
IMF	International Monetary Fund
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
IPAHP	Integrated Poverty Alleviation and Housing Program
IPT	Isoniazid Preventive Therapy
ISPAAD	Integrated Support Program for Arable Agriculture Development
ITN	Insecticide Treated Bed Net
IYCF	Infant and Young Child Feeding
LIMID	Livestock Management and Infrastructure Development

MDGs	Millennium Development Goals
MDGR	Millennium Development Goals Report
MDR TB	Multi-Drug Resistant Tuberculosis
MFDP	Ministry of Finance and Development Planning
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MoESD	Ministry of Education and Skills Development
MoH	Ministry of Health
MSCPR	Multi-Sectoral Committee on Poverty Reduction
NACA	National AIDS Coordinating Agency
NCSA	National Capacity Self Assessment
NDP	National Development Plan
NER	Net Enrolment Ratio
NGO	Non-Governmental Organisation
NLP	National Literacy Program
NMCP	National Malaria Control Program
NSPR	National Strategy for Poverty Reduction
ODA	Official Development Assistance
OECD	Organisation for Economic Cooperation and Development
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salt
PDL	Poverty Datum Line
PEM	Protein Energy Malnutrition
PMTCT	Prevention of Mother to Child Transmission
RAD	Remote Area Dwellers
RADP	Remote Area Development Program
RNPE	Revised National Policy on Education
SADC	Southern African Development Community
STI	Sexually Transmitted Infection
TB	Tuberculosis
TEC	Tertiary Education Council
UB	University of Botswana
UN	United Nations
U5MR	Under 5 Mortality Rate
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing
WAD	Women's Affairs Department
WG	Working Group

FOREWORD

The Millennium Development Goals (MDGs) Progress Report 2010 is the second, after the 2004 maiden publication, to be produced by the Government of Botswana and the United Nations Country Team. The MDG Progress Reports are an all inclusive endeavor, written in collaboration with all the stakeholders, including civil society organizations, private sector and cooperating partners in the development sphere of Botswana. The purpose of the Reports is to assess progress towards the attainment of the MDGs in Botswana.

The MDGs are a set of eight mutually reinforcing development goals contained in the 2000 Millennium Declaration. The Declaration was signed by 147 Heads of State, including Botswana, to initiate action to combat human development deprivations to which the majority of the world population is still exposed.

The Tenth National Development Plan (2009-2016) is the vehicle that Botswana is using to progress towards the MDGs in the remaining six years. The Government's commitment to prudent macroeconomic management, supported by strong institutions and good governance, has resulted in strong growth in Botswana over the past four decades. Annual real GDP growth averaged nine (9) percent a year from 1966 to 2008, supported by increased mining production, in particular diamonds. This positive trend has created the fiscal space to re-invest an enormous amount of mineral wealth through the government budget in social and physical infrastructure and services. As a result, a great deal has been achieved in terms of social development indicators.

The 2010 Botswana MDG Progress Report shows that substantial improvements have either been made in the past five years, or the 2004 levels have been maintained. For instance, the consistent downward spiral of poverty makes it possible to achieve the global goal of "halving the number of people living below poverty datum line" by 2015. The percentage of people living below the poverty datum line has declined from 47% in 1993 to an estimated 30% in 2002. Indications are that the rate declined further to an estimated 23% in 2009.

It is Government's belief that no one of our citizens should live an undignified life because of poverty. To this end, different categories of vulnerable groups such as old age pensioners, destitute persons, orphans and vulnerable children, as well as, home-based care patients, have access to food, education, subsistence allowance and other basic necessities of life. Realizing that the fight against poverty should be sustained, the Botswana Government has adopted programmes which focus on promoting broad-based growth for sectors that create opportunities for sustainable livelihoods.

The Report further shows that access to 10 years basic education has largely been realized even though improving the quality of education remains a challenge. Gender disparity in education is continuously being reduced and more females have gainful employment in both Government and the Private Sector. I am particularly pleased to note the significant decline in HIV prevalence among 15-19 and 20-24 year old pregnant women, which shows the effectiveness of Government's HIV and AIDS interventions.

Substantial investment has been made by Government since independence, on health infrastructure to develop an extensive primary health care system. The coverage of maternal and child health interventions such as immunization, antenatal and postnatal care, complementary feeding as well as prevention of mother to child transmission of HIV (PMTCT) increased over the years.

However, HIV and AIDS still present major challenges to improving the lives of the people as well as diminishing the prospects of achieving the Millennium Development Goals. The pandemic has stalled progress towards improving the health and survival of the mother, new born babies and that of the under-fives. The continuing high prevalence rates will make achieving the health related goals of reducing child mortality and improving maternal health a daunting task.

To this end, the Ministry of Health developed the Accelerated Child Survival and Development (ASCD) Strategy in 2009 in which specific high impact interventions such as exclusive breastfeeding, adequate vitamin A supplementation and oral rehydration therapy were identified for implementation in order to reverse this negative trend. We hope that the Strategy will fast track the achievement of the health related goals to the level of the rest of the MDGs.

The recent global financial and economic crisis resulted in Botswana experiencing unprecedented loss of national income as the diamond sales in the global market plunged. This threatens to stall the hard earned progress so far made towards the achievement of MDG and Vision 2016 aspirations.

On behalf of the people of Botswana, and indeed on my own behalf, I wish to sincerely thank all our stakeholders for partnering with the Government of the Republic Botswana in the realization of the MDGs. I also wish to express my gratitude to our cooperating partners for their continued support to our development agenda. The strong supportive environment shows the potential Botswana has to achieve the MDGs.

I hope for this continued partnership and support during our final lap towards attainment of the MDGs.

A handwritten signature in black ink, appearing to read 'O.K. Matambo', written in a cursive style.

O.K. Matambo

Minister of Finance and Development Planning

PREFACE

Botswana's second MDG progress report is once again testimony to the commitment and drive of the country to strive for the achievement of all the Millennium Development Goals. The report is a result of a collaborative effort among Government, Civil Society Organizations, Private Sector Organizations, and Botswana's Development Partners facilitated by the MDG Task Force under the able leadership of the Ministry of Finance and Development Planning and supported by the UN Country Team (UNCT).

The preparation of the report exemplifies the partnership approach of the actual pursuit of the goals which are in line with Botswana's more ambitious Vision 2016 goals. The report is targeted at a wide audience and provides an overview on the status of all the MDGs in Botswana. The Report examines each goal under the aspects of status, supportive environment, the challenges and policies to adopt, as well as priorities for Botswana to meet the goals by 2015.

The report registers positive improvements in the social indicators over the past five years. These include the decline in HIV prevalence among the 15-19 year old pregnant women and 20-24 year old pregnant women from 24.7 percent to 13 percent and 38.7 percent to 24.3 percent in 2001 and 2009, respectively. This is reflective of a conscious effort by Government towards realizing the target of reversing the spread of HIV and AIDS. In addition to this, indicators show that the target of universal primary education is likely to be met because of the strong supportive environment that exists in the country. Slow progress on other goals such as maternal, infant and child mortality are also noted calling for concerted attention and action.

The UN System in Botswana will continue to provide support to Government in its drive to meet the MDGs. This, among other interventions, will include capacity development support to key institutions of Government as they establish or refine a coordinated framework for MDG acceleration and provide catalytic and targeted resources and expertise to address identified constraints and opportunities for high-impact MDG progress.

We are confident that the findings of the status analysis will help pave the way to accelerate actions for the remaining five years. Botswana's positive gains can be built upon to pull the energies of all the stakeholders towards achieving the more challenging goals.



Ms. Khin-Sandi Lwin
UN Resident Coordinator

THE MILLENNIUM DEVELOPMENT GOALS AND TARGETS

At the world summits of the 1990s, a comprehensive agenda on human development was developed with the aim of responding to the world's primary development challenges in a clear and simple manner. Poor countries pledged to govern better, and rich nations vowed to support them, with a call to action from civil society borne from the recognition that if people did not know what was being done to improve their lives, they were less likely to be engaged in the process, and thus less likely to hold governments accountable.

In 2000, the United Nations agreed on a roadmap for development, marking the dawn of a new century articulating eight time-bound development goals addressing issues of poverty, education, gender equality, health and environment, all to be achieved by 2015. They became known as the Millennium Development Goals (MDGs) and were ultimately signed on to by 189 countries, including Botswana.

The Declaration mainstreams a set of interconnected and mutually reinforcing development goals into a global agenda. The MDGs are a synthesis of the goals and targets needed to be achieved to effectively combat poverty, namely:

- Goal 1:** Eradicate extreme poverty and hunger
- Goal 2:** Achieve universal primary education
- Goal 3:** Promote gender equality and empower women
- Goal 4:** Reduce child mortality
- Goal 5:** Improve maternal health
- Goal 6:** Combat HIV and AIDS, malaria and other diseases
- Goal 7:** Ensure environmental sustainability
- Goal 8:** Develop a global partnership for development

Monitoring and evaluation of progress towards meeting these goals, sustaining political support and ensuring continued commitment are essential elements of the development approach. The UN originally agreed to 18 targets and 48 indicators

for monitoring country progress towards meeting the stated objectives. The monitoring framework has since changed to 21 targets and 60 indicators. However, targets and indicators were adapted to local circumstances to create meaningful ownership.

NATIONAL OWNERSHIP

Reporting on progress towards the MDGs is the responsibility of national governments. The MDG framework is intended to keep poverty issues, as well as other issues of sustainable development - HIV and AIDS, education, child health, maternal health and environmental sustainability - at the forefront of national and international agendas. The reporting should not only provide data and information but also give voice to the people and facilitate their participation in national and community level decision-making processes and capture development efforts carried out by organizations and institutions in the country.

Although the MDGs provide the direction for development, they also allow each country to set its own priorities and design and implement strategies most appropriate for achieving them. Targets have to be relevant to local circumstances and reflect national commitment. Several steps have been taken by the Government of Botswana to make the MDG process a national issue and involve all sectors, including civil society, the private sector and the public sector. National ownership and relevance for a wider audience have been the guiding principles for this MDG report.

The section below summarises the process of developing the second MDG report for Botswana. The process was remarkable for, amongst other things, the breadth of sectors and stakeholders it sought input from.

THE MDG PROCESS IN BOTSWANA

Since signing the Millennium Declaration, Botswana has taken full ownership of the MDGs and made significant progress. The country's commitment to measuring progress, learning from the experience

gained and allowing data and information to guide decision making for future efforts is clear from the measurable achievements captured in this report. Botswana was one of the first countries in Africa to assess its progress and released its first MDG status report in 2004. This progress report, the second for Botswana, bears testimony to the Government of Botswana's continued commitment.

The preparation of the Botswana 2010 MDG Report was done through an inclusive and participatory process. The effective participation of the Government of Botswana, the Private Sector and Civil Society in the process has been essential, as has the active participation of development partners. To that end, three working groups, namely, Poverty and Economic Development; Health; and Education and Gender were constituted. They included representatives from national institutions (i.e. relevant Government departments and the Central Statistics Office), UN agencies and civil society.

The working groups made valuable contributions through facilitated working sessions, one-on-one meetings and consultations via telephone and electronic media. The content of this report reflects the input and discussions held in the thematic working groups. By having dedicated working groups, it was possible to ensure broad national ownership and that information and data in the Report reflects the reality of the country. Several rounds of review ensured that data was properly validated.

The Central Statistics Office (CSO) made significant contributions throughout the process, notably by validating and verifying data and information. Most of the data used in the Report originated from official CSO publications. CSO provided valuable reviews of the final draft to ensure data coherence and that the most recent data was used.

BOTSWANA SPECIFICITY: VISION 2016

When Botswana became independent in 1966, it was one of the poorest countries in Africa. In the four decades following independence, remarkable progress has been made, thanks to the discovery and effective management of mineral wealth, good policies and accelerated investment in the provision of basic services.

In 1997, following a long process of consultation with a broad range of stakeholders, the Government

of Botswana finalised the "Long Term Vision for Botswana: Towards Prosperity for All", known as "Vision 2016". It follows the five national principles of Democracy, Development, Self Reliance, Unity and 'Botho'. The latter is a Setswana word for "Humaneness". Vision 2016 calls upon all citizens of Botswana to embrace and manage the process of change in accordance with the following pillars:

Pillar 1: An Educated, and Informed Nation

Pillar 2: A Prosperous, Productive and Innovative Nation

Pillar 3: A Compassionate, Just and Caring Nation

Pillar 4: A Safe and Secure Nation

Pillar 5: An Open, Democratic and Accountable Nation

Pillar 6: A Moral and Tolerant Nation

Pillar 7: A United and Proud Nation

"Vision 2016" articulates Botswana's long-term development aspirations and provides a broad framework for development. The development process is guided by six-year National Development Plans (NDPs)¹. The NDPs are guided by Vision 2016 and, since the year 2000, the MDGs.

ORGANISATION OF THE REPORT

This report summarizes progress made in Botswana towards the achievement of the MDGs and identifies some of the main challenges and priorities for action at the policy and implementation levels in order to accelerate the attainment of the goals. Data and information used in the 2004 Report is used to compare and assess progress. However, new information, surveys and strategies related to poverty, family health and demographic surveys as well as the development of the National Development Plan 10 (2009-2016) are also considered.

Although the principal objective of this 2010 Report is to monitor progress, its secondary objective is to serve as a tool for advocacy, awareness raising, alliance building and the renewal of political commitment at the country level. It is intended to help guide development partners in Botswana and

¹ The current National Development Plan 10 (NDP10) started in April 2010 and runs until 2016 and its theme is "Accelerating the Vision of 2016 Through NDP10".

further harmonise, simplify and align development efforts at all levels.

The report summarises the context for development efforts in Botswana in terms of the policy environment, national priorities and mechanisms for monitoring progress. It also presents the policies and programmes adopted by the Government of Botswana to ensure that the MDGs and Vision 2016 goals are achieved.

ASSESSMENT OF MONITORING ENVIRONMENT

Concluding the section on each goal is a summary assessment of the monitoring environment. The following assumptions apply:

- Data gathering capacity is rated as “strong” if there is capacity for periodic and regular collection of data with respect to a particular MDG.
- Statistical tracking capacity is rated as “strong” if a relatively strong mechanism is in place to capture and analyze information.
- Capacity to incorporate statistical analysis into policy is rated “strong” if new information and data analysis are systematically fed into policy-making and planning.
- Monitoring and evaluation is rated “strong” if a systematic information-based review and planning process is an integral part of programming.

PROGRESS TOWARDS THE MDGs AT A GLANCE

Botswana has made great strides towards meeting the MDGs, and significant positive developments have occurred since 2004. For instance, the government has initiated a comprehensive public sector reform initiative aimed at improving the efficiency and effectiveness of the delivery of public services. New programs and projects targeting MDG and Vision 2016 outcomes have been initiated, whilst Botswana’s traditional focus on key MDGs such as education, health, water, sanitation and infrastructure has been sustained. Some of the notable achievements are:

- The proportion of people living below the poverty line fell from 47 percent in 1993/1994 to 30.6 percent in 2002/2003.
- The percentage of children under the age of five who were underweight reduced from 14.6 percent

in 1993 to 4.3% in 2008.

- A high net enrolment rate for primary school (6-12 years) of 85.8% and low dropout rate of 6% in 2009 suggest that Botswana is likely to achieve universal primary education.
- Gender parity has been achieved in primary and secondary education. The difference in primary school enrolment for boys and girls reflects the sex ratio at birth rather than differential access to education. The enrolment ratios are reversed at the secondary school level, where more girls are enrolled than boys owing to higher progression rates for the former. For instance in 2009, girls accounted for 48.8% of primary school enrolment and 51.9% of secondary school enrolment.
- In both the public and business sectors, the share of women in decision making positions has grown considerably. In 2009, women accounted for 45% of senior management positions in the public service, up from 37% in 2005.
- Between 1991 and 1994, the under five mortality rate (U5MR) fell from 63 deaths per 1000 live births (63/1000) to 50 in 1997 continuing a trend that dates back to 1971 when the U5MR was 97/1000. Over the same period, the infant mortality rate (IMR) fell from 48/1000 in 1991 to 37/1000 in 1996. Both the U5MR and the IMR have since deteriorated, respectively reaching 76/1000 and 57/1000 in 2007.
- Ninety percent and ninety three percent of children were fully immunized by one year of age in 2007 and 2009, respectively.
- Maternal mortality dropped from 326 per 100,000 births in 1991 to 198 per 100,000 births in 2008. Following an improvement in the maternal mortality monitoring system, Botswana is experiencing an increasing trend from 193 to 198 in 2007 and 2008, respectively.
- Ninety five percent of expectant women utilise antenatal care services and 94.6 percent deliver under a trained health attendance in 2007.
- Knowledge of family planning is nearly universal with 98.3 percent of all women aged 15-49 and 96.8 percent of all men aged 15-49 knowing at least one method of family planning in 2007.

- HIV prevalence among the 15-19 year old pregnant women and 20-24 year old pregnant women dropped from 24.7 percent to 13 percent and 38.7 percent to 24.3 percent in 2001 and 2009, respectively.
- Ninety percent of HIV-infected pregnant women access PMTCT, which has led to a reduction of mother-to-child transmission from 40% to 4% in 2007.
- Ninety seven percent of the population has

access to safe drinking water, slightly higher than the average (93%) for upper middle income countries (MICs), and far ahead of Sub-Saharan Africa.

- Seventy nine percent of the population of Botswana uses sanitary means of disposing excreta.
- The penetration of mobile cellular subscriptions (per 100 inhabitants) has increased dramatically from 25 percent in 2003 to 77 percent in 2008.

Table 1 Millennium Development Goals Status at a Glance

Goals	Target	Indicator	1990	2003	2007
1. Eradicate Extreme Poverty and Hunger	1. Halve between 1990 and 2015 the proportion of people living on less than one dollar a day	Proportion of population below \$1 per day (PPP)		23.5	
		Proportion of population below national poverty line		30.6	
	2. Halve between 1990 and 2015 the proportion of people who suffer from hunger	Prevalence of underweight children under 5-years of age		7.1	4.6
2. Achieve Universal Primary Education	3. Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Net enrolment rate for primary school (6-12 years)	88.0	90.0	86.9
		Proportion of pupils starting grade 1 who reach last grade of primary school	76.0	86.9	86.9
		Literacy rate of 15 -24 year- olds, women and men	89.0	93.7	
3. Promote Gender Equality and Empower Women	4. Eliminate gender disparity in primary and secondary education preferably by 2005 and at all levels of education no later than 2015	Ratio of boys to girls in primary school	100	98.0	96.0
		Ratio of boys to girls in secondary school		108	108
		Ratio of boys to girls in tertiary education		84.0	100.0
		Share of women in wage employment in the non-agricultural sector	34.0	40.0	43.4
		Proportion of seats held by women in national parliament	5.0	11.0	11.0
		Ratio of literate females to males of 15 -24 years-old			1.2

Table 1 Millennium Development Goals Status at a Glance

Goals	Target	Indicator	1990	2003	2007
4. Reduce Child Mortality	5. Reduce by two-thirds between 1990 and 2015 the under-five mortality	Under five mortality rate	57.0		76.0
		Infant mortality rate (per 1,000 births)	48.0		57.0
		Proportion of 1 year-old children immunized against measles	45.0		90.0
5. Improve Maternal Health	6. Reduce by three quarters the maternal mortality ratio	Proportion of births attended by skilled health personnel	77	96.1	94.6
		Maternal mortality rate (100,000)	326		193
6. Combat HIV and AIDS, Malaria and other diseases	7. Have halted by 2015 and begun to reverse the spread of HIV and AIDS	HIV prevalence among 15 -19 year old pregnant women		22.8	17.2
		HIV prevalence among 20-24 year old pregnant women		38.6	31.2
		Contraceptive prevalence rate of all women aged 15-49 years		40	52.8
	8. Halve halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Prevalence rate associated with tuberculosis		0.6	
		Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment Short Course)		35.0	50.0
7. Ensure Environmental Sustainability	9. Halve the proportion of people without access to safe drinking water and basic sanitation	Access to improved water source (% of population)	93.0		95.8
		Access to improved sanitation (% of population)	38.0		79.8
	10. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Forest area (% of total land area)	24.0	21.0	21.0
		National protected area (% of total land area)			30.9
		CO2 emissions (metric tons per capita)	2.0	2.0	2.4
		GDP per unit of energy use (constant 2005 PPP \$ per kg of oil equivalent)	7.3		11.7
8. Develop a Global Partnership for Development	11. Develop further an environment conducive for beneficial trade and foreign direct investment	Net ODA received (% GNI)	4.0	0.0	1.0
		Debt service as a percentage of exports of goods and services	4.0	1.0	1.0
		Telephones lines (per 100 people)	2.0	7.0	7.0
	12. In cooperation with the private sector, make available the benefits of new technologies	Mobile cellular subscribers (per 100 people)	0.0	25.0	77.0
		Internet use (per 100 people)	0.0	3.0	5.0
		Personal computers (per 100 people)			4.8

Source: Botswana Central Statistical Office, 2010, and World Bank Development Indicators (2009)



GOAL 1

Eradicate Extreme Poverty and Hunger



Botswana has adopted an aggressive response to poverty, and designed policies and programmes aimed at poverty eradication

Results from Household Income and Expenditure Surveys (HIES) for 1985, 1993 and 2002 suggest the global poverty target – “Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1 a day” - was met in 2007. These do not, however, take into account the effects of the global economic shocks of the period 2007-2010 - the oil price shock, the food price crisis, and the economic recession, which estimates suggest drove 55-90 million more people into extreme poverty (United Nations Millennium Development Goals Report 2009).

Botswana, and in particular its poor and low income people in both wage and self employment, did not escape the effects of these crises. Though their effects are still undetermined, the crises are certain to have exacerbated poverty and vulnerability.

The government’s determination to end extreme poverty by 2016 will take Botswana closer to eradicating poverty, but the target of zero Botswana living below the poverty line by 2016 is unlikely to be achieved (see Fig 1.1). The hunger target is, however, achievable given Botswana’s strong social safety net regime.

1.1 What is the situation like?

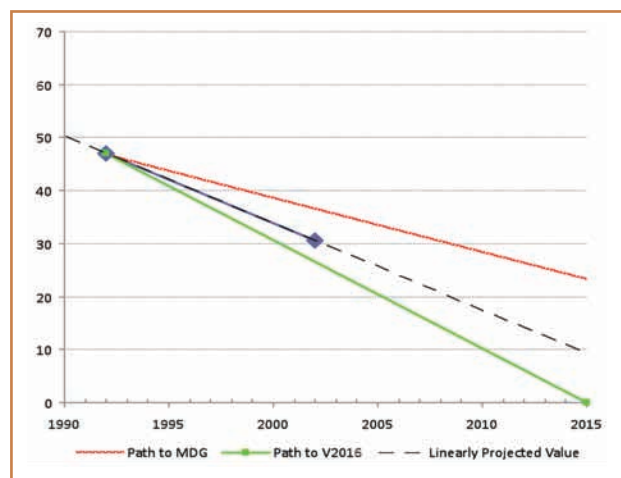
Table 1.1 Overview of performance towards the global and national poverty targets

GLOBAL TARGET	WILL TARGET BE MET	NATIONAL TARGET	WILL TARGET BE MET	SUPPORTIVE ENVIRONMENT
Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1.00 a day	Likely	No persons living below the income poverty datum line by 2015	Unlikely	Strong
Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Likely	Reduce, by 50%, the proportion of people who suffer from hunger and malnutrition by 2016	Likely	Strong

For the majority of Botswana, basic needs are met. The country's expansive social safety net regime ensures that the food needs of those with heightened vulnerability to hunger and malnutrition, e.g. destitute persons, orphans, and people living with HIV and AIDS, are met. Access to portable water and sanitation respectively stood at 95.8% and 79.8% of the population in 2007 (BFHS IV, 2007). An estimated 95% of the population has access to a health facility within a radius of 8km. Adult literacy and school enrolment ratios have risen rapidly since independence: the adult literacy ratio was 81% in 2003 whilst primary school age children are virtually assured access to 10 years of basic education.

Income poverty is trending downwards sharply. Between 1993/94 and 2002/03, the poverty headcount ratio fell from 47% to 30.6% and is estimated to have fallen further to 23% by 2009, well within the required trend for the country to achieve the global poverty target, though short of the trajectory required to eradicate poverty by 2016 (see Fig 1.1). In particular the poor and low income people in both wage and self employment did not escape the effects of these crises. Though their effects are still undetermined, the crises are certain to have exacerbated poverty and vulnerability.

Figure 1.1 Proportion of population below the PDL (%)



Some significant sources of vulnerability have been identified, foremost amongst them HIV and AIDS, adverse climatic conditions and climate change

Table 1.2 Situation of poverty at a glance

Indicator		Value (Year)	
Poverty Head (%)	National PL	47 (1993)	30.6(2002)
Count Rate	\$/Day PL	24.3(1992)	23.5(2002)
Poverty Gap Ratio*		11.8(1992)	11.6(2002)
Rate of unemployment (%)		20.8(1998)	26.2(2008)
Life Expectancy at Birth (Years)		64.3(1998)	55.6(2006)
Access to safe drinking water (%)		93.0(1990)	95.8(2006)
Access to sanitation (%)		38.0(1990)	79.8(2007)
Adult Literacy Rate (%)		-	81 (2003)
Child Malnutrition (%)		7.1 (2003)	4.3 (2009)

Sources: CSO (Vision 2016 & MDG Indicators Report 2009); Kakwani, Son et al*, NDP 10

Poverty is still a significant challenge

About a third of the population lives below the national poverty line. Evidence from the 2002/03 HIES suggests poverty is also deep, inequality is high, and poverty responds sluggishly to growth.

Unemployment, estimated at 26.2% of the labour force in 2008, up from 17.6% in 2005, is quite high, especially amongst the youth. Furthermore, a significant proportion of the population, 19%, depends on one type of welfare scheme or another. These factors suggest that Botswana's "... poor are locked into structural poverty and increasing dependence on state support" (Ministry of Local Government, 2010).

Some significant sources of vulnerability have been identified, foremost amongst them HIV and AIDS, adverse climatic conditions and climate change. HIV and AIDS is an especially potent source of vulnerability because of the severity of its impact on the capabilities and assets of affected households. Since the mid 1990s, it has eroded gains made in reducing morbidity and mortality, and reduced life expectancy by more than 10 years.

Vulnerability to poverty has some distinctive features. Rural areas, South Western Botswana in particular and remote areas in general, are relatively more vulnerable to poverty as shown in figure 1.2. This is a result of inferior resource endowment and relative isolation from the mainstream economy. The elderly, children and the infirm also experience heightened vulnerability due to deficiencies in

essential capabilities e.g. education, skills and health. Furthermore, poverty is strongly positively correlated with unemployment and deprivation in productive assets.

Income poverty is trending downwards sharply. Between 1993/94 and 2002/03, the poverty headcount ratio fell from 47% to 30.6% and is estimated to have fallen further to 23% by 2009

Household size is also a source of vulnerability to poverty. Generally, bigger households have high dependency ratios. Family planning is therefore an essential instrument in the battle against poverty. Evidence from the 2002/03 HIES also shows that poverty has a gender bias. An estimated 33.1% of female headed households were poor compared to 27.4% of those headed by males.

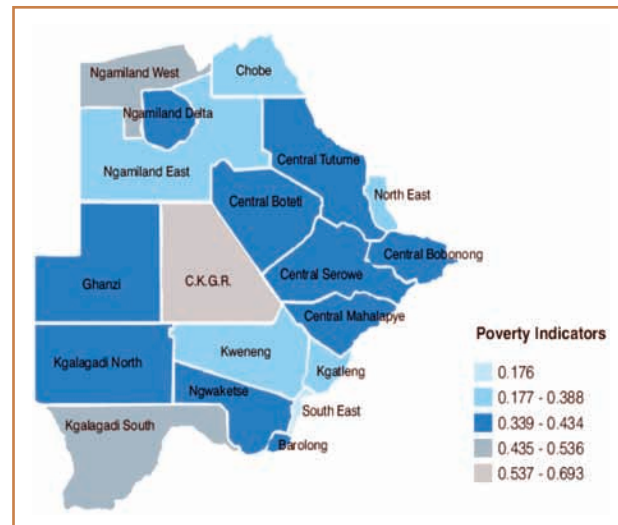
The national response to poverty is strong but could be improved significantly

Botswana has adopted an aggressive stance on poverty. Its main strengths are:

- *Political will:* The President has made eradicating poverty a defining issue for his administration. He has moved the coordination of poverty policies and programmes to his office, placed poverty high on the priorities of the Economic Committee of Cabinet, and demanded policy and programme reforms to give added impetus to the quest to eradicate poverty.
- *Strong policy and programme response:* The Government has deployed an array of policies and well resourced programmes to eradicate poverty (See Box 1 for examples). The National Strategy for Poverty Reduction co-ordinates these initiatives for greater synergy and impact.
- *A stable and growing economy:* Botswana prioritises sustainable gainful employment as the durable response to poverty. Towards this end, it prioritises good governance i.e. good laws, good policies, good institutions and judicious investment of public resources.

- *Focus on basic needs:* Education, health, water and sanitation are top spending priorities. Health and education alone consistently account for over a third of the national budget.

Figure 1.3 National Poverty Map, 2002



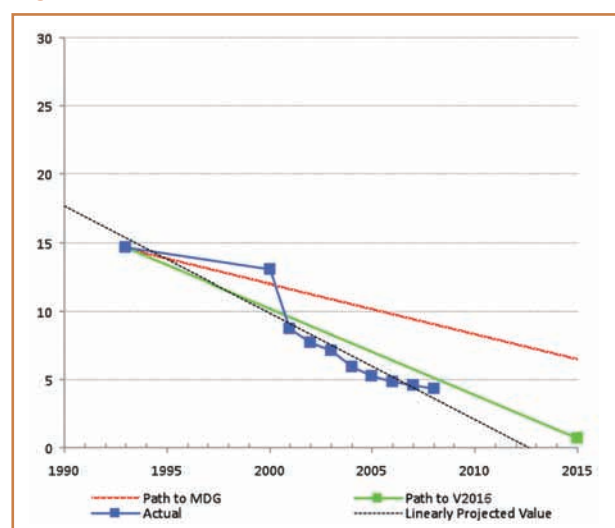
Source: Central Statistics Office

Box 1.1: Key anti-poverty policies and programmes

1. *National Strategy for Poverty Reduction (2002):* Coordinates all the initiatives.
2. *Remote Area Development Programme:* Targets the ultra-vulnerable remote area dwellers, who are predominantly disadvantaged minorities
3. *Destitution Programme:* Provides a welfare floor for the indigent
4. *Orphan Programme:* Targets children who have lost parents. Provides an effective welfare floor for orphans.
5. *Old Age Pension:* Provides income support for the aged.
6. *Integrated Support for Arable Agricultural Development:* Provides inputs to farmers, including those who are resource poor.

Mixed results on hunger and malnutrition

The Botswana National Nutrition Surveillance System (BNNSS) monitors weight-for-age for 80% of children under five on a monthly basis. The data (see figure 1.3) shows that child malnutrition has declined sharply since 1993, from 14.6% at the start of the period to 4.3% in 2008.

Figure 1.3 Trends in Child Malnutrition (%)

Source: BNNSS

Evidence from the 2007 Botswana Family Health Survey (BFHS) suggests that malnutrition may be a bigger problem than the BNNSS data suggests. According to the BFHS, 13% of children aged 5 and younger were malnourished in 2007, 26% were too short for their age (stunted), whilst 7.2% were too thin for their height (wasted). Overall, 13.5% of the total population were reported to be underweight.

HIV and AIDS exerts some influence on malnutrition

There is evidence suggesting that HIV and AIDS is a factor in the incidence of malnutrition. For instance, the Ministry of Health attributes the sharp decline in Botswana's exclusive breastfeeding rates to HIV and AIDS. HIV and AIDS could also be a key explanatory factor for the results of the 2007 Botswana Family Health Survey (BFHS)², which suggest sharp reversals in nutritional levels.

Good nutrition is a priority for development

Botswana has, through its policies and programmes, appreciated the link between good nutrition and development, especially child development.

² The disparities between the BNNSS and the BFHS could be explained in part by low clinic participation rates amongst the poor and hard to reach populations. They could also suggest deficiencies in data capture and analysis within the BNNSS.

³ PSIA's provide a good basis for integrating poverty into development processes.

Training on infant and young child feeding (IYCF) has been intensified to promote, protect, and support breastfeeding. Underweight children under five receive supplementary feeding in Child Welfare Clinics (CWCs). In public schools, children are accorded free meals to facilitate learning.

All Botswana children are eligible for the integrated services provided through Child Welfare Clinics (CWC) from birth to five years, regardless of their socio-economic status. The main objective of the programme is to ensure the good physical and cognitive development of children and their survival. A host of welfare schemes, e.g., the destitution policy, the disability pension, the orphan's programme, and labour based public works, help meet the nutritional needs of adults who need government support.

1.2 The Major Challenges

Operationally, there are three key challenges: the lack of a good Poverty Monitoring and Information System (PMIS) to provide evidential basis for policy/programme development, implementation, monitoring and reform; institutional capacity constraints, especially of a technical nature; and deficiencies in policymaking processes. Policymaking is still devoid of Regulatory Impact Assessments (RIA), more specifically Poverty and Social Impact Assessments (PSIA's³). Due to these deficiencies, poverty is still not adequately integrated into policies. At the strategic level, the key challenges are:

- Empowerment, opportunity and human security: The call for a retreat of state paternalism in Botswana's 2004 MDG report was prescient. Botswana must find a good balance between developing people and helping them to develop themselves. The empowerment, opportunity and human security framework proposed by the World Bank (World Development Report 2000) is a good place to start, along with Botswana's own Social Development Policy Framework, Local Economic Development and Community Resilience.
- *Creating quality and sustainable employment opportunities*: Decent work - safe, secure and paying a living wage - is the durable solution to poverty. It requires, on the demand side, a dynamic and growing economy, which in turn needs entrepreneurship development, investment and growing trade capacity. On the supply side, decent work requires quality education and skills

to enhance the employability labour⁴.

- *Bringing HIV and AIDS under control:* Poverty and HIV and AIDS feed off each to intensify. Households affected by HIV and AIDS often lose breadwinners, assets and opportunities⁵. HIV and AIDS is thus a potent source of vulnerability to poverty, thus halting the spread of HIV and AIDS and mitigating its impacts is a critical anti-poverty imperative.
- *Strengthening governance institutions and processes:* The challenge of poverty is a governance challenge as well. Eradicating poverty requires competent and accessible institutions as well as efficient, equitable, and effective processes to deliver the empowerment, opportunity and human security services essential for overcoming poverty. Appropriately capacitated and used, local government and civil society could enhance the institutional capacity to deliver anti-poverty services.
- *Diversifying the economy and building resilience to shocks:* Since 2007, Botswana has suffered from the adverse effects of three major global economic shocks – the food price crisis, the oil price shock and the economic recession of 2009. Adverse shocks of this magnitude have the effect of driving more households into poverty. A diversified economy with strong macro-micro linkages would better withstand shocks than one with a narrow base.

1.3 Key Policies and Programmes

Botswana's poverty is pervasive. Thus, Botswana's historical emphasis on basic needs - food, health, education, water and sanitation - and employment is the correct approach to poverty reduction since it integrates poverty into development processes. Still, Botswana has developed more targeted policies and strategies, some of which are summarised in Box 1.1. They include:

- *The National Strategy for Poverty Reduction (NSPR) of 2003:* Currently under review, this is a framework document that in principle should guide the entire national effort against poverty.
- *The Remote Area Development Programme:* It targets remote area dwellers. These are predominantly disadvantaged minorities living in relatively remote areas. Vulnerability to poverty is high among these communities.

- *Destitution Programme:* The programme provides an above poverty line welfare floor for the very poor.
- *Old Age Pension:* Targeting old age as a source of vulnerability, it provides a fixed income support grant for all people aged 65 and above, regardless of income status.
- *Orphan Programme:* It provides an above poverty line welfare floor for orphaned children up to age 18 or completion of school.
- *Integrated Support for Arable Agricultural Development:* This initiative seeks to raise farm acreage and yield by providing basic inputs, including subsidised draft power to farmers, up to a maximum of ten hectares.

1.4 Monitoring progress towards MDG 1

Botswana has a credible Statistical Authority that has built substantial capacity to competently undertake surveys on a range of welfare indicators. These include the National Population and Housing Census, the Household Income and Expenditure Survey (HIES), the Demographic Survey (DS) and the Botswana Family Health Survey (BFHS). These surveys are based on international standards and produce reliable data. Thus, in terms of welfare data gathering capabilities and quality of survey information, Botswana's statistical system is strong.

The major weaknesses in the system revolve around the dis-aggregation of data, frequency of data collection, data analysis and the use of poverty related information in policy processes. All the major surveys occur at decade long intervals whilst, with the exception of the national census, survey samples are not representative at the district level.

Data from all the major surveys is not adequately analysed within and outside government. Further to this, there are deficiencies in the monitoring and evaluation of poverty related policies and programmes, a weakness compounded by the lack of Poverty and Social Impact Analyses (PSIAs) in policy processes. Table 1.4 provides an assessment of Botswana's capacity to monitor poverty.

⁴ The Government now puts emphasis on Mathematics and Science in formal education and vocational/technical education.

⁵ HIV and AIDS may cost orphaned children decent schooling

Table 1.4 Overview of capacity to monitor progress towards MDG 1

DIMENSION OF CAPACITY	ASSESSMENT
Data Gathering Capacities	Strong
Quality of Survey Information	Strong
Statistical Tracking Capacities	Fair
Statistical Analysis Capacities	Fair
Capacity to use statistical analysis in policy	Fair
Monitoring and Evaluation Mechanisms	Fair

Botswana’s commitment to eradicating poverty requires a more robust Poverty Monitoring and Information System (PMIS) than that which Botswana has. The elements of such a system will include samples that are representative at higher levels of disaggregation, more frequent surveys, good estimation processes, quality analysis, good archiving capabilities and efficient dissemination.



Agriculture has been identified as one of the key vehicles in the drive towards poverty eradication



GOAL 2

Achieve Universal Primary Education



There has been good progress towards achieving universal access to basic education

School-based statistics show that Botswana has made and sustained significant progress towards universal access to basic education for boys and girls alike. Key dimensions of educational performance, e.g., enrolment, adult literacy, school infrastructure, basic equipment, supply of teaching materials and teacher qualifications have improved markedly since independence.

Botswana has made good progress towards achieving universal access to ten years of basic education for its children. This is a considerably more ambitious target than the “full course of primary schooling” that has been set globally. Trends in literacy rates amongst 15-24 year olds, enrolment, and dropout statistics suggest that Botswana is educating its children.

1.1 What is the situation like?

Table 2.1 Overview of performance towards the global and national education targets

GLOBAL TARGET	WILL TARGET BE MET	NATIONAL TARGET	WILL TARGET BE MET	SUPPORTIVE ENVIRONMENT
Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Likely	Achieve universal access to 10 years of basic education by 2016	Unlikely	Strong
		To improve the relevance and quality of basic education	Likely	Strong

Investment in education is paying off

The education sector in Botswana is very well resourced. It accounts for about 25% of public expenditure. In 2008/09, education was allocated 8.2% of the development budget and 28.5% of the recurrent budget. In 2009/2010, education accounted for 19.6% of the total budget. Investment in education has been increasing at an annual rate of 4% over the last decade.

The result of Botswana’s investment in education is good education infrastructure, adequately staffed schools, rising teacher qualifications, and adequate supplies of equipment and materials in schools. In 2009, Botswana had 803 primary schools, of which 742 were public schools. At the impact level, literacy rates are high and rising, skill levels are growing, and the labour force is modernising.

The Government’s investment in education focuses on expanding access and enhancing quality. The investment in quality – lower student-teacher ratios, higher teacher qualifications, pupil exposure to information communication technologies (ICTs) etc., intensified as access became less of an issue in the 1990s.

Figure 2.1 (a) shows that between 1997 and 2005, the Net Enrolment Ratio (NER) for 6-12 years olds hovered around 90%, compared to nearly 100% for 7-13 year olds (Figure. 2.1 (b)). However, both the 6-12 and 7-13 NERs declined after 2005. The reasons for the decline in the NER need to be investigated.

Figure 2.1 (a) Net Enrolment Ratio (6-12 Years)

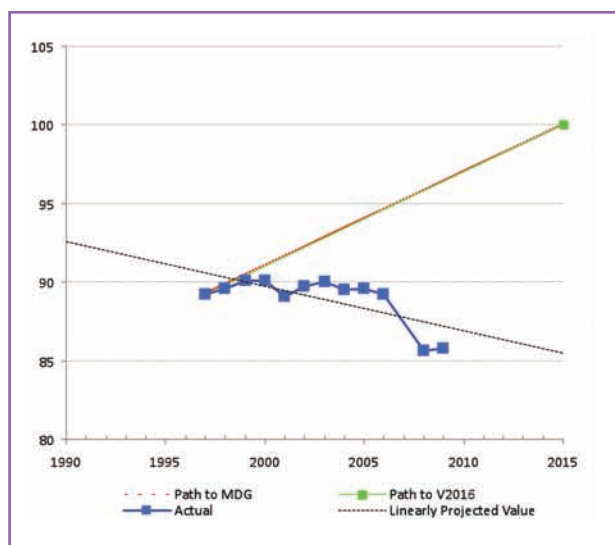
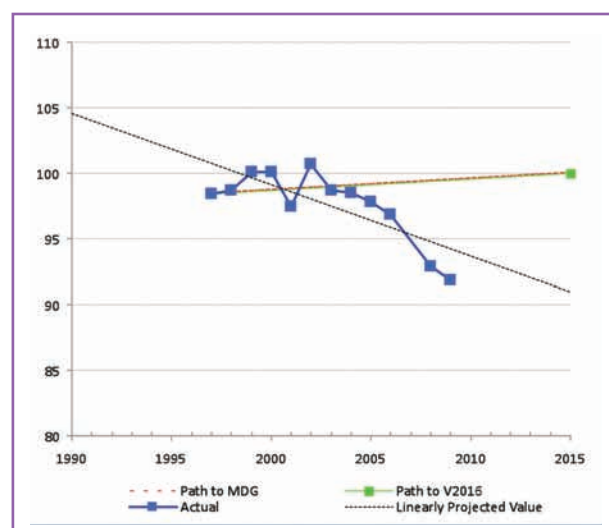


Figure 2.1 (b) Net Enrolment Ratio (7-13 Years)



Source: Educational Statistics 2009

The 10 percentage point gap between the 6-12 and 7-13 NERs, suggests that many children are enrolled at age seven (7) rather than six (6), a conclusion supported by the spread between the Gross Enrolment Ratio (GER) and the NER. For instance, at its peak in 2005, the 6-12 NER was, at 89.6%, 23.6% below the GER, which stood at 113.2%. A large number of enrolled pupils, 23.6%, were outside the target cohort.

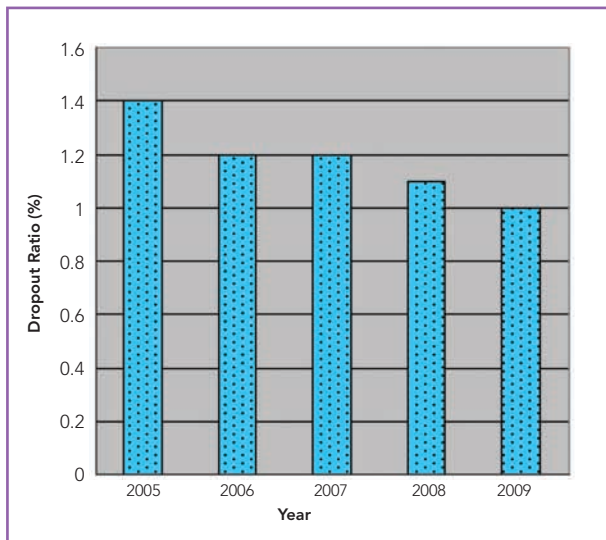
Many children do not start school at age six (6)

The substantial spread between the NERs for the 6-12 and 7-13 cohorts suggests that many of Botswana’s children start school at least a year after their sixth birthday. Botswana’s official school entry age, which is also the MDG standard, is six (6) years. Even so, many parents, particularly in rural and remote areas, prefer to send their children to school after age six. The lost year is a cost to the children and the country that the government should address. Several explanations have been proffered for parental propensity to enrol children late. These include long walking distances to school; reluctance to commit very young children to far away boarding facilities; and sheer parental ignorance of the value of education.

School drop-out rates a challenge

Figure 2.2 traces primary school dropout rates for the period 2005-09.

Figure 2.2 National Primary School Dropout Ratio for 6-12 year olds.



Source: Education Statistics Report 2009

Generally, the primary school dropout rate is low and declining, which suggests growing appreciation of the value of education by parents. Another positive development is the decline in Gross Enrolment Ratios (GERs). For instance, the GER of the 6-12 years cohort dropped from 114.5% in 2002 to 108.4% in 2009. This indicates that the number of under-age and over-age pupils in school may be declining. It is a positive response to the RNPE's primary school entry standard of six years.

Pupils drop out of school for a variety of reasons. For rural areas, especially remote ones, livelihood systems exert a significant influence on school dropout rates. Seasonal harvesting and planting activities, migratory patterns of semi-nomadic communities, language barriers and economic pressures on poor families contribute towards higher primary school dropout rates, especially for boys. At the secondary school level, the trend is reversed, with more girls dropping out, primarily due to pregnancy.

Special measures to address constraints on access to basic education initiated

The spatial distribution of Botswana's population of 1.8 million over 582,000 km² of land surface area and the livelihood systems of some communities present challenges to the provision of education. Firstly,

schools in small settlements are underutilised, which drives up the per capita cost of education. Secondly, ensuring physical access to education for semi-nomadic communities, for instance, the Basarwa, and those in small remote settlements, is costly and logistically challenging.

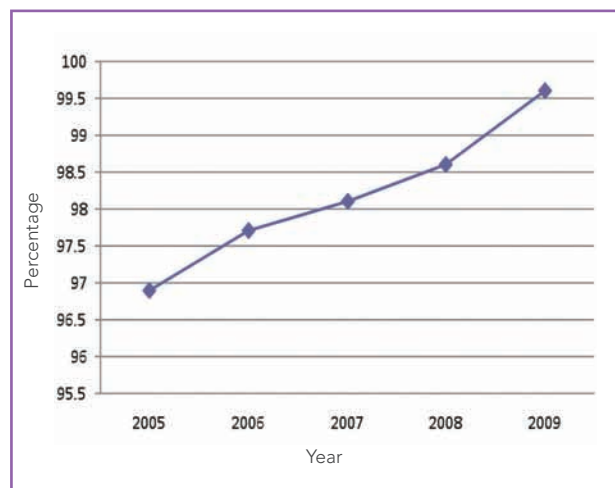
The government has responded to the spatial challenge in two ways. One is the "one or two teacher" schools, introduced through the Revised National Policy on Education (RNPE) of 1994. In these schools, classes are very small, teachers carry multiple responsibilities (e.g., teaching several classes and doing administrative work), and administrative overheads are low. They may provide a less than ideal learning environment but these schools ensure access to basic education for a majority of children in small remote settlements within the government standard of a walking distance of 5km. The second is boarding schools, which accommodate children whose parents do not have homes in villages where schools are located.

Though these measures are working, the sparse distribution of Botswana's population means that many children from remote settlements still travel long distances to school. Furthermore, because living conditions are poor in small and remote settlements, it is difficult for schools in these areas to retain teachers, which impacts on both the access and quality dimensions of education.

The Children's Act (2009) protects children's right to education by proscribing acts that deprive them of this right. This piece of legislation is a safeguard for children against denial of education for reasons such as religion, culture and farm labour. None of these practices is extensive but they are, nonetheless, violations of a constitutionally recognised right, and the victims are almost always children from poor families or disadvantaged minorities.

Access to 10 years of basic education is achievable

According to figure 2.3, 99.5% of standard 7 pupils proceeded to junior secondary in 2009. Prior to that, there had been a progressive increase in the transition rate from just below 97% in 2005. Universal access to 10 years of basic education is thus within reach.

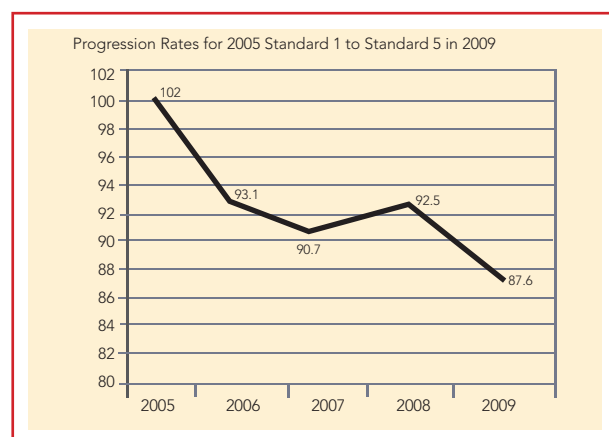
Figure 2.3 Primary-junior secondary transition rates (2005-09)

Source: *Educational Statistics 2009*

The transition rates are high despite the introduction of cost recovery measures in secondary education. At the secondary school level, which consists of three years of junior secondary and two years of senior secondary school, parents contribute a maximum of 5% of the total cost of schooling. Children from poor households are exempted from cost sharing.

Education spending levels are sufficient for improvements in the quality of education to be realised. This means that the financial resources to raise the quality of public education are available.

Although the transition rate from primary to junior secondary is high, progression rates from Standard 1 to 5 are a source of concern. According to Figure 2.4, for instance, only 87.5% of the pupils who started Standard 1 in 2005 reached Standard 5 in 2009. The progression rate had declined each year since 2005 except for Standard 4. The increase at Standard 4 is due repetition. It also accounts for the sharp decline in progression to Standard 5. Regardless of the progression rates, almost all learners transit to Form 1 as shown by Figure 2.3

Figure 2.4 Progression Rate for Standard 1-5 (2005-09)

Source: *Educational Statistics 2009*

Quality and Relevance of Basic Education

The challenge of basic education in Botswana has shifted from ensuring universal access to basic education to ensuring that the quality of basic education is universally good. Education spending levels are sufficient for improvements in the quality of education to be realised. This means that the financial resources to raise the quality of public education are available. The drivers of quality that the Government has prioritised are as follows.

- *Pre-service and in-service training for teachers to raise the standard of instruction:* Three of Botswana's five teacher training colleges offer diplomas in primary and secondary education. This is consistent with Botswana's commitment to raising minimum teacher qualifications from certificate to diploma.
- *Higher minimum requirements for teaching.* Not only is the education system aggressively phasing out the use of unqualified teachers, it has also raised standards. Teachers are being upgraded to the diploma level.
- *Lower student teacher ratios:* The Government's standard is 40 pupils per teacher and is being met. In 2009, there were 311, 500 pupils enrolled in government primary schools. The Government had 11,900 teachers on its payroll resulting in a pupil teacher ratio of 26. Even so, rural schools struggle to attract and retain teachers.
- *School infrastructure and equipment:* Botswana is meeting its school infrastructure requirements. Botswana's schools have sufficient numbers of decent classrooms. Furthermore, the schools are generally adequately equipped with furniture and

teaching materials.

- Higher standards of accreditation: All teacher training colleges are affiliated to the University of Botswana (UB), which is responsible for the quality of programmes. The Tertiary Education Council is the licensing authority. In this capacity, it approves programmes and facilities and monitors developments. It can deregister institutions that are unable to maintain the required standards.

2.2 The Major challenges

The strategic challenges for education have largely been identified. Foremost amongst these are:

- *Increasing enrolment and retention rates:* Botswana's high enrolment rates suggest that in aggregate terms, lack of access to basic education exists at the margin. Consequently, closing the access gap is a twofold challenge: (a) Reaching children that are hardest to reach - those in remote areas, those born to communities that are averse to education for reasons of culture, religion or livelihood systems; and those born in abject poverty; (b) getting parents to do their part to ensure their children stay in school. Three interventions that might help close the gap are:

- *Early Childhood Education:* Only 17.8% of Botswana's children access pre-school education (BFHS, 2007), and mainly in urban areas. This is so because pre-school education is privately provided, which means that cost is constraint on access. Pre-school education could help improve retention rates and learning achievement and is especially critical for children with the steepest learning challenges – those from poor households and remote areas.

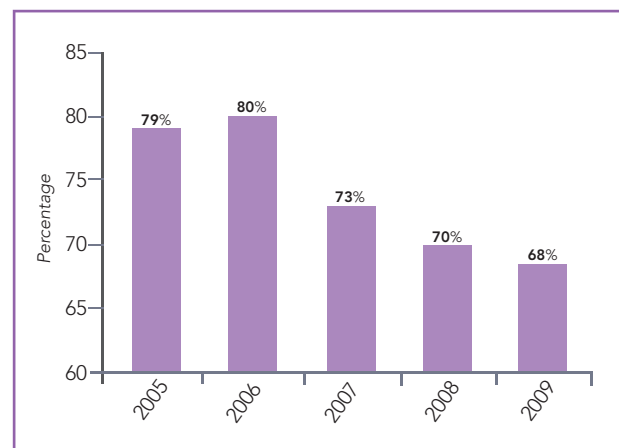
- *A rights perspective to education:* The lifecycle disadvantages of being uneducated - *vulnerability to poverty, disease, abbreviated lifespan etc.* - require that access to education be assured for all children as a matter of child protection and a right. Legislation making education compulsory and criminalising child labour is a necessary instrument for protecting this right and enhancing children's prospects for safe passage to secure adulthood.

- *Teenage Pregnancy*⁶: Pregnancy is the main reason girls drop out of secondary school. Although girls who fall pregnant can be re-admitted into the school system six months after giving birth, not all

girls return to school. Pregnancy is an undesirable disruption to education and carries serious life-cycle risks for the girl children.

- *Ensuring that the quality of education matches the volume of investment:* Botswana invests more per capita in education than any other country in Africa. Yet, its learner achievements, based on standard tests such as Trends in International Mathematics and Science Study (TIMSS), are poor. For instance, Botswana's 8th grade mathematics and science score dropped from 365 to 355 between 2003 and 2007, moving further below the average score of 500 (TIMSS, 2007). According to Figure 2.5, Primary School Leaving Examinations (PSLE) results have also deteriorated between 2005 and 2009. According to MoESD, the main cause of the decline in PSLE results is the introduction of a more challenging primary school curriculum.

Figure 2.5 Primary School Leaving Examination Results (2005-2009)



Source: Botswana Examination Council 2009

In a recent survey of Botswana, Kenya, South Africa and Swaziland, only 25% of standard six students could manage the desired level of reading (Education for all, Global Monitoring Report 2009, UNESCO, pp. 108-109). Quality education requires an all round improvement in the educational service – infrastructure, equipment, materials, teacher numbers and competencies, curriculum, school management, policies etc. There is concern within MoESD that the curriculum is getting overcrowded with “emerging issues” such as

⁶ The rate of teenage pregnancy in Botswana was estimated at 9.7% in 2007 (Botswana Demographic Survey 2007)

HIV and AIDS, gender, climate change, ICT, and entrepreneurial skills to the detriment of quality.

- *Cultural and Language Barriers:* Mother tongue instruction in the early years of education can positively influence retention rates and learning achievement. The biggest constraints on mother tongue instruction are the shortage of teachers fluent in some local languages, especially those of disadvantaged minorities such as the Basarwa, and lack of policy support for mother tongue education. Policy provides for only two mediums of instruction in school: Setswana in the first two years and English thereafter. In the absence of broad-based access to pre-school education, the policy position is a potentially serious constraint on access to education and learning achievement for children whose mother tongue is neither Setswana nor English.

2.3 Support Policies and Programmes

The regulatory framework for education is progressive and has served Botswana well. Until the Children Act was passed, there was concern that the absence of legislative protection for a child's right to education deprived some children of opportunity to acquire education. The Education Act and the Revised National Policy on Education (RNPE) are the key regulatory instruments on education. The RNPE guides the management of the education system whilst the Education Act provides the regulatory framework and legislative mandate for the MoESD to manage Botswana's education system.

In 2008, the Government established the Education Hub as one of six initiated with a view to accelerating economic growth and diversification. The hub aims to provide a link between the various levels of education and the economy, the significant new areas of emphasis being pre-school, on the job training, lifelong learning and skills development. Its skills development priorities include Medical Science and Research, Mining and Energy, Business Management, Agriculture and

Livestock Management, Hospitality and Tourism, Conservation and Environment, Veterinary Science, Peace and Justice, and Science and Technology.

2.4 Monitoring progress towards MDG 2

Botswana has a Research and Statistics Unit, affiliated to the Central Statistics Office (CSO), in the MoESD. It compiles and publishes educational statistics and publishes them in the flagship report "Educational Statistics". The MoESD has improved its data gathering and statistical tracking systems significantly in recent years. Statistics are collected annually to update information for purposes of informed planning. The unit also undertakes basic analysis of educational data to produce information usable for decision making purposes. Data gathering capabilities on education and the quality of information are both strong.

Though strong, the system requires improvement with respect to information dissemination, timeliness for the release of data, disaggregation and analysis. Analysis is constrained by lack of appropriate human resources. Still, educational statistics is potentially the strongest area of statistical capability in Botswana, perhaps because most of the data comes from administrative sources i.e. schools. Table 2.2 provides a summary of Botswana statistical capabilities on education.

Table 2.2 Overview of capacity to monitor progress towards MDG 2

DIMENSION OF CAPACITY	ASSESSMENT
Data Gathering Capacities	Strong
Quality of Survey Information	Strong
Statistical Tracking Capacities	Strong
Statistical Analysis Capacities	Fair
Capacity to use statistical analysis in policy	Strong
Monitoring and Evaluation Mechanisms	Strong



GOAL 3

Promote Gender Equality and Empower Women



Harmonisation of policies and laws has ensured equal access to opportunities for men and women

Botswana has made good progress towards gender equality. Parity has virtually been achieved in primary and secondary education. In both the public and business sectors, the share of women in decision making positions has grown considerably. Furthermore, policies and laws have evolved rapidly to ensure fair regulatory balance for men and women in respect of access to opportunities, positions and resources. Even so, there are areas that require marked improvement. They include;

- *Violence against women:* Battering, rape and murder are serious problems that show few signs of abating. The incidence of rape, for instance, was estimated at 97 women raped per 100,000 population in 2009, a slight improvement from 104/100,000 in

2008 but still very high.

- *Political representation:* Women's representation in political office – cabinet, parliament and local authorities is well below the SADC threshold of 30% and - is worse in the current parliament than in its predecessor.

- *Historical and culturally entrenched inequalities:* Inequalities in access to opportunities, resources and power are bound to trail progressive regulatory reforms. It will take time for progressive regulatory reforms to fully undo such inequalities.

Table 3.1 below gives an overview of Botswana's performance against global and national gender equality targets.

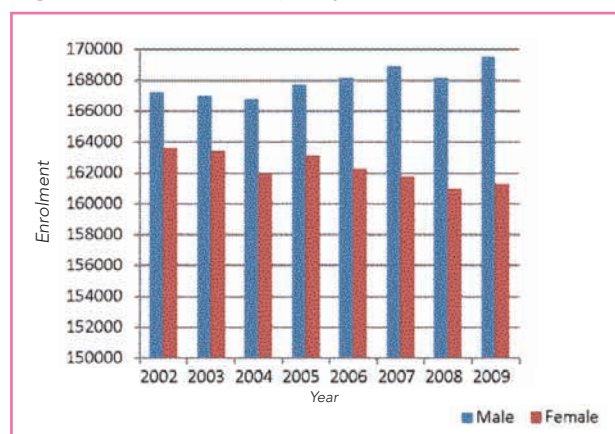
Table 3.1 Overview of performance towards the global and national gender targets

GLOBAL TARGET	WILL TARGET BE MET	NATIONAL TARGET	WILL TARGET BE MET	SUPPORTIVE ENVIRONMENT
Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Achieved	To reduce gender disparity in all education by 2015	Achieved	Strong
		To reduce gender disparity in access to and control of productive resources by 2015	Likely	Strong
		To reduce discrimination and violence against women, and the incidence of rape by 50% by 2011	Potentially	Strong
		To increase the participation of women in leadership, governance and decision-making by at least 60% by 2016	Likely	Strong

3.1 What is the Situation Like?

Enrolment statistics suggest that Botswana has already achieved the MDG target of eliminating gender disparity in primary and secondary education. As figure 3.1 shows, the norm in Botswana is that slightly more boys than girls are enrolled for primary education.

Figure 3.1 Gender Disparity in Education

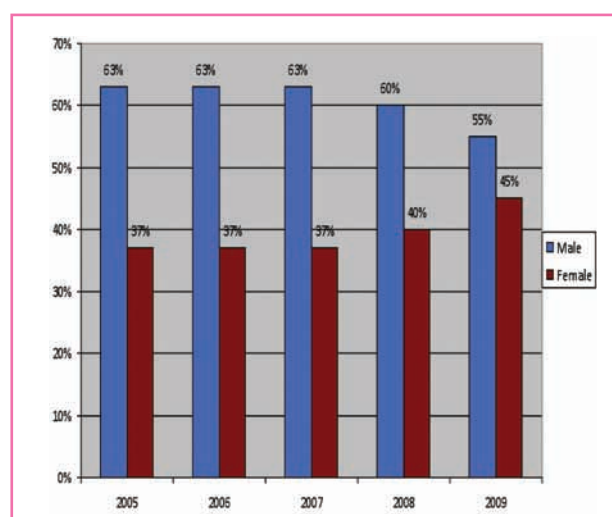


Source: Education Statistics Brief 2009

The Governor of Bank of Botswana, (the Central Bank), the Speaker of the National Assembly and the Attorney General are women. One of the country’s three largest commercial banks and the dominant insurance house are also both headed by women.

The difference in primary school enrolment for boys and girls reflects the sex ratio at birth rather than differential access to education. The enrolment ratios are reversed at the secondary school level, where more girls are enrolled than boys owing to higher progression rates for the former. For instance in 2009, girls accounted for 48.8% of primary school enrolment and 51.9% of secondary school enrolment. Overall, the statistics suggest parity in access to primary and secondary education for boys and girls. Significant progress has also been made towards improving women’s participation in managerial positions in both the private and public sectors. According to Figure 3.2 below, in 2009, women accounted for 45% of senior management positions in the public service, up from 37% in 2005. Two of Botswana’s most powerful public enterprises, the Botswana Development Corporation and the National Development Bank, are headed by women. The Governor of the Bank of Botswana, (the Central Bank), the Speaker of the National Assembly and the Attorney General are women. One of the country’s three largest commercial banks and the dominant insurance house are also both headed by women. Reliable data on women’s participation rates in the private sector is not available but recent developments suggest women are making rapid progress there as well.

Figure 3.2 Women's share of senior management positions in the public service



Source: Central Statistics Office, 2009

Little or no progress in some critical areas

Notwithstanding progress made to date, there are a number of critical areas where improvement is required. These include politics, violence against women, women's economic empowerment and data capabilities for monitoring women's development issues.

Women account for only 7 percent of the members of the current Parliament, down from 11% in the 1999-2004 Parliament and 18% in the 1994-1999 Parliament. Only 20% of Botswana's councillors are women, the same as in the 1999-2004 political cycle. Traditional leadership is another male dominated area, with only 9 percent of the leadership positions held by women. These participation rates are well below the Southern African Development Community (SADC) threshold of 30% women's representation.

Violence against women, e.g., battering, rape, and murder, is another area of concern. The problem is compounded by under-reporting and deficiencies in documentation. The incidence of families protecting male relatives who physically abuse women, including those who violate girls sexually, is significant. Further to that, there is no central repository at which information on violence against women is systematically stored. The Police, Non Governmental Organisations, and the courts, all handle cases of violence against women. Each stores the resulting data and information according to its needs.

The momentum for women's empowerment is strong

The source of the momentum for the progress being made by women - in both the public and private sectors - is easy to trace. It comes from a number of sources, amongst them education, progressive laws and change in society's attitudes. As table 3.2 shows, women's participation in tertiary education, though uneven across disciplines, is high. For instance, from 2005 to 2007, women accounted for more than half the enrolment at the University of Botswana, colleges of education and teacher training colleges. Furthermore, literacy rates, 93% and 95% for young men and young women respectively (UNICEF, 2007), point towards parity in access to knowledge.

Career choices for men and women are significantly different in Botswana. The technical professions, mining, engineering, medicine and architecture for instance, are generally dominated by men. This explains the trends depicted in Table 3.2. Even so, the presence of women in these fields is increasing.

Table 3.2 Ratio of girls to boys in tertiary education

Institution	2005	2006	2007
Teacher Training	60%	66%	68,4%
Vocational Training	41%	39,4%	37,5%
College of Education	59%	59,3%	58,4%
College of Agriculture		27,9%	
University of Botswana	53%	53,2%	52,2%

Source: Education Statistics Report 2007

Government policy and legislation have also evolved positively in support of women's empowerment. In this regard, the most significant legislative reform is the abolition of the Marital Power Act of 2004. The original act had effectively made wives minors in deference to their husbands.

More generally, the statutory subordination of women to men has been removed from Botswana's policies and laws. In a major breakthrough for girls, the Government has also adopted a policy position that reduces the risk of girls not returning to school after pregnancy. Girls who leave school on account of pregnancy may now return to school within six months of giving birth. Prior to this policy shift, girls were required to wait for two years before seeking to return to school, a punitive measure long enough for

some never to return to school at all.

Strong advocacy on gender equality by both the Government and civil society and progressive legislative and policy reforms are changing society's views towards gender. Increasingly, women are accepted, though not without resistance, in positions of leadership in the clergy, the chieftainship and new fields of occupation. For instance, Botswana now has women pilots and soldiers and women's participation rates in the engineering field is rising.

Men are also raising their participation rates in occupations traditionally associated with women, nursing for instance. The planned integration of gender into school curricula from as early as primary school will enhance gender equality beyond the school.

Access to and control of productive resources and access to gainful employment disfavours women

At more than 46%, Botswana has one of the highest ratios of female-headed households worldwide. However, access to productive resources favours male headed as opposed to female headed households. Thus, on average, women are poorer than men, with 33.1% of female-headed households living below the poverty line, compared to 27.1% of male-headed households.

Further to the above, the proportion of women in paid employment is lower than that for men. For instance, the share of women in wage employment in the non-agricultural sector was estimated at 43.4% in 2007 and 41.2% in 2008 (CSO, 2009). Notwithstanding this, the proportion of women in the workforce has grown rapidly. A key concern however, is that women dominate the relatively low paying occupations such as hotels and restaurants (74.3%); private households (71.4%) and retail. In the professions requiring higher skill levels, women dominate the education, finance, and health sectors, mostly at the lower end.

Ownership of assets such as land, boreholes and livestock is also skewed in favour of men. This is attributable in part to the patriarchal nature of traditional Tswana societies. Major agricultural assets such as boreholes and farms are traditionally bequeathed to sons as opposed to daughters, entrenching inequalities in asset ownership. More generally, society still associates farming, in particular livestock farming, with men. However, the

socialisation process and inheritance practices are evolving towards greater gender equality but the legacy of historical practices is reflected in current gender-based inequalities in asset ownership.

Violence against women, including girl children, is still a significant challenge

Violence against women, including murder, rape and battering, is one of Botswana's biggest gender issues. For instance, the incidence of reported rape was 1,875 and 1,754 in 2008 and 2009 respectively. That is 104 women raped per 100, 000 population in 2008 and 97/100, 000 in 2009.

Studies show that most violence against women in Botswana is domestic. The perpetrators are consensual partners, members of the women's families or close acquaintances. Furthermore, the abuse is linked to men's economic and social control of women. However, research into how societal transformation, changes in family forms and changing life experiences influence domestic violence is limited. More of such work is necessary.

The magnitude of the problem of violence against women is difficult to ascertain because of under-reporting. Under-reporting results from range of factors, for instance, the victim's economic dependence on the abuser, stigma, family pressure, and the quality of institutional support. Improvement in services, particularly the number of suitably trained professionals in the police, social services, hospitals and the courts, would help reduce the incidence of under-reporting. Furthermore, advocacy to raise public awareness and ensure that victims, their families and the community always recognise violence against women as the criminal act it is and report it should be up-scaled.

In 2008, the Government of Botswana passed the Domestic Violence Act to protect those who are abused in their own homes. The Act is an important source of protection for victims of domestic violence. Unfortunately, it does not address marital rape, a violation of women's rights that is difficult to deal with because of the cultural context. Marital rape requires legislative definition and proscription to guide victims, perpetrators and the courts.

3.2: The Major Challenges

- *Empowerment through education:* Education is one of the most powerful instruments for the economic, political and social empowerment

of women. Through education, parity between men and women will be extended to vocational education, and tertiary education, skills endowments more generally and social, economic and political outcomes.

- *Violence against women:* The domestic violence legislation provides legal protection for women. However, this is a benefit women will access only if the law is adequately enforced. Thus, advocacy to engender low societal tolerance for violence against women is germane to the implementation of this critical piece of legislation
- *Improved coordination amongst service providers:* Better coordination amongst service providers is necessary to ensure synergy and completeness of the service package available to victims of gender-based violence. It will ensure, for instance, that a woman who presents at a clinic to be treated for domestic violence gets referred to the police and social services based on established routine. Currently, violence against women is dealt with in silos: hospitals address the effects of physical abuse, the police deal with the crime, social services deals with psychosocial issues etc. There is always a risk that some cases will not reach all the service points they should reach.
- *Legislative coverage of marital rape:* Marital rape is a violation of women's rights that could have dire consequences for them. For instance, a wife who prefers safe sex contracts HIV from an unfaithful spouse who gets infected and rapes her without protection.
- *Improved monitoring and analysis of gender:* There are significant weaknesses in the documentation, monitoring and analysis of gender issues, especially in the areas of economic empowerment and violence. Gender issues need to be documented and monitored effectively to support advocacy and policy processes.

3.3: Support Policies and Programmes

Botswana has promulgated a set of good policies and laws to advance the course of gender equality as a development imperative. Below are some notable ones.

- *Domestic Violence Law:* This law provides legislative protection to victims of violence at home. Critics see its failure to define and

criminalise marital rape as a weakness in an otherwise good law.

- *Abolition of the Marital Power Act:* The law brings parity between husband and wife in the management of their joint estate.
- *National Gender Programme Framework with a Plan of Action developed:* This is Botswana's overarching framework for the integration of gender issues into development processes
- *Policy on Women in Development:* It provides the government's position on issues of women and development, recognising that women are disadvantaged relative to men.

3.4 Monitoring progress towards MDG 3

Tracking progress towards gender equality is difficult. In areas such as education and employment, the capacity to track progress has been developed. The broader areas of women's economic empowerment and domestic violence present challenges. First, the statistical system does not collect data on key women's empowerment indicators, such as asset ownership. In the specific area of violence against women, there are two key flaws: limited institutional coordination in the collection, processing, analysis and dissemination of data; and under-reporting. Monitoring gender equality is constrained by the absence of a systematic monitoring system. Thus data on key gender variables is often porous. In the areas in which gender data is available, e.g. education, health and employment, the quality is often good.

Table 3.2 below assesses national capacity to monitor gender equality.

DIMENSION OF CAPACITY	ASSESSMENT
Data Gathering Capacities	Fair
Quality of Survey Information	Strong
Statistical Tracking Capacities	Fair
Statistical Analysis Capacities	Fair
Capacity to use statistical analysis in policy	Fair
Monitoring and Evaluation Mechanisms	Fair



GOAL 4

Reduce Child Mortality



An Expanded Programme on Immunisation (EPI) has successfully protected Botswana's children from vaccine preventable killer diseases

Child survival is strongly correlated with the aggregate health condition, the quality and accessibility of health care, and poverty. Thus, Botswana's high HIV and AIDS burden is an immediate threat to child survival. Children born with HIV are ultra vulnerable to disease and death. Children born into poverty are also vulnerable to malnutrition and disease. Whilst trends in poverty

favour improving child survival prospects, Botswana's high HIV and AIDS burden drives child mortality up. The introduction of the Prevention of Mother to Child Transmission (PMTCT) programme has significantly reduced the number of children born with HIV. Therefore, PTMCT provides hope for a reversal of trends in child mortality.

4.1 What is the situation like?

Table 4.1 Overview of performance towards global and national child mortality targets

GLOBAL TARGET	WILL TARGET BE MET	NATIONAL TARGET	WILL TARGET BE MET	SUPPORTIVE ENVIRONMENT
Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	Unlikely	To reduce the Infant Mortality Rate (IMR) from 48/1000 live births in 1991 to 16/1000 live births in 2016	Unlikely	Strong
		To reduce by 2/3, the under five mortality rate (U5MR) from 63/1000 live births in 1991 to 27 by 2016	Unlikely	
	To increase the proportion of 1-year old children who are fully immunized to 90% by 2016	Achieved		

Early progress has been reversed by HIV and AIDS

Between 1991 and 1994, the Under Five Mortality Rate (U5MR) fell from 63 deaths per 1000 live births (63/1000) to 50 in 1997 (MICS 2000, Botswana Demographic Survey 2006), continuing a trend that dates back to 1971 when the U5MR was 97/1000. Over the same period, the Infant Mortality Rate (IMR) fell from 48/1000 in 1991 to 37/1000 in 1996. Both the U5MR and the IMR have since deteriorated, respectively reaching 76/1000 and 57/1000 in 2007 (BFHS IV, 2007).

Projections (see figures 4.2(a) and 4.2 (b)) suggest that both the U5MR and the IMR are trending away from their required MDG and Vision 2016 trends paths. This reflects the effects of HIV and AIDS. Strong child health and survival interventions have not fully mitigated the adverse effects of HIV and AIDS. The numbers on key programmes suggest strong coverage. According to BFHS IV (2007);

- 90% of children are fully immunized by one year of age
- 94.1% of pregnant women attend ante-natal clinics
- 94.6% of deliveries take place under skilled attendance.
- 89% of HIV positive pregnant women receive anti-retroviral therapy (ART) to prevent mother to child transmission.

Figure 4.2 (a) Under-Five Mortality Rate (1991-2015)

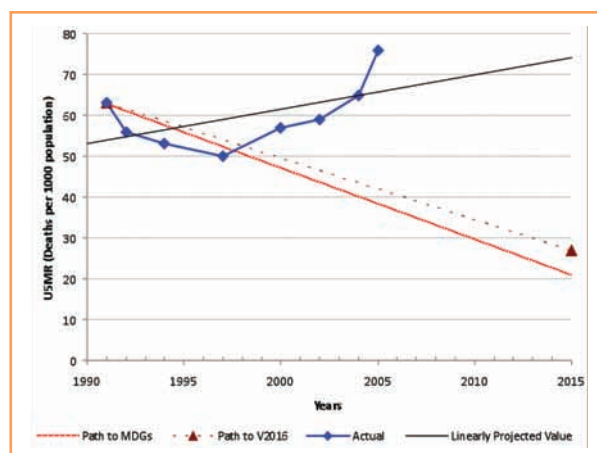
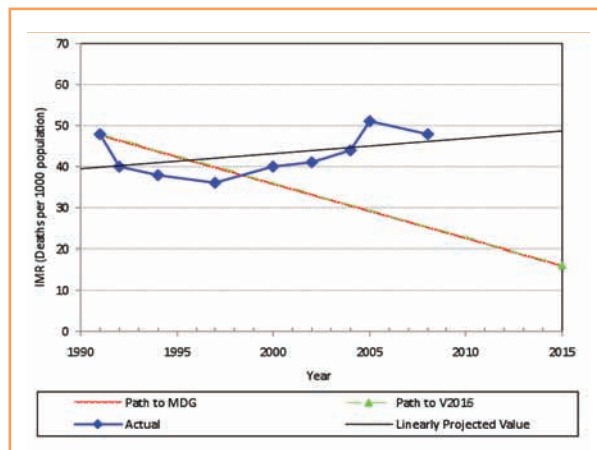


Figure 4.2 (b) Infant Mortality Rate (1991-2015)



Sources: Botswana Demographic Health Survey 2008

The steep decline in child mortality rates between 1971 and 1991 suggests that in the absence of HIV

and AIDS, Botswana would most likely have been on course to meet its Vision 2016 and MDG child mortality targets.

Strong investment in child survival

Botswana has invested strongly in the health and survival of its children. This is the reason child mortality declined rapidly before the shock effect of HIV and AIDS in the 1990s. The key interventions in the country's quest for child survival are outlined below.

- **Child Immunisation:** Botswana has sustained and progressively improved a successful Expanded Programme on Immunisation (EPI) that protects children from the vaccine preventable killer diseases of Tuberculosis, Polio, Diphtheria, Tetanus and Hepatitis B. According to the 2007 national EPI coverage survey, 90% of children aged 12-23 months had received valid doses of all recommended vaccines. This level of coverage has been maintained for almost a decade.
- **Integrated Management of Childhood Illnesses (IMCI):** The Government adopted the IMCI Strategy in 1997. It is an integral part of the Health Ministry's strategy to reduce the U5MR.
- **National Plan of Action for Nutrition:** Adopted in 2005, its aim is to prevent child malnutrition and vulnerability to disease.
- **Accelerated Child Survival and Development Strategy (ACSDS) 2009/2010-2015/2016:** It seeks to improve the coverage and quality of high impact interventions on the health and wellbeing of children and women.

Botswana's investment in child survival has been made in the context of a strong and growing health system. Despite Botswana's sparse population distribution, 84% of the population lives within a 5 km radius from a health facility. About 95% live within an 8 km radius from a health facility. For rural areas, the corresponding figures are 72% and 89% for the 5km and 8 km standards respectively. Rapid growth in private sector investment in health care – infrastructure, services and financing - has improved the delivery of health services.

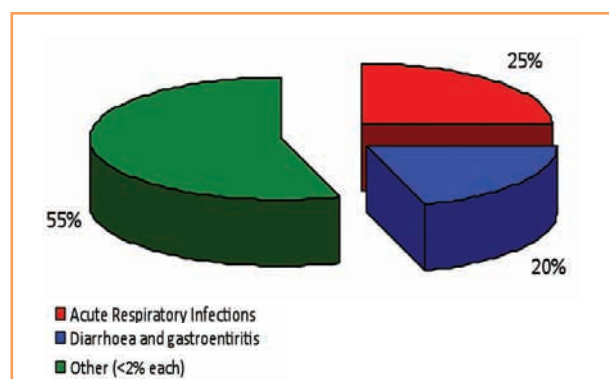
The killer diseases are preventable

Figure 4.3 shows that the leading causes of child morbidity and mortality in Botswana are both preventable and treatable. Acute Respiratory

Infections, including pneumonia, and diseases related to the contamination of water and food account for 45% of child morbidity. The remainder is accounted for by a range of ailments, none of which accounts for more than 2% of all child deaths. Of immediate concern is the fact that only 14% of children with ARIs were reported to have received care from an appropriate provider. Diarrhoea, the other leading cause of child illness and mortality, is extensively treated. About 96% of children with diarrhoea receive one or more recommended fluids. Almost halve (49%), received Oral Re-hydration Salts (ORS).

Overall, the main threats to child survival in Botswana may be summarised as HIV and AIDS, though the extent of its influence on child morbidity and mortality has not been ascertained, Tuberculosis, Malaria, Respiratory Tract Infections (RTIs) and diarrhoea.

Figure 4.3 Leading causes of child morbidity



Source: Botswana Family Health Survey (2007)

HIV as a threat to infant morbidity and mortality has been considerably reduced through Prevention of Mother to Child Transmission (PMTCT) services. Less than 4% of children born to HIV-infected mothers are infected, a remarkable drop from the estimated 40% without intervention. Still, the effects of HIV are widely felt amongst infected children and those whose parents and other close family members are.

Education is still an essential Intervention

Although ARIs and waterborne diseases are manageable, treatable, and preventable, they remain leading causes of morbidity and mortality amongst children primarily because of a lack of comprehensive training on the protocols for childhood disease management and insufficient follow up and supervision of health care providers.

It is estimated that at present only about 43% of medical staff is appropriately trained to manage these diseases. Increased focus on an integrated approach to management of childhood diseases is needed in Botswana. Similarly, increased attention on newborn care – thermal care, infection control, and nutrition in particular, are needed as well.

4.2 The Major challenges

There are several critical challenges to achieving the goal of reducing child mortality in the manner envisaged by both the MDGs and Vision 2016. Foremost amongst these are;

- *Reducing the incidence of HIV and AIDS and improving child care:* Even with the phenomenal success of the PMTCT programme, HIV remains a significant threat to child survival. Therefore reducing the incidence of HIV and that of pregnancy amongst women living with HIV and AIDS are critical child survival imperatives. Further to that, household child care and infant feeding practices should be improved to reduce the incidence of related morbidity and death.
- *Poverty:* With one in three Botswana living below the poverty line, too many of Botswana's children are raised under conditions of extreme deprivation. Poverty predisposes children to 'diseases of poverty' i.e. those related to malnutrition, poor sanitation, exposure to adverse environmental conditions and lack of essential services such as basic health care. These could have significant consequences for child mortality and often do.
- *Improving the coverage of health services in remote areas:* The sparse distribution of Botswana's population constrains the coverage of critical child health and survival initiatives such as the EPI and the IMCI. The problem is compounded by shortage of personnel.
- *Improving service quality:* The public health system has done exceptionally well to bring health services closer to the people. Serviced quality is, however, under pressure from a range of sources, e.g., shortage of personnel, rising demand due to a high disease burden, and supply chain management challenges.

4.3 Key Policies and Programmes

The regulatory and programme approach to child health and survival in Botswana has evolved into a

strong, well funded and integrated response to the challenge. The range of child health issues it covers is broad - family planning, maternal health, nutrition, immunisation and treatment and care etc. The key initiatives are:

- *Expanded Programme on Immunisation (EPI):* Focusing on vaccine preventable diseases, and fully funded by the Government, it is especially critical for low income and rural households.
- *Integrated Management of Childhood Illnesses (IMCI):* It integrates the Infant and Young Child Feeding Programme into the management of childhood illnesses to enhance children's health and survival prospects.
- *National Plan of Action for Nutrition:* Clinic based, and fully funded by the Government, it is pro-poor and a critical buffer from malnutrition for children from poor households. Clinic data shows the proportion of underweight children going down among children attending the clinics
- *Accelerated Child Survival and Development Strategy (ACSDS) 2009/2010-2015/2016:* The ACSDS seeks to improve the coverage and quality of high impact interventions on the health and wellbeing of children and women.
- *Prevention of Mother to Child Transmission of HIV and AIDS (PMTCT):* PMTCT has reduced the transmission of HIV from mother to child from an estimated 40% to 4%. Furthermore, all children under two years who test positive for HIV are put on ART.

A strong primary health care system provides the institutional infrastructure for the effective implementation of these initiatives. The social protection system plays a less direct but nonetheless significant role in reducing child mortality. For instance, the orphan programme provides for the basic food and non-food needs of all children, thereby helping keep malnutrition and disease at bay.

That Botswana is not on track to achieve MDG and Vision 2016 child mortality targets is probably more a measure of the risks associated with the general health condition, especially HIV and AIDS, than the strength of Botswana's child survival policies and programmes.

4.4 Monitoring progress towards MDG 4

According to Table 4.2, Botswana's capacity to measure and monitor child mortality is strong. Official records suggest that 80% of Botswana's children attend Child Welfare Clinics (CWCs). Their basic anthropometry data are collected during these visits. The Botswana Family Health Survey (BFHS), done every ten years, provides a population based measure of child mortality. Between successive BFHSs, the Botswana Demographic Survey is used to track child mortality.

Table 3.2 Overview of capacity to monitor progress towards MDG 4

DIMENSION OF CAPACITY	ASSESSMENT
Data Gathering Capacities	Strong
Quality of Survey Information	Strong
Statistical Tracking Capacities	Strong
Statistical Analysis Capacities	Fair
Capacity to use statistical analysis in policy	Strong
Monitoring and Evaluation Mechanisms	Strong



GOAL 5

Improve Maternal Health



About ninety eight (98%) of deliveries handled by skilled personnel

As is the case with child mortality, maternal health is also very closely correlated with material deprivation, the general health condition, and the quality and accessibility of maternal health care services. Thus, the positive effect of improvements in household incomes on maternal health and mortality could be negated by the effects of HIV and AIDS. Botswana's HIV and AIDS burden is of a magnitude sufficient for the effect of HIV and AIDS on maternal health and mortality to be pronounced.

The extent of the influence of HIV and AIDS on maternal mortality in Botswana has not been established but, as Graham and Hussein (2003) argue, the primary link is immuno-suppression. Not

only will some deaths be attributable to AIDS but HIV and AIDS increase the risk of maternal death due to indirect causes such as anaemia, malaria and tuberculosis. This is so because at certain stages of HIV and AIDS, expectant women may not be able to withstand infections, complications such as haemorrhage, and processes such as caesarean section when necessary (Graham and Hussein, 2003).

Whatever the extent of the influence of HIV and AIDS on maternal mortality, current trends suggest that Botswana will not achieve its Vision 2016 and MDG maternal health targets. Table 5.1 provides an overview of progress towards maternal health.

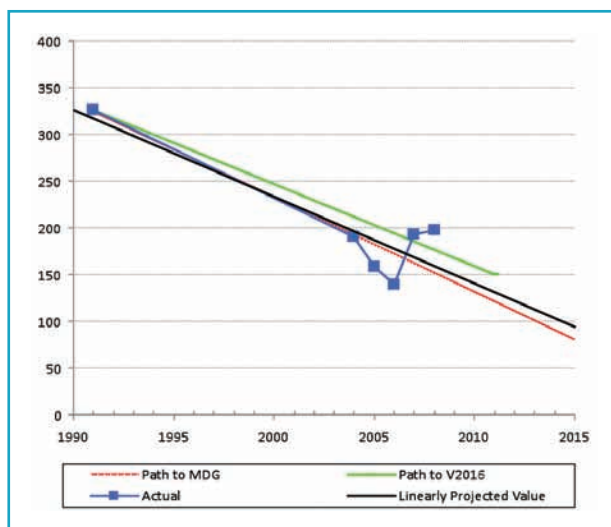
Table 5.1 Overview of performance towards global and national maternal health targets

GLOBAL TARGET	WILL TARGET BE MET	NATIONAL TARGET	WILL TARGET BE MET	SUPPORTIVE ENVIRONMENT
Reduce by three quarters, between 1990 and 2015, the Maternal Mortality Ratio (MMR).	Unlikely	To reduce the Maternal Mortality Ratio (MMR) 326 deaths per 100, 000 live births in 1991 to 150 by 2011	Unlikely	Strong
Achieve by 2015, universal access to reproductive health	Likely			

5.1 What is the Situation Like?

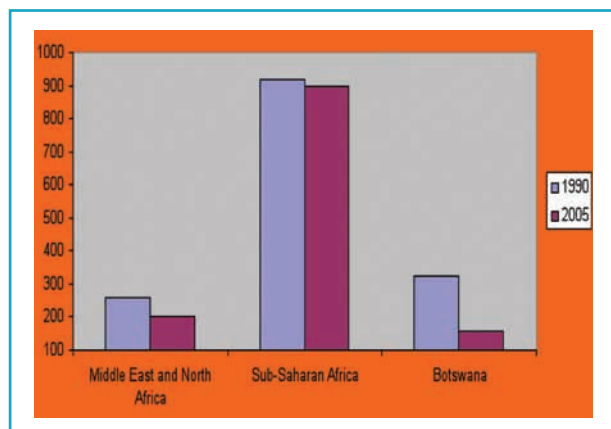
Between 1991 and 2005, Botswana achieved the national maternal health target and was on track to achieve the global target. As Figure 5.1 shows, the Maternal Mortality Ratio (MMR) dropped from 326 deaths per 100,000 live births in 1991 to 135/100,000, well within the national target of 150/100,000 by 2011 and well within the trend path required to achieve the steeper global target of 82/100,000. It began to rise after 2006 (See Figure 5.1).

Figure 5.1 Maternal Mortality Ratio (2005-2008)



Source: Botswana Family Health Survey 2007

Figure 5.2 Maternal Mortality Ratio (1990 & 2005)



Source: World Development Indicators (2009)

Although Botswana's MMR is high relative to the MDG and Vision 2016 targets, in 2005, it was significantly lower than the average for Sub-Saharan Africa and the Middle East and North Africa (See Figure 5.2).

Data from health facilities suggests that the leading causes of maternal mortality are haemorrhage (28%); hypertension (16%); abortion (13%); sepsis (12%); HIV related (10.2%); and ectopic (4%). About 6% of deaths were attributed to unknown causes.

Strong interventions to ensure maternal health

Botswana has a strong health care system. About 95% of the population lives within an eight (8) km radius of a health facility. Public health services are provided free or at a minimal charge of P5.00 (\$0.70). Antenatal services are provided free. Emergency referral systems are in place countrywide (including telephones, transport systems, and protocols for early recognition of dangers). Antenatal Care (ANC) is near universal in Botswana, 94% in 2007, while post-natal care attendances are 85.2%. In 2008, 98.3% of deliveries were handled by skilled birth attendants.

Botswana has adopted the ICPD⁷ goals and programme of action and the Sexual and Reproductive Health (SRH) approach, which encompasses the Safe Motherhood Programme. The programme was launched in 1992. It aims to reduce maternal morbidity and mortality. Its key interventions are: screening for high risks, monitoring pregnancies and treating identified conditions; provision of supplementary food and vitamins to needy mothers; supervision of deliveries by trained personnel; provision of contraceptives and family planning services; and counselling. A wide range of family planning commodities⁸ are provided in all health facilities and public outlets.

The SRH programme includes, postpartum checkups, which have had marked effects on the incidence of problems such as sepsis and neonatal deaths. A domiciliary care program initiated in 2009 ensures that health workers visit new mothers within the first week after discharge to monitor vital signs and symptoms for both mother and baby. To enhance the quality of maternal health care, in-service training on management of obstetric emergencies is provided.

5.2 The Major Challenges

Botswana has mounted a strong response to the maternal health challenge. Even so, trend analysis suggests the country will miss its maternal mortality

⁷ International Conference on Population and Development

⁸ Hormonal, non-hormonal, barrier and natural methods

target. HIV and AIDS have contributed significantly to the regression in maternal mortality but are not necessarily the only factors at play. There is an urgent need to improve the capacity of the health system, especially personnel numbers and skill levels. Botswana must address a number of challenges to further strengthen its response to the challenge of maternal health, notably:

- *HIV and AIDS:* HIV and AIDS accounted for 10.2% of maternal deaths in 2008 (CSO, 2009). Botswana's rise in maternal mortality since 2006 is consistent with the general pattern in most sub-Saharan countries, where high levels of maternal mortality co-exist with high level of HIV prevalence. Although, the influence of HIV and AIDS on maternal mortality in Botswana due to factors such as sepsis, haemorrhage and hypertension is unknown, biomedical evidence suggests the linkages are strong. Thus, the maternal health challenge in Botswana is significantly a challenge of HIV and AIDS.
- *Mismanaged abortions:* More than a tenth of maternal deaths in 2008 were attributed to abortion. In Botswana, abortion is, with a few exceptions, illegal. The exceptions include pregnancies resulting from rape, incest and those that endanger the life of the mother, the infant or both, so a vast majority of the fatal abortions are illegal.
- *Enhancing the quality and accessibility of Emergency Obstetric Newborn Care (EmONC):* National capacity to provide EmONC services needs to improve, especially skill levels. The incidence of birth related complications, combined with the high prevalence of HIV amongst women of reproductive age makes this a critical challenge for maternal health in Botswana.
- *Strengthening monitoring and evaluation (M&E) systems to inform policy and programming:* The maternal health M&E system requires improvement in several critical dimensions, namely, accuracy and completeness of morbidity and mortality data; timeliness of data; processing and analysis; and reporting, use and archiving.

5.3. Key Policies and Programmes

The policy and programme response to maternal health is strong. Its platform is Botswana's well resourced public health system. The key interventions

for maternal health are as follows:

- *The National Sexual and Reproductive Health (SRH) Programme Framework:* Developed in 2002, it is the overarching guide for the implementation of the Safe-Motherhood Programme.
- *The Safe Motherhood Programme.* Launched in 1992, it is the pillar of the SRH programme framework. It seeks to significantly reduce maternal morbidity and mortality through a range of interventions targeting maternal health risks.
- *Adolescent Sexual and Reproductive Health Implementation Strategy:* Targeted at youth reproductive health in general, it is critical for maternal health because it addresses premature pregnancy, which is a serious maternal health risk.
- *The National Road Map for Accelerating the Reduction of Maternal and Newborn Mortality and Morbidity in Botswana:* It essentially operationalises the SRH and seeks to ensure universal access to quality health care for mothers and their newborn babies. To this end, the road map addresses a range of issues, including supply chain management; efficiency of system communication and referral; community empowerment to ensure a continuum of care between households and the health system; ASRH, and M&E systems.

The Revised National Population Policy provides the overall framework for addressing all population related issues, including maternal health.

5.4 Monitoring progress towards MDG 5

Table 5.2 assesses Botswana's capacity to measure and monitor maternal mortality. Most of the data on maternal mortality is antenatal data from clinics. The Maternal Morbidity and Mortality Monitoring System and the attendant tools were developed in 1998 and revised in 2002.

The coverage of antenatal care in Botswana exceeds 90%, so the surveillance system has a strong coverage. Live births and maternal deaths are recorded in health information system forms at health facilities. The forms are submitted to the Health Statistics Unit (HSU) and the Sexual and Reproductive Health (SRH) for compilation and analysis. Clinicians identify and classify maternal deaths as well as certification of causes of deaths at the facility level. A National Maternal Audit Committee meets regularly to audit

the death reports obtained from facilities. The CSO uses this data to compute and publish MMR figures. These factors suggest that the monitoring system is strong though improvements could be made as suggested in section 5.3.

Table 5.2 Overview of capacity to monitor progress towards MDG 5

DIMENSION OF CAPACITY	ASSESSMENT
Data Gathering Capacities	Strong
Quality of Survey Information	Strong
Statistical Tracking Capacities	Strong
Statistical Analysis Capacities	Fair
Capacity to use statistical analysis in policy	Strong
Monitoring and Evaluation Mechanisms	Strong

As is the case with other goals, there is concern regarding capacity to analyse data to inform decision making as well as policy and programme development processes. The main constraint is a shortage of analytical capacity within the Health Statistics Unit.

The use of data at community level to inform community level interventions is crucial. Local level structures are over-dependent on central government for the analysis and interpretation of data. While the information is collected and recorded properly at the local level, the ability to analyse data and manage health problems affecting women at the local level is weak.



GOAL 6

Combat HIV and AIDS, Malaria and Other Diseases



Botswana has recorded good progress against HIV/AIDS and Malaria

HIV and AIDS has had a pervasive influence on the wellbeing of Botswana, unprecedented in magnitude and reflected in the decline in Botswana's Human Development Index (HDI)⁹ between 1990 and 2000 (See Figure 6.1). This occurred despite considerable concurrent improvements in all non-health measures of welfare, e.g., per capita income, education, access to basic services such as water and sanitation, and household incomes.

In the specific instance of HDI, the non-health components, income and literacy, improved steadily whilst the health related component, life expectancy,

fell sharply from 65.3 years in 1991 to 55.6 years in 2001, and further to 54.4 in 2006. As expected, economic studies suggest significant losses with regard to labour productivity, the rate of progress against poverty and the rate of economic growth.

Figure 6.1 shows that the post 2000 recovery in welfare has only restored HDI to its 2000 level.

⁹ The Human Development Index, a simple average of indices of per capita income, literacy and life expectancy, is the most comprehensive measure of human wellbeing

Table 6.1 Overview of performance towards the global and national targets for HIV and AIDS, Malaria and Tuberculosis

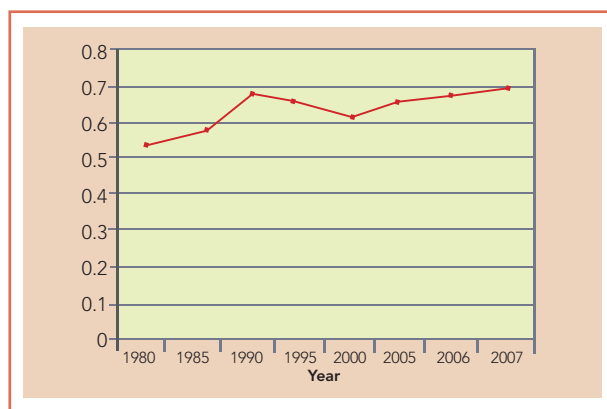
GLOBAL TARGET	WILL TARGET BE MET	NATIONAL TARGET	WILL TARGET BE MET	SUPPORTIVE ENVIRONMENT
Have halted by 2015 and begun to reverse the spread of HIV and AIDS	Likely	To halt and reverse the incidence of HIV particularly amongst the youth by 2016	Likely	Strong
Achieve, by 2010, universal access to treatment for HIV and AIDS for all those who need it	Likely	To reduce the number of infants (born to HIV infected mothers) who are HIV positive by their 18th month by half by 2006 and to less than 1% by 2016	Achieved (2006) Likely (2016)	Strong
Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Likely	To reduce morbidity and mortality caused by Tuberculosis	Likely	Strong
		To reduce the incidence of confirmed malaria cases to below 20 cases per 1000 people	Achieved	Strong

Though less pervasive a problem for Botswana than HIV and AIDS, Malaria and Tuberculosis (TB), are significant health challenges in their own right. Both are subjects of strong public interventions. Until 1990, Botswana’s TB programme was very successful in rolling back the disease. Since 1990, Botswana has suffered serious setbacks in its battle with TB on account of HIV and AIDS. HIV and AIDS compromise patients’ immunity and create a good environment for opportunistic infections such as TB to thrive. Thus, the incidence of TB has increased since 1990.

Until 1990, Botswana’s TB programme was very successful in rolling back the disease. Since 1990, Botswana has suffered serious setbacks in its battle with TB on account of HIV and AIDS.

Progress against Malaria has been sustained. The National Malaria Control Programme has significantly reduced the incidence of Malaria. Table 6.1 gives an overview of Botswana’s progress against MDG and National targets for HIV and AIDS, Tuberculosis, and Malaria.

Figure 6.1 Botswana HDI trend path (1980-2007)



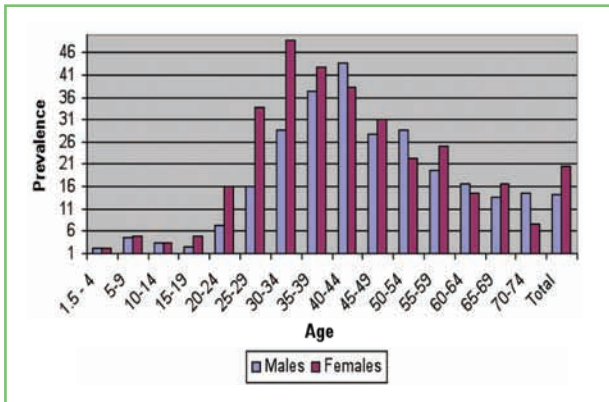
Source: Human Development Report 2009

6.1 What is the situation like?

Botswana’s 2008 AIDS Impact Survey estimates national prevalence at 17.6% in 2008 compared to 17.1% in 2004. According to figure 6.2, HIV and AIDS has a strong gender dimension. The prevalence rate for females was 20.4% in 2008 compared to 14.2% for males. National HIV incidence, estimated at 2.9% in 2008, is similarly skewed towards women. The HIV incidence for females was estimated at 3.5% in 2008 compared to 2.3% for males.

Urban areas carry a larger share of Botswana’s HIV and AIDS burden, 19.1% compared to 16.6% for urban villages and 17.1% for rural Botswana (BAIS III, 2008).

Figure 6.2: HIV Prevalence by Age Group and Gender in 2008



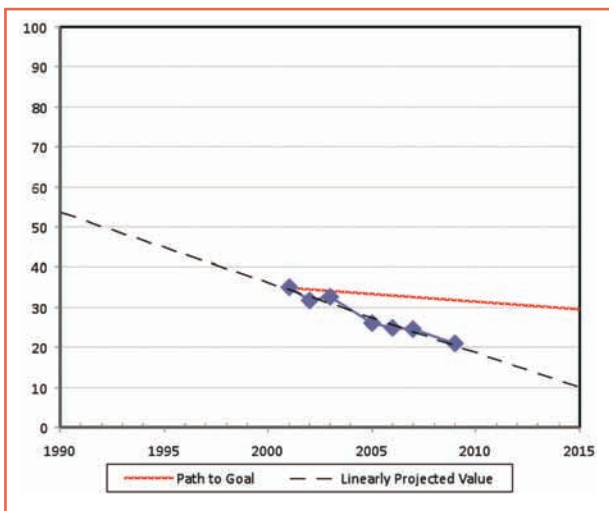
Source: Human Development Report 2009

HIV and AIDS targets are achievable

Figure 6.3 traces actual trends in HIV prevalence amongst 15-24 year olds [6.3(a)] and 15-49 year olds [6.3 (b)], and incidence [6.3 (c)].

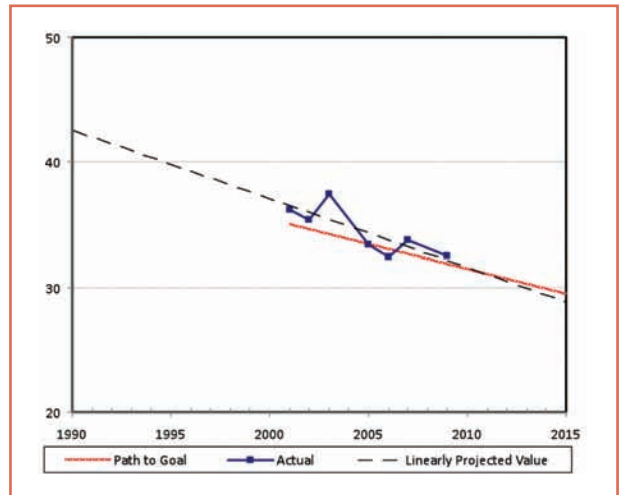
Botswana also has high ARV adherence rates, resulting in secondary resistance rates of less than 4% after eight years of ARV provision

Fig 6.3 (a) HIV prevalence in the population aged 15-24



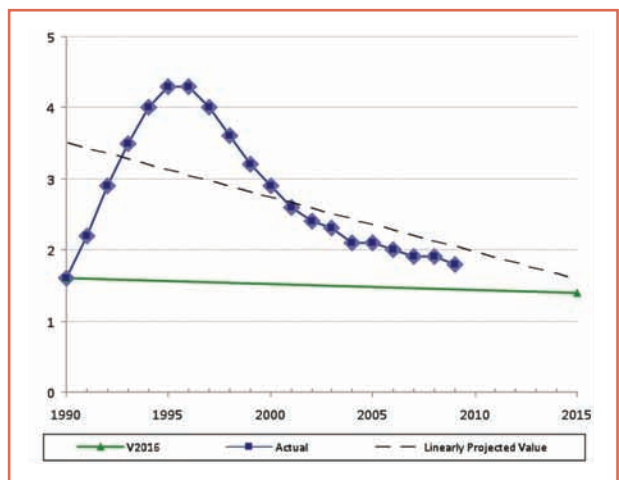
Source: BAIS III, 2008

Fig 6.3 (b) HIV Prevalence among pregnant women aged 15-49



Source: BAIS III, 2008

Fig 6.3 (c) Population HIV Incidence (1990-2015)



Source: HIV and AIDS in Botswana, Estimated Trends (2008)

Neither the MDGs nor Vision 2016 provides precise prevalence targets. The MDGs exhort nations to “Have halted by 2015 and begun to reverse the spread of HIV and AIDS”, whilst Vision 2016 aims to “To halt and reverse the incidence of HIV, particularly amongst the youth by 2016”. The national incidence target is more precise - an incidence level of 1.4% by 2016.

Although population based estimates show prevalence stagnating between 2004 (17.1%) and 2008 (17.6%) (BAIS III, 2008), a range of indicators suggest that Botswana is on course to halt and reverse the spread of HIV and AIDS.

Figure 6.3 (a) shows actual and projected prevalence amongst 15-24 years olds falling well within the required MDG trend path. According to figure 6.3 (b), prevalence amongst pregnant women aged 15-49 will fall below the required MDG trend path by 2011. Figure 6.3 (c) suggests that the target HIV incidence rate of 1.4% is achievable by 2016. Below are some of the probable and varied sources of the momentum towards lower prevalence and lower incidence. For instance;

- The government and its partners in HIV prevention and mitigation have sustained the effort. In fact, the effort has intensified and more partners, for instance the private sector and communities, have joined the effort meaningfully.
- Access to HIV and AIDS related services and products, e.g., counselling, testing, condoms, ARVs and care is high. The country has successfully rolled out Anti-Retroviral Therapy (ART) and has achieved a coverage ratio of 82.3% (133,032 out of 161,700 in need of treatment) by end September 2009. Of those on ART, 61.7% are females, whilst 6.7% are children. As at June 2010, 93% of those with advanced HIV and AIDS received ARV combination therapy. The Government target of 95% by 2010 is within reach.
- Estimated number of annual AIDS deaths has been reduced by half from around 14,000 in 2000 to about 7,000 in 2007 (Botswana estimated trends and implications October 2008).
- The uptake of voluntary HIV testing and counselling services is high. In 2008, more than half of the population (56.4%) and a record 41.2% of adults aged 15-49 had been tested for HIV, compared to 2007, when less than 20% reported having tested for HIV.
- Knowledge about HIV and AIDS is high. Behavioural surveys show increasing numbers of young people demonstrating correct HIV knowledge, including knowledge of transmission and prevention. The same studies show increases in condom use alongside decreases in the number of sexual partners.

Prevention of Mother to Child Transmission (PMTCT) – An outstanding success story

Botswana has a successful PMTCT programme. By September 2009, over 90% of HIV infected pregnant women received PMTCT services. Due to the PMTCT

programme, mother to child transmission (MTCT) of HIV has been reduced from 20-40% in 2001 to around 4% in 2008/2009. The Government plans to ensure universal access to HAART for all pregnant women infected with HIV. It is projected that universal access to HAART will reduce the incidence of children born with HIV to less than 1% of children born to HIV-Positive mothers.

Universal access to treatment and care for all in need is achievable

Botswana has experienced considerable success with its publicly funded Anti-Retroviral Therapy (ART) program. In 2007, coverage of people living with HIV and AIDS and eligible for Anti-retroviral drugs (ARVs) ranged from 82% in the least coverage areas to well over 90% in areas of high coverage. This is a significant improvement from only 7.3% in 2003 and 62.7% in 2005.

Botswana also has high ARV adherence rates, resulting in secondary resistance rates of less than 4% after eight years of ARV provision. Mortality and survival rates in Botswana rival those in developed countries, making Botswana the gold standard for ARV programming, particularly in Southern Africa, where prevalence rates are the highest in the world.

Tuberculosis is resurging on the back of HIV and AIDS

Tuberculosis related morbidity and mortality have increased significantly since 1990. Before then, Botswana was on course to eradicate TB, thanks to an accessible publicly funded and administered TB programme. Due to HIV and AIDS, the TB notification rate has increased from 226/100 000 in 1990 to 513/100 000 in 2008.

To eradicate TB, an outcome that was within reach in the absence of HIV and AIDS, Botswana must overcome HIV and AIDS. Concurrent to the resurgence of TB as a result of the HIV and AIDS is the emergence of multi-drug resistant (MDR) tuberculosis, which does not respond to regular TB treatment and therefore adds a dimension to the public health challenge in Botswana.

The Government of Botswana is committed to the containment and reversal of incidence of TB. Thus, it has sustained its TB programme and has made adjustments to deal with new challenges such as MDR-TB. The TB programme is a veritable partnership

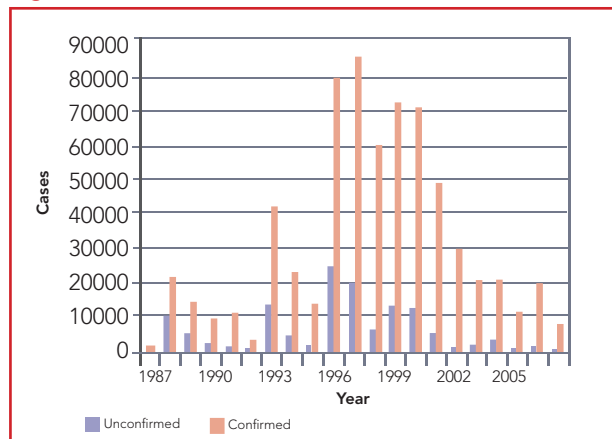
between the Government and communities. More than 90% of districts are implementing community TB care. The Government funds the programme, whilst the community plays a part in patient management and care to ensure patient compliance with treatment protocols.

Malaria is being rolled back

Though one of Botswana's major health problems, Malaria is both regional and seasonal. It is largely confined to five (5) districts in Northern Botswana. It is also most common in the rainy season. In years of good rainfall, cases of Malaria may be found outside the traditional malaria areas.

The National Malaria Control Program (NMCP) has made significant progress towards reducing the incidence of malaria. Figure 6.4 below traces the incidence of Malaria from 1987 to 2007.

Figure 6.4 Cases of Malaria, 1987-2007



Source: Accelerated Child Health and Development Strategy 2009/2010 – 2015/2016

According to figure 6.4, Botswana has already achieved its Malaria targets. Malaria has been halted and is being reversed. This has been the trend since 1999. More specifically, Botswana has already achieved the national target of limiting the incidence of Malaria to 20 cases per 1000 population.

Botswana's progress against Malaria results from an integrated approach consisting of prevention through vector control measures such as house spraying, and the distribution of Insecticide Treated Bed Nets (ITNs). Two factors have been critical to the effectiveness of the NMCP, namely, Botswana's strong public health system and political commitment to the elimination of Malaria. Due to the strength of

its programme, Botswana has been selected as one of four Southern Africa Development Community (SADC) states targeted for the elimination of Malaria by 2015.

6.2 The Major Challenges

While Botswana has made progress against both HIV and AIDS and Malaria, and the setbacks against TB are attributable to HIV and AIDS, the national response to these diseases still has to deal with significant challenges.

HIV and AIDS

- *Acute Human Resource constraint:* HIV and AIDS has put heavy demand pressures – in both volume and range - on the health system whilst eroding its capacity to deliver. Botswana does not have the quantum personnel and skills required to deal with an expanding HIV - Positive population, a growing population in need of ART, the maintenance of a strong PMTCT programme and related programmes and services.
- *Stigma and denial surrounding HIV and AIDS:* Despite the surge in the number of people testing for HIV, stigma and denial are still significant barriers to individual awareness of one's HIV status. Personal knowledge of one's status is a significant part of the individual's contribution to the national effort to contain the spread of HIV and AIDS.
- *Culture:* Important area battlefronts for HIV are not adequately covered in part because culture and societal norms constrain progressive policy and legislative action. For instance, homosexuality and sex in prisons and commercial sex are challenging areas because the law, inspired by society's value systems, prohibits both same sex relationships and commercial sex work.

Tuberculosis

- *HIV and AIDS:* Tuberculosis is no longer a disease of poverty. The strong association of the resurgence of TB with HIV and AIDS means that HIV and AIDS is now a central front in Botswana's quest to contain TB. Thus, the integration of TB into the HIV and AIDS response is an imperative for the containment of the former.
- *MDR-TB:* The mergence of MDR-TB creates a significant challenge for the containment of TB. A further and related complication is the difficulty

the health system has encountered with regard to the procurement of MDR drugs.

- *Raising the coverage of ITNs:* Malaria is a preventable and treatable disease. A significant instrument in the containment of Malaria is the use of ITNs. However, ITN coverage rates are way below the Rollback Malaria Target of 80% for pregnant women and children.

- *Information, education, and communication:* For communities to become viable partners in the fight against Malaria, they need to be adequately informed about the disease, the required management strategies, and their roles. In the absence of effective social mobilisation, communities may even resist some Malaria containment methods, e.g., spraying.

6.3. Key Policies and Programmes

Botswana has put in place strategies, programmes, policies and institutional mechanisms to address each of the above diseases. All three benefit from the foundation of a strong public health that, despite the challenges outlined above, is able to implement its strategies and policies. The following are the key strategies, policies and programmes:

- *National HIV and AIDS Control Strategy:* The strategy is the framework for the national response to HIV and AIDS. Adequately funded and supported by an institutional machinery coordinated by a strong National AIDS Coordinating Agency (NACA), the key elements of the programme are as follows:
 - Sexually Transmitted Infections (STI) Control Programme of 1990
 - Prevention of Mother-to-Child Transmission (PMTCT) programme of 1999
 - Establishment of the National AIDS Coordinating Agency in 2000
 - The Anti-Retroviral Therapy programme of 2001

Further to the above, Botswana has adopted a strategy of routine HIV Testing, a Behavioural Change Intervention and Communication (BCIC) programme, and a safe male circumcision initiative.

- *National Malaria Strategy:* The programme aims to eradicate Malaria by 2015.

- *National Tuberculosis Strategy (2006 – 2015):* The strategy aims to reduce mortality and morbidity due to TB and to reduce the associated psycho-social and economic impacts.

6.4 Monitoring progress towards MDG 6

As Table 6.2 below shows, Botswana has developed a good system of monitoring HIV and AIDS, Malaria and Tuberculosis. It is primarily health based but is complemented, in the case of HIV and AIDS, with population based surveys.

For HIV and AIDS, Botswana relies on clinical data. It has mechanisms for regular data gathering, including a computerized system at the clinic level. WHO has recognised the strength of the system in ensuring high rates of patient adherence to treatment. More comprehensive assessments of trends are provided through the Botswana AIDS Impact Survey, a population based survey that provides more accurate estimates of prevalence and incidence. The data are disaggregated by district.

Data on Malaria and Tuberculosis is also obtained through the health system. Cases are captured at the points of contact in the health system and consolidated centrally.

As is the case with other goals, the system is strong except for analytical capabilities. Though Botswana has produced analytical reports based on both survey and clinical data, the available data is generally under analysed. A national multi-indicator survey such as BAIS typically produces one report.

Evidence from monitoring reports is used to inform policy. Thus the better data analysis, the better policy making shall be.

Table 6.2 Overview of capacity to monitor progress towards MDG 6

DIMENSION OF CAPACITY	ASSESSMENT
Data Gathering Capacities	Strong
Quality of Survey Information	Strong
Statistical Tracking Capacities	Strong
Statistical Analysis Capacities	Fair
Capacity to use statistical analysis in policy	Strong
Monitoring and Evaluation Mechanisms	Strong



GOAL 7

Ensure Environmental Sustainability



Botswana has some of the world's most admired conservation programmes

Botswana has made a strong commitment to the judicious use of its natural resource wealth and to conserve its biodiversity. A significant proportion of the country's land surface area has been turned into national parks, game reserves and forest reserves to conserve biodiversity. The requisite regulatory and institutional infrastructure is in place to ensure the judicious management of Botswana's natural wealth.

Botswana is a signatory to global protocols on environment and development. It has translated these commitments into goals and targets in Vision 2016 and national development plans.

Due to deliberate policy and strategy action, Botswana is in the enviable position of having met its water and sanitation targets well before the MDG and Vision 2016 timelines. Table 7.1 summarises the country's progress towards MDG targets.

Table 7.1 Overview of performance towards environmental sustainability

GLOBAL TARGET	WILL TARGET BE MET	NATIONAL TARGET	WILL TARGET BE MET	SUPPORTIVE ENVIRONMENT
Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation	Achieved	Reduce, by 50%, the proportion of people without sustainable access to safe drinking water by 2016.	Achieved	Strong
Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	Likely	Reduce conflict between population growth, land usage, and natural resource degradation.	Likely	Strong
Integrate the principles of sustainable development into country policies and programmes to reverse the loss of environmental resources	Likely	Promote environmental education and awareness necessary to reduce contamination and achieve sustainable development.	Likely	Strong

7.1 What is the Situation Like?

Substantial progress has been made with respect to policies and programs supporting environmental sustainability. The State of Environment reporting and the production of natural resources accounts for livestock, minerals and water, which are necessary to mainstream environmental issues into the planning process, are institutionalised. Environmental impact assessment (EIA) legislation came into force in May 2005. Subsequent to that, a raft of supporting environmental regulations was promulgated.

As Table 7.2 shows, Botswana has ratified 10 Multilateral Environmental Agreements (MEAs) dealing with the key issues of climate change (4), drought and desertification (1), biological diversity (3) and waste management (2). Botswana has also adopted two strategic plans: a National Action Plan under the United Nations Convention on Biological Diversity and the Okavango Delta Management Plan. The Okavango Delta is a Ramsar site. Despite these regulatory advances, Botswana still faces serious environmental challenges.

The severity and extent of drought is difficult to predict due to the absence of an adequate monitoring system and scarcity of long-term data sets.

Table 7.2 MEAS Botswana Ratified

PRIORITY AREA	MULTILATERAL ENVIRONMENTAL AGREEMENT (MEA)
Climate Change	Vienna Convention for the Protection of the Ozone Layer, 1985
	Montreal Protocol on Substances that Deplete the Ozone Layer, 1987
	United Nations Framework Convention on Climate Change, 1992
Drought and desertification	Kyoto Protocol, 1997
	UN Convention to Combat Desertification and Drought, 1994
Biological diversity	Convention on Wetlands of International Importance especially as Waterfowl Habitat (Ramsar Convention), 1971
	Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES), 1973
	United Nations Convention on Biological Diversity, 1992
Waste Management and Pollution Control	Basel Convention on the Control of Trans-boundary Movement of Hazardous Wastes and their Disposal, 1989
	Convention on Persistent Organic Pollutants, 2001

Climate change has become a more pressing issue today than it was in 2004. The country is highly susceptible to seasonal variations in climate that contribute to drought conditions, which, in turn, reduce water supply, and both agricultural productivity and output. Droughts affect the livelihoods of the many that are dependent on agriculture and rural communities that depend on individual water sources that cannot withstand prolonged drought. The severity and extent of drought is difficult to predict due to the absence of

an adequate monitoring system and scarcity of long-term data sets.

Botswana is richly endowed with ecosystems, species and genetic diversity that constitute a huge economic asset. Large sections of Botswana's population depend directly on biological resources for their survival and livelihoods. In addition, the country's potential for economic diversification also rests on its potential to manage its natural resources. Botswana also possesses unique ecosystems such as the Okavango Delta that are of global significance.

Box 7.1 Key Environmental Facts on Botswana

- Total area 582,000 sq. km
- The Kalahari constitutes 77% of total area
- 17.6% of total area is protected
- The Okavango Delta covers 11,000 km²
- 5% of total land is suitable for cultivation
- 1,300 hectares of arable land is irrigated
- Botswana contributes 7% of Africa's greenhouse gas emissions
- Climate is sub-tropical, summer: 19-33° C, winter: 5-23° C
- Annual rainfall is highest in north-eastern Botswana (650mm) and lowest in the extreme southwest (250mm)
- 3% of rural and 24% of urban households are electrified
- Wood supplies 98% of domestic energy in rural areas and 79% in urban areas
- 97% of population has access to safe drinking water
- 18,000 registered boreholes in Botswana
- 11 million cubic meters of water flow into the Okavango Delta every year
- Mining and energy account for 19% of water consumption
- 164 species of mammals, 157 species of reptiles, 38 species of amphibians, 80 species of fish and over 500 species of birds
- 2,600 - 2,800 different plant species
- Elephant population 120,000
- 154 of all species are under threat of extinction

While the environmental sustainability challenge was initially perceived as understood in terms of raising the productivity of natural resources and reducing resource wastage, it is now understood in terms of integrating environmental conservation and natural resources management into development planning process.

Water and Sanitation

Water demand is expected to increase from 120 million cubic meters in 1990 to 335 million cubic meters in 2020 due to population growth, improvements in living conditions, and economic development (Country Environment Profile of the Republic of Botswana, July 2006). The major water users are human settlements, livestock, mining, energy and irrigation. The provision of reliable water supplies is costly because Botswana has few surface water sources.

Dams have been constructed to improve water supply, mainly for urban areas, adversely affecting water supply in other areas. Ground water is important, especially for rural communities, because of the limited supply of surface water. The high reliance on ground water (estimated to be 80% in 2005) poses several challenges, including protection from pollution and high extraction costs. Augmentation of domestic water supply for Gaborone through re-use is under investigation; it is estimated that as much as 16% of total demand could be covered by treatment and re-use of domestic water (Country Environment Profile of the Republic of Botswana, July 2006).

Tremendous progress has been made on access to water and sanitation

Despite the above challenges, Botswana has one of the highest measures of population access to improved water sources, 96.2 percent in 2008, higher than the average for upper middle income countries (MICs), which is 93%. As shown in Figure 7.1 (a), the MDG target for access to improved water sources has already been achieved. Botswana is, however, off track with respect to the more ambitious national target even though Botswana spends more per capita on water infrastructure than other countries. This is so because Botswana is large and sparsely populated, which means economies of scale are difficult to realise in the provision of water.

Good progress has also been made on access to improved sanitation. Seventy nine percent of the population had access to improved sanitation in 2007. According to Figure 7.1 (b) the MDG target on access to improved sanitation has already been achieved. Furthermore, Botswana is on track to achieve the more ambitious national target of universal access to sanitation by 2016.

Figure 7.1(a) Proportion of people with access to improved water sources

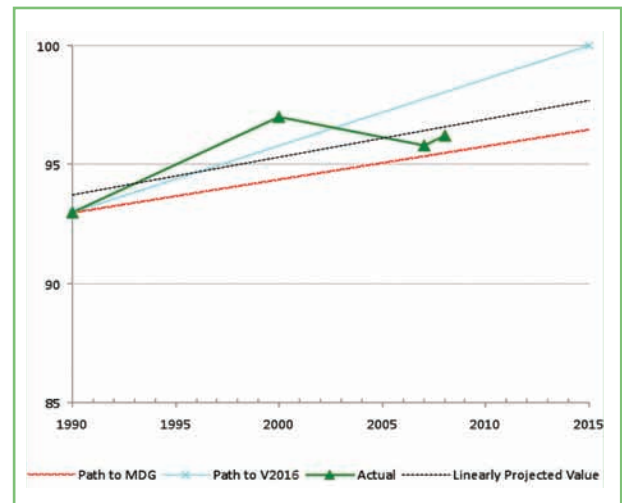
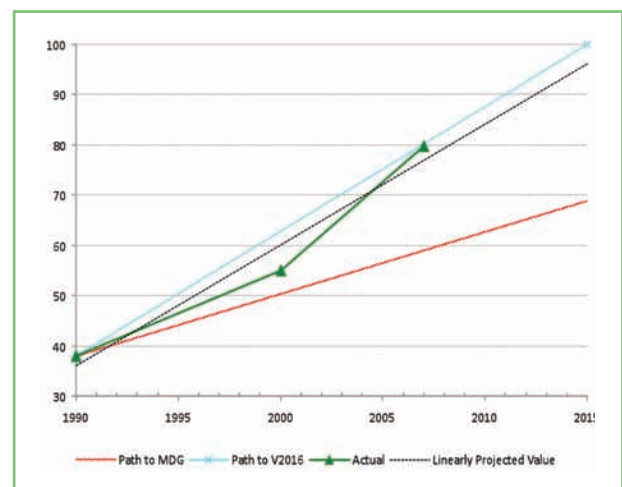


Figure 7.1(b) Proportion of population using improved sanitation facility



Land Usage and Environmental Degradation

Botswana has three types of land tenure: state (24.9%), freehold (4.2%) and tribal land (70.0%). State land is allocated primarily to national parks, forest reserves and urban settlements. Communal land is

used mainly for grazing, crop production, settlement, game reserves and as wildlife management areas. Freehold land is used mainly for livestock farming, but also on a small scale for housing in urban areas. High priority has been given to the conservation of natural resources in the allocation of land and this is reflected in the high proportion allocated to protected areas.

Land that is suitable for arable farming is small due to generally poor soils, which, together with climate and other factors relating to management, result in low productivity. Consequently, the country imports most of its food.

Pastoral farming (mainly cattle) dominates the agriculture sector. Whilst it generates substantial benefits in terms of employment and incomes, cattle rearing also has negative environmental impacts. Rangelands, especially in eastern Botswana, are being degraded due to the tendency of farmers to keep cattle in excess of sustainable stocking levels, low off-take rates, and the incidence of bush fires that reduce available forage.

Land is becoming increasingly scarce and unaffordable in some areas. In peri-urban areas, especially around Gaborone, self-allocation of land is emerging as a problem. Self-allocation of land is a manifestation of the scarcity and inaccessibility of land, especially for low income people. Furthermore, arable and grazing land is increasingly being converted to residential and industrial/commercial use in and around Gaborone.

Environmental Education and Awareness

With the establishment of the Environmental Education Committee, many activities have been undertaken to improve environmental knowledge and awareness amongst the general public. A revised National Environmental Strategy and Action Plan targets stakeholders - the government, NGOs,

Land is becoming increasingly scarce and unaffordable in some areas. In peri-urban areas, especially around Gaborone, self-allocation of land is emerging as a problem.

civil society, and rural populations - with needed information about conservation, environmental degradation, water and sanitation, pollution, and recycling.

Efforts such as the Green Scorpions – an environment patrol created under the Department of Waste Management and Pollution Control with the mandate of ensuring that residents keep the country clean – attest to the growing attention being paid to community awareness of, and compliance with, good environmental practices and standards.

7.2 The Major Challenges

The environmental sustainability challenge in Botswana is acute, not least because of its poor climate and its rapid pace of development. Furthermore, there are inequalities in access to the benefits of environmental resources. Below are some of the specific challenges.

Water and Sanitation

The pressures of increasing water demand, coupled with the increasing risks of contamination from population expansion without proper infrastructural development, threaten Botswana's future. The major challenges regarding continued provision of a reliable water supply service include:

- Protecting aquifers from pollution
- Developing a better understanding of ground water recharge
- Making domestic effluent available and accepted for re-use, and;
- Applying a comprehensive demand management program to improve the efficiency of water usage.

Climate change

Botswana has accepted that climate change is a reality and that it should be taken into account in national environmental policies and strategies. For instance, agricultural production might become costlier as a result of climate change. Against this backdrop, the concepts of resilience, vulnerability and adaptation are critical to understanding the human dimensions of climate change. These issues and their linkages need to be understood. To this end, Botswana is conducting studies in order to improve the country's understanding of the interaction between climate,

society and environment and to provide insights into the country's vulnerability to climate change and adaptive capacity.

Climate change projections suggest that the rainfall season will be shorter and less reliable in the future so there is a high need for careful management of natural resources, biodiversity and ecosystems. Energy efficiency and conservation issues have also become important.

Land Management and Natural Resource Conservation

The key issues on land are rangeland degradation due to a high livestock population; the tendency of farmers to keep cattle in excess of sustainable stocking levels; low off-take rates; the incidence of bush fires which reduce available forage; self allocation of land in peri-urban areas; competition for land between livestock and wildlife; and reduction in grazing and arable land due to the encroachment of alternative uses. Other threats to biodiversity include rangeland degradation, the destructive habitats, climate change and the potential introduction of genetically modified organisms.

New challenges have emerged in the management of settlement areas. These include pressure on urban services and infrastructure due to the high rate of urbanization; littering; inadequate management of waste in rural areas; as well as lack of adequate information on hazardous waste in general.

7.3. Key Policies and Programmes

Several policies and strategies guide the Government's intervention in environmental management.

These policies and strategies address agriculture, energy, tourism, wildlife, waste management, housing, human settlements, water as well as the integrated management of all aspects of the environment. The themes that are common to most of them, and which represent various aspects of sustainable development, include improvement of the quality of life, conservation of the environment, diversification of the economy, value addition to natural resources, and job creation. The attendant policies and strategies contribute to the attainment of the Vision 2016 goal of creating a prosperous, productive and innovative nation.

Several statutes, most of which are directed at specific sectors such as water, wildlife conservation, the management of waste, tourism, forestry, pollution and the management of land, regulate environmental management. Three statutes deal with the assessment of environmental impacts and create a potential overlap, which should be clarified or resolved. These are the Environmental Impact Assessment Act, 2005; Mines and Minerals Act, (No. 17 of 1999) under which the impacts of mining are considered; and Monuments and Relics Act, (No. 12 of 2001) which deals with impacts on archaeological sites, relics and monuments. There is no specific legislation to regulate persistent organic pollutants and genetically modified organisms.

Environmental issues are integrated into the main sectors through the National Development Plan and other cross cutting policies and initiatives such as the National Poverty Reduction Strategy, the National Research, Science and Technology Plan, the education curriculum, the district planning process, as well as through the adoption of strategic approaches to environmental assessment, particularly in the water sector.

Current strategies and programs include:

- Environmental Support Programme (ESP)
- Partnership for the Development of Environmental Law and Institutions in Africa (PADELIA)
- National Capacity Self-Assessment (NCSA)
- Support to the Implementation of Global Conventions (SIGC)
- Botswana Integrated Water Resource Management (IWRM)
- Renewable Energy-Based Rural Electrification Program (REBREP)
- Incorporating Non-Motorized Transport Facilities in the City of Gaborone (NMT)
- Management of Indigenous Vegetation for the Rehabilitation of Degraded Rangelands (IVP)
- Sustainable Land Management (SLM)
- Southern African Biodiversity Support Programme (SABSP)
- Capacity Building for Conservation of the Okavango Delta (Botswana Wetland)

7.4 Monitoring progress towards MDG 7

A new information gathering system, the Environmental Information System, is currently being implemented by the Government of Botswana to track and capture information from different data providers. While there are still gaps in data and the quality is still weak, the system itself is a major improvement. Beyond the data challenges, environmental monitoring is constrained by a shortage of analytical skills. When available, statistical analysis is used to drive policy and decision making, as for example with the Environmental Keynote Paper and the National Development Plan 10.

Table 7.2 Overview of capacity to monitor progress towards MDG 7

DIMENSION OF CAPACITY	ASSESSMENT
Data Gathering Capacities	Strong
Quality of Survey Information	Strong
Statistical Tracking Capacities	Strong
Statistical Analysis Capacities	Fair
Capacity to use statistical analysis in policy	Strong
Monitoring and Evaluation Mechanisms	Strong

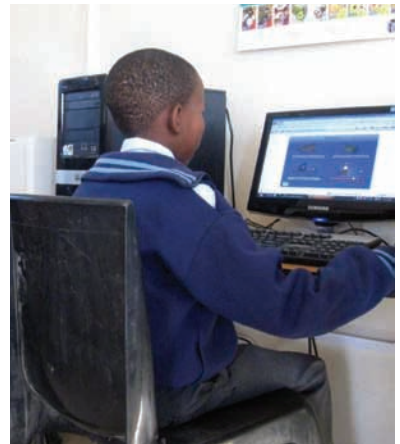


Deforestation is linked to lack of access to reliable sources of energy



GOAL 8

Develop a Global Partnership for Development



Several economic cooperation agreements have helped improve Botswana's economic development

Sound macroeconomic management, strong institutions and good governance, underpinned the economic development success Botswana achieved over the past four decades. Annual real GDP growth averaged 9 percent a year from 1960 to 2008. As a result, real per capita income rose from US\$250 in 1960 to US\$4,800 in 2008 (in constant 2000 US\$). From early dependence on grants in aid to finance its development budget, Botswana has, since the 1990s, sustained a strong fiscal position, producing budget surpluses for most of the post 1990 period, accumulating foreign reserves and earning and sustaining a Grade A sovereign credit rating. Whereas it was a least developed country in 1966, Botswana is now an upper middle income country.

Notwithstanding its record of success, Botswana's economy still relies heavily on diamond mining. A boon for the economy to date, diamond mining has

also become a source of vulnerability. Projections suggest that diamond output may begin to decline as early as 2020, with potentially significant adverse implications for economic growth, the government budget and foreign exchange earnings. Economic diversification is thus an urgent priority for the sustenance of Botswana's economy and the development gains it has to date delivered - good infrastructure, a rapidly developing human resource base, declining poverty, and high rates of access to basic services.

In the first two decades after independence, Botswana benefited substantially from foreign aid. Donor support has however decreased as Botswana developed. Thus, Botswana's priority partnership interests are now more about expanding outward trade, especially non-traditional exports; increasing FDI inflows; and accessing new technologies.

Table 8.1 Overview of performance towards the global and national global partnership targets

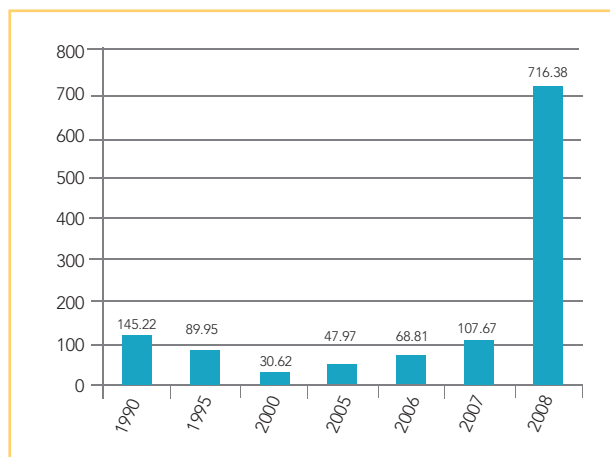
GLOBAL TARGET	WILL TARGET BE MET	NATIONAL TARGET	WILL TARGET BE MET	SUPPORTIVE ENVIRONMENT
Develop further an open, rule-based, predictable and non-discriminatory trading and financial system	Likely	Develop further an environment conducive for beneficial trade and foreign direct investment.	Likely	Strong
In cooperation with the private sector, make available the benefits of new technologies.	Likely	In cooperation with the private sector, make available the benefits of new technologies.	Likely	Strong

8.1 What is the Situation Like?

Botswana understands MDG 8 to require strong development partnerships at the national, regional and international levels, involving civil society, the private sector, governments and bilateral and multilateral institutions. The targets as defined under MDG 8 are flows of official development assistance (ODA), debt service, trade, youth unemployment and communications [telephone lines per 100 people, mobile subscriptions per 100 people and internet users per 100 people].

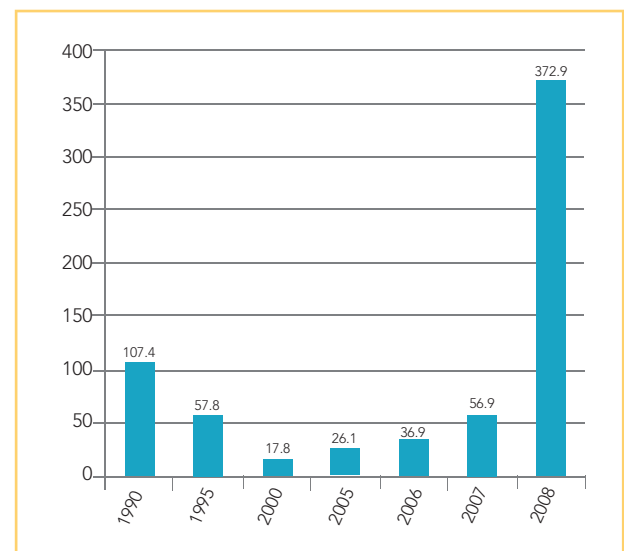
Official Development Assistance is rising

In the four decades following independence, Botswana transformed itself from a least developed country to an upper middle-income country. As its economy grew, Botswana turned increasingly to its own resources for development financing, and reduced dependence on foreign aid. Figures 8.1 (a) and (b) show that by 2000, Botswana's aid had decreased to US\$30.62 million in total and US\$17.8 per capita.

Figure 8.1 Trends in Total Official Development Assistance (Current US\$ Millions)


Source: World Bank Development Indicator

ODA recovered after 2000, reaching a total of US\$716.38 and US\$372.9 in per capita terms in 2008.

Figure 8.1 (b) Trends in Per Capita Official Development Assistance (Current US\$ Millions)


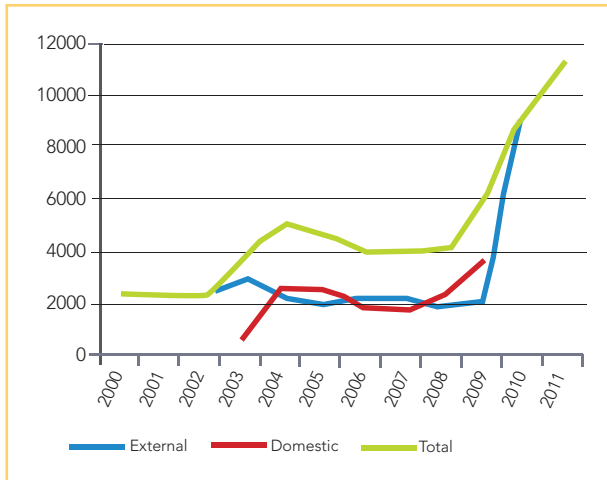
Source: World Bank Development Indicators

Botswana's ODA comes from a small range of significant sources, notably the United States (US) and the European Commission (EC). The US government and private foundations contribute substantial resources to Botswana, mostly in support of HIV and AIDS initiatives. The EC provides substantial budget support to the education and training sectors. Sweden also has a significant programme. Chinese assistance is growing, albeit from a small base. It focuses mainly on scholarships and training, technical expertise (e.g. medical staff) and soft loans.

Public Debt is also rising

Figure 8.2 shows trends in public debt from 2002 to 2009, and projections (total debt) up to 2011.

Figure 8.2 Pula Trends in public debt (2002-2009)



Source: Bank of Botswana Annual report 2009

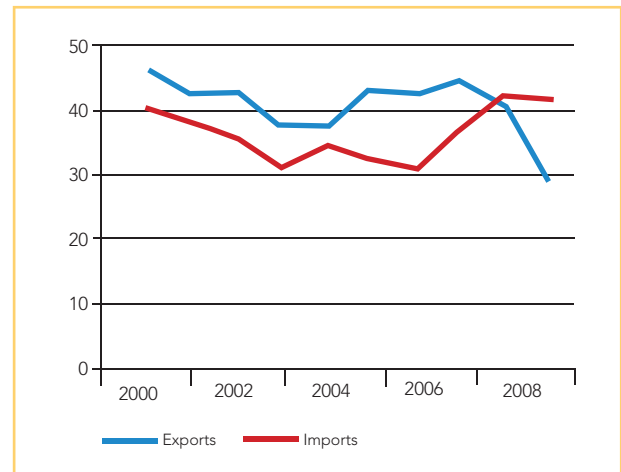
Before the global economic recession, which caused the economy to contract and significantly reduced government revenue, Botswana had maintained very low levels of public debt. In 2007, for instance, public debt amounted to only 3.7% of GDP. Since the advent of the recession, public debt has more than trebled between 2002 and 2009 and is projected to continue its steep rise in 2010 and 2011.

Whilst the steep increase in public debt is attributable to a specific shock, the global economic downturn, it nevertheless raises questions of whether Botswana has, given its extended history of balanced budgets, developed the capacity to manage debt. In its 2009 Public Expenditure Review (PER) for Botswana, the World Bank has expressed concern about Botswana’s debt outlook and the accuracy of Botswana’s debt figures and government debt guarantees issued to public enterprises.

Exports virtually stagnating

Given its small domestic market, Botswana has made the strategic decision to pursue an outward oriented development strategy. Figure 8.3 shows trends in exports and imports of goods and services.

Figure 8.3 Exports and Imports of goods and services (1993/94 Prices)



Source: Bank of Botswana Annual Report 2009

Trade data suggests that Botswana is not expanding its export base. Even before the onset of the global recession, exports were lower in 2007 than they were 2000. On the other hand, imports have risen rapidly since 2006. Botswana’s exports are dominated by minerals, specifically diamonds. In 2007, just before the recession, the leading exports were Diamonds, Copper-nickel, Beef, Soda Ash and Textiles in that order. Following the recession, Botswana’s exports dipped sharply owing mainly to a sharp drop in mineral exports. According to the Ministry of Trade and Industry, the silver lining in Botswana’s export performance is the reduced dominance of mining in relation to non-traditional exports.

Botswana has forged strong economic relations with other countries

Botswana is a beneficiary of several regional and multilateral economic cooperation agreements. These agreements help improve Botswana’s trade, investment and overall economic development. Synopses of the key agreements are provided hereunder.

- *The EU-ACP Economic Partnership Agreement:* Launched in 2003, the Economic Partnership Agreements (EPAs) between the African, Caribbean, and Pacific (ACP) countries and the European Community (EC) facilitate freer and fairer trade between the EU and the ACP countries. An interim EPA, signed in 2009, has enabled trade between Botswana and Europe to continue pending the finalisation of a full EPA. The EPA negotiations have

a development component through which the EC provide assistance to Botswana during the 10th European Development Fund (EDF 2008-2013). The envisaged support covers capacity building in areas such as trade facilitation, standards, trade defence mechanisms, rules of origin and private sector development.

- *Southern Africa Development Community (SADC) Free Trade Area*: SADC launched the SADC Free Trade Area (FTA) in August 2008. This marked the successful liberalisation of 85% of intra-SADC trade. Through the gradual liberalisation of trade in the remaining products, SADC aims to become a full-fledged FTA by 2012. The liberalisation of intra-SADC trade offers Botswana access to the larger regional market. SADC is engaged in two key initiatives that will further deepen regional economic cooperation. These are the SADC Customs Union and the SADC Protocol on Trade in Services.

The customs union will facilitate regional integration across sectors, including the key areas investment, finance, competition and infrastructure development. The protocol on trade in services is especially important for Botswana since its services sector contributes significantly to the national economy. Beyond the Customs Union, SADC has a long term strategy for deeper regional integration whose key milestones include the creation of a Common Market in 2015, Monetary Union in 2016 and a Single Currency in 2018. The merits of these proposals should be further discussed.

- *Africa's Growth Opportunity Act (AGOA)*: The African Growth and Opportunity Act (AGOA) accords beneficiary countries access to the US market. It was extended to 2015 in 2004. AGOA accords Botswana goods preferential access to the United States. Between 2004 and 2008, the cumulative value of Botswana goods exported to the USA under AGOA reached US\$ 339.60 million (P2.3 billion). Though Botswana is a middle income country, the US government has extended AGOA's Least Developed Country (LDC) provisions to it, which has made it even easier for Botswana to export to the US.

Access to new technologies especially ICTs, is improving

Both in government and the private sector, Botswana has embraced new technologies, especially Information and Communication Technologies (ICTs) to improve efficiency and effectiveness. On technology, the Global Competitiveness Index 2008 ranked Botswana 7th in Africa and 66th globally out of 133 countries assessed. Even so, it is apparent that Botswana could reap good rewards from improving its ICT infrastructure, especially broad bandwidth. The service sector, which is a focus of Botswana's diversification drive, would benefit substantially from such an investment.

Access to mobile telephony has grown at spectacular rates. From a total of 0.52 million mobile phone subscriptions in 2003, Botswana reached 1.43 million in 2007 and 1.66 million in 2008 at a compound annual growth of 26.01% (UNCTAD, 2009). These figures translate into mobile phone penetration rates (per 100 population) of 29.71 in 2003 and 87.17 in 2008. Whilst the economic and welfare benefits of access to mobile telephony have not been quantified, they are substantial.

Another area where new technologies have had a decisive impact is health, where access to Anti-Retroviral Therapy (ART) added quality and longevity to the lives of people living with HIV and AIDS and saved high proportions of children born to HIV-positive mothers from infection by the mother. Transmission of HIV from mother to child has been reduced from 40% without ART to about 4% with ART.

Botswana has taken deliberate measures to expand access to ICTs and to use them to improve service delivery. Through an initiative called MAITLAMO, which loosely translated means "Commitment", Botswana has initiated special measures to expand access to the benefits of ICTs. These include:

- *Thuto Net*: This initiative integrates ICTs into education so that children access ICTs early in their schooling. The Government has also started the School Connectivity Initiative to provide internet access to secondary schools.
- *E-Health*: The initiative expands access to health services through telemedicine, allowing patients to benefit from the services of specialists they are physically separated from.

- *E-Government*: Government make use of the internet to deliver services to the people and to speed up its own processes. Some government services are available online.
- *E-Legislation*: The Government aims to develop legislation to enable the private sector to increase its involvement in e-business.

The Botswana Telecommunications Authority (BTA), a telecommunications regulator established in 1996, is one of the success stories in the development of Botswana's telecommunications industry. The BTA is a viable telecommunications regulator that operates with the required degree of independence from Government. It has achieved international recognition as a "best practice" telecommunications regulator.

Mechanisms for engaging business and labour are in place

The private sector, represented by the Botswana Confederation of Commerce, Industry and Manpower (BOCCIM), and labour, represented by the Botswana Federation of Trade Unions (BFTU), are partners in development. Through forums such as the High Level Consultative Council (HLCC), chaired by the President, business and labour are able to influence government policy. BOCCIM also has a biennial National Business Conference, through which business dialogues with the government and other stakeholders on policy issues germane to business development.

BOCCIM has undertaken several initiatives of national importance, some of which have been adopted by the Government. One such initiative is the Private Sector Development Strategy (PSDS) for Botswana, developed in collaboration with the Commonwealth Secretariat and the Ministry of Trade and Industry. The PSDS identifies the key constraints on private sector development and proposes measures to address them. Aspects of the PSDS have been included in the National Development Plan 10.

The Botswana Innovation Hub: A push towards faster technological deepening

The Botswana Innovation Hub (BIH) was established to provide opportunity for technology-driven and knowledge-intensive businesses to develop and compete in the global market. When fully developed, the BIH will consist of world class facilities including

state-of-the-art telecommunications infrastructure with high capacity international connectivity and secure power, professional services, and business development support. The BIH has four focus sectors: Mining Technologies; Information and Communications Technology; Energy and Environment; and Biotechnology.

8.2 The Major challenges

Outlined hereunder are some of the key development challenges Botswana must, with the support of development partners, overcome to achieve human development outcomes consistent with its economic development.

- *Bridging the gap between good macro-economic performance and relatively poor micro-economic performance*: Botswana's record of good macro-economic performance co-exists with relatively poor performance at the micro level. Levels of unemployment and poverty are too high for an upper middle income country. It can also be argued that the development of the business sector has also lagged behind public investment in infrastructure, business incentives and support services.
- *The Global Economic Crisis*: An immediate challenge facing Botswana is the impact of the global economic crisis. GDP contracted by 3.7% in 2009. Mining, which recorded a decline of 20.9%, contributed to most of the decline while the rest of the economy grew at 6.2%. Due to a fall in diamond exports, the current account is estimated to have recorded a deficit of 2.1% of GDP in 2009 compared to a surplus of 3.5% in 2008. Lower mineral revenues were compounded by slower growth in other revenue sources, including the Southern African Customs Union (SACU, foreign exchange reserves, and domestic taxes.
- *Diversification and Competitiveness*: Although much has been said about the importance market access to the development of poor countries, supply capacity is an equal if not bigger constraint for Botswana. Botswana must make the strategic investments necessary to raise the external competitiveness of its goods and diversify the economy. Whilst this would require more analytical work, broad bandwidth to help reduce

communications costs; energy; infrastructure; education and skills development are some of the areas where public investment, especially with the requisite emphasis on quality and efficiency, could pay handsome dividends.

- *Increased focus on technology driven businesses:* Botswana must appreciate the unique constraints it faces as a landlocked country. Industries that require bulk transport are unlikely to succeed on a large scale in Botswana because of lack of access to sea, which often raises transport costs to prohibitive levels. A shift in emphasis to technology driven businesses could help mitigate the cost disadvantage due to lack of access to the ocean. For instance, in the area of services, investment in broad bandwidth could cut unit costs significantly and give added impetus to growth in the services sector.

8.3 Key policies and programmes

Botswana has actively intervened in the economy to achieve its key development goals. Below are some of the key interventions.

- *The National Export Strategy (NES):* The NES is the Government's blue print for a partnership, primarily with the private sector, to develop Botswana's export capacity and deliver on the key development objectives of economic growth, diversification, employment creation and poverty reduction. A key priority for the NES is improving the business environment from a regulatory point of view and reducing the cost of doing business.
- *The National Trade Policy:* The objective of the policy is to ensure that Botswana is positioned to claim its share of the benefits of trade and that to this end, the private sector has the most conducive environment for cross border trade.
- *The Botswana Investment Strategy:* It provides a framework for accelerating investment. It prioritises both Foreign Direct Investment (FDI) and domestic investment as necessary requirements for the realisation of the higher development goals of economic growth, diversification, employment creation and poverty reduction.
- *The Industrial Development Policy (IDP):* The IDP is currently under review, along with the Industrial Development Act of 2006. The policy

seeks to give direction to Botswana's industrial development. It addresses, amongst other things, issues of regulation and capacity building for industrial competitiveness.

- *The Export Development Programme:* The Botswana Export Development and Investment Authority (BEDIA), implements the program to help local companies become "export ready". A total of fifteen companies have been enrolled. The programme has helped a local company that manufactures furniture to penetrate the US and Italian markets.
- *Competition Policy and Law:* The law was enacted by Parliament in December 2009. The policy and the law are critical to the creation of a stable and predictable business environment. They promote competition and clarify the government's regulatory objectives so that investors make informed decisions.

Botswana is currently working on a policy on Special Economy Zones (SEZ), the objective of which is to promote both foreign and domestic investment. Further to this, Botswana is engaged in a branding exercise that gets Botswana known to the global investor community and outlines the unique attributes Botswana offers as an investment destination.

8.4 Monitoring Progress towards MDG 8

Botswana's data gathering and statistical tracking capacities in the areas germane to MDG 8 – trade, investment, telephony, and ICTs - are strong. The quality of data is good. Decent capacity to analyse data exists and the analysis is fed into policy processes.

Table 8.2 Overview of capacity to monitor progress towards MDG 8

DIMENSION OF CAPACITY	ASSESSMENT
Data Gathering Capacities	Strong
Quality of Survey Information	Strong
Statistical Tracking Capacities	Strong
Statistical Analysis Capacities	Strong
Capacity to use statistical analysis in policy	Strong
Monitoring and Evaluation Mechanisms	Strong

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Millennium Development Goals

In September 2000, at the United Nations Millennium Summit, the world leaders from 189 nations agreed to a set of time-bound and measurable goals and targets. Botswana was also a signatory to the Millennium Declaration, and all UN agencies, funds and programs are committed to the 8 goals:

Goal 2: Achieve universal primary education

Goal 1: Eradicate extreme poverty and hunger
Goal 7: Ensure environmental sustainability

Goal 1: Eradicate extreme poverty and hunger
Goal 6: Combat HIV and AIDS, malaria and other diseases

Goal 1: Eradicate extreme poverty and hunger
Goal 3: Promote gender equality and empower women

Goal 8: Develop a global partnership for development.

Goal 3: Promote gender equality and empower women

Goal 8: Develop a global partnership for development.

Vision 2016 Goals

In 1997, following a long process of consultation with all stakeholders, the Government of Botswana finalised the "Long Term Vision for Botswana: Towards Prosperity dor All", popularly referred to as "Vision 2016". It follows the five national principles of Democracy, Development, Self Reliance, Unity and *Botho*. Vision 2016 call upon all citizens of Botswana to embrace and manage the process of change in accordance with the following goals:

Goal 1: An Educated, and Informed Nation

Goal 2: A Prosperous, Productive and Innovative Nation

Goal 3: A Compassionate, Just and Caring Nation

Goal 4: A Safe and Secure Nation

Goal 5: An Open, Democratic and Accountable Nation

Goal 6: A Moral and Tolerant Nation

Goal 7: A United and Proud Nation.
