

MILLENNIUM DEVELOPMENT GOALS PROGRESS REPORT



Republic of Botswana



UNITED NATIONS

MILLENNIUM DEVELOPMENT GOALS



2009

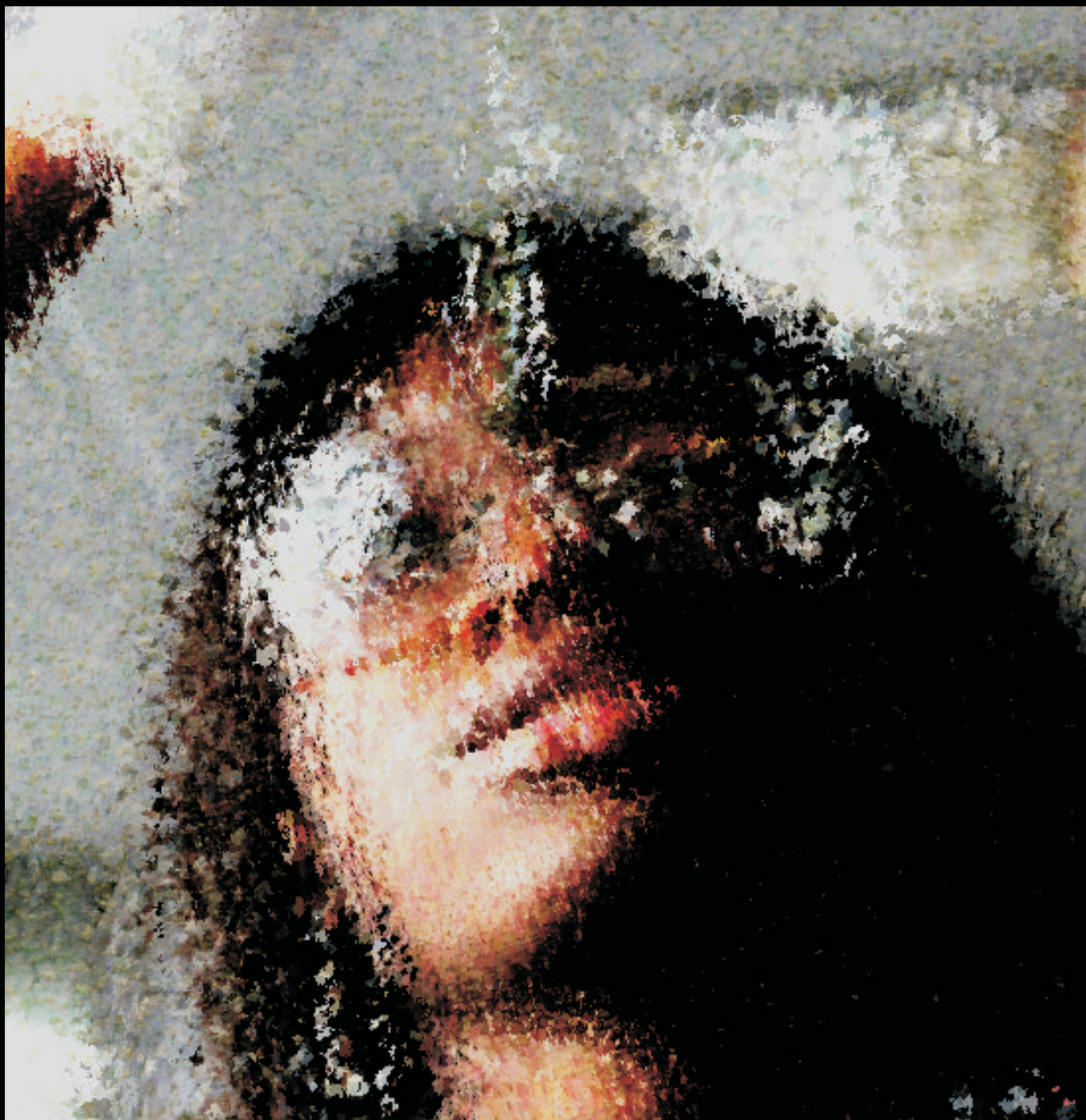
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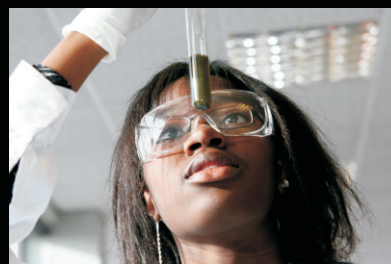
ABBREVIATIONS

ACP	African, Caribbean and Pacific
ACSD	Accelerated Child Survival and Development Strategy
AIDS	Acquired Immuno Deficiency Syndrome
ANC	Ante Natal Clinic
ARI	Acute Respiratory Infection
ARV	Antiretroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
BCG	Bacillus Calmette Guerin
BDS	Botswana Demographic Survey
BFHS	Botswana Family Health Survey
BIAS	Botswana AIDS Impact Survey
BNNSS	Botswana National Nutrition Surveillance System
BOCCIM	Botswana Confederation of Commerce, Industry and Manpower
CBO	Community Based Organisation
CEDA	Citizen Entrepreneurial Development Agency
CHBC	Community Home Based Care
CIMAM	Community-Based Management of Severe Acute Malnutrition
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
DWMP	Department of Waste Management and Pollution Control
EPI	Expanded Program on Immunisation
FDI	Foreign Direct Investment
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immuno Virus
ICT	Information Communication Technology
IMF	International Monetary Fund
IMCI	Integrated Management of Childhood Illness
MIC	Middle Income Group
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	Multi-Drug Resistant
MFDP	Ministry of Finance and Development Planning
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate
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 Conservation Strategy Agency
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 Council
UB	University of Botswana
UN	United Nations
U5MR	Under 5 Mortality Rate
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nation Children's Fund
VCT	Voluntary Counseling and Testing
WAD	Women's Affairs Department
WG	Working Group



PART 1: INTRODUCTION



FOREWORD

In 2000, Botswana signed the Millennium Declaration. The logic of the development goals and objectives were clear and clearly aligned with the Government of Botswana's national development strategies. The MDGs are addressing relevant components of poverty reduction strategies including Education, Health, Nutrition, Gender Equality and Women Empowerment. They also consider environment and equitable partnership between North and South for development.

The MDG declaration tallies with our national development vision elaborated in the Vision 2016 declaration, a vision of prosperity for all. The articulation of the strategy – now commonly known as Vision 2016 – started as early as 1995 and is accompanied with a National Development Plan (NDP). The NDP is usually a 5 year plan, which we most recently exceptionally developed for a 6-year period to coincide with MDGs and Vision 2016 objectives. This is another testimony of our Government's commitment to align MDGs with our national development strategies.

Our country is widely recognized for its strong democracy, good governance, good economic management, and strong economic performance. This has resulted in important improvement in people's standard of living since independence.

However, our country is not immune to external factors and the impact of the financial crisis has affected and continues to affect Botswana. We are experiencing lower mineral export earnings resulting in decline in revenue to fund essential government functions and public goods. This calls for increased discipline and even more prudent and strategic allocation of resources. We need to find innovative ways of addressing our development needs within the limited expected revenues and continue to build on our strong relationships with international development partners and the UN family. We need to revisit, orient and focus strategies and plans to ensure optimal use of human and financial resources.

This report serves as an important tool providing strategic information needed to enhance or re-direct efforts in areas of particular concern. The 2009 Botswana Progress report is the second report of this kind. Our first one in 2004 provided valuable findings that directed our efforts e.g. as it related to our response to HIV/AIDS. The report made us focus on HIV/AIDS due to the significant impact on the individual, the families, the communities and economy at large. The Government took the opportunity to focus efforts and we are experiencing notable successes in the fight against HIV and AIDS, thanks to all actors involved in this crucial issue. Indeed Botswana is observing possible reduction in the number of new HIV/AIDS infections and is having impressive results with its PMTCT programme.

In this report, we are proud of our progress in several areas. We have achieved several MDGs targets as they pertain to education and gender, child health, malaria and environment. We have achieved the reduction of gender disparity in education and effectively erased major gender disparities within both the primary and secondary education systems. There is no significant gender disparity in primary and secondary school enrolment, with full parity achieved in the primary schools. We have also increased achieved our immunization target of at least 80% of fully immunized children across the country.

We recognize the challenges ahead and will strive to improve our performance. We have taken note of two particular areas: the first one is related to all MDGs and concerns the data management. Critical progresses have been made since the 2004 report to strengthen our statistical capacity. However, we need to strengthen efforts of analyzing, interpreting and capitalizing data to effectively use them to develop our strategies and policies.

The second one concerns the MDG 8, Global Partnership. We need to reinforce the diversification of our economy the main reason being that the prospects of declining diamond production and income by 2017 pose considerable challenges to ensure sustained capacity for growth and human development.

It is time as we are reaching the 2015 deadline to turn challenges into opportunities and to build on the achievements we have already made. We commit to work across sectors and with all stakeholders to improve the livelihood of our people.

Mr Kenneth Matambo
Minister of Finance and Development Planning

PREFACE

In 2004 Botswana launched its first Millennium Development Goals status report. The report was the result of extensive cooperation between the government, civil society organizations, other stakeholders and was supported by the UN family. The report was an important milestone and has since been widely quoted and used as a reference in a variety of ways. The UN system therefore had no hesitation in renewing its support to the Government of Botswana for the development of this second progress report.

Botswana is strongly committed to achieve the MDGs. The development of Vision 2016 is just one of many illustrations of its commitment and the National Development Plan 9 and NPD10 the evidence that action is being taken to achieve the MDGs.

The UN family wants Botswana to succeed and is working closely with the government and people of Botswana to build the human and institutional capacity necessary to enable the country to achieve these objectives and aspirations expressed in Botswana's own "Vision 2016". The UN seeks to support Botswana in its aim to meet or exceed the targets embodied in the Millennium Development Goals (MDGs), which represent the world's agreed targets for addressing the many dimensions of poverty.

Both the Government and the people of Botswana are participating actively to reach these objectives and natural and human resources are prudently managed contributing to the enhancement of social and economic development. This has resulted in not only in positive progress and economic growth but also in a lot of progress in overcoming social challenges such as the HIV/AIDS pandemic.

Challenges remain and this report identifies the major ones still needing attention and significant effort. Mobilization and coordination among all actors together with Botswana and its people have to be sustained and quantum gains are still required in the programme areas of HIV/AIDS, natural resources management and the environment, and the reduction of poverty through promotion of trade and investment.

The UN agencies in Botswana have developed close and fruitful collaboration with the Government and key stakeholders in development. The excellent relations are conducive for development efforts and enable us to tailor our technical assistance and support in areas where it truly benefit the national priorities and the achievement of the Millennium Development Goals.

As we enter into the final stretch towards 2015, the UN family commits to continue to assist the Government of Botswana to succeed in meeting the MDGs and in the implementation of its "Vision 2016".

Ms. Khin-Sandi Lwin
UN Resident Coordinator

MILLENNIUM DEVELOPMENT GOALS

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 times bound development goals addressing issues of poverty, education, 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 inter-connected 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 empowerment
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a global partnership for development

Monitoring and evaluation progress towards meeting these goals, sustaining political support and ensuring continued commitment are essential elements of the development approach. In order to achieve this, originally the UN agreed to 18 targets and 48 indicators monitoring country progress towards meeting the stated objectives. Recently, this has changed to 21 targets and 60 indicators. However targets and indicators must be adapted to local circumstances to create meaningful ownership.

NATIONAL OWNERSHIP

Reporting on MDG progress is the responsibility of the national governments. The MDG framework is intended to keep poverty issues, as well as other issues of sustainable development such as HIV/AIDS and education 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 involving all sectors including the civil society, the private and public sector. National ownership and relevance for a wider audience have been the guiding principles for every MDG report including this one.

The section below summarizes the development process for the second MDG report in Botswana which included inputs from all sectors and stakeholders.

THE PROCESS IN BOTSWANA

Since its inception, 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 status report towards meeting the Millennium Development Goals in 2004. This second progress report is a testimony to the Government of Botswana's continued commitment.

The preparation of the Botswana 2009 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 were constituted around thematic areas and 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 ensuring that information and data included reflects the reality of the country. Several rounds of review ensured that data was properly validated.

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

BOTSWANA SPECIFICITY: VISION 2016

When Botswana became independent in 1966, it was amongst the poorest of the world's least developed countries. Progress made since independence has been remarkable, 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 all stakeholders, the Government of Botswana finalized 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'. Vision 2016 calls upon all citizens of Botswana to embrace and manage the process of change in accordance with the following goals:

- Goal 1: An Educated, 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.

"Vision 2016" articulates Botswana long-term development aspirations and provides a broad framework for development. The development process is guided by 5 year National Development Plans (NDPs). The NDPs are guided by Botswana's "Long Term Vision for Botswana: Towards Prosperity for All" and since 2000 by 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 policy or implementation level, in order to accelerate attainment of the goals. Data and information included in the 2004 progress report is used in this report to compare and assess progress. However new information, surveys and strategies related to poverty, family health and demographic as well as the development of the future National Development Plan 10 (2010-2016) are also considered.

Although the principal objective of this 2009 report is to monitor progress, a 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 further harmonization, simplification and alignment of development efforts at all levels.

The first section of this report summarizes the context for development efforts in Botswana as it pertains to progress and trends. The second section assesses the country's challenges towards the attainment of each of the MDGs as it pertains to progress, trends, policy environment, priorities and monitoring progress. The report also presents the policies and programme adopted by the Government of Botswana to ensure that the MDG Goals and Vision 2016 goals will be reached on time. Finally, human interest stories are included throughout the report to illustrate people-level impact and add a "human face" to the report.



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 is 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:

Goal 1:

Eradicate extreme poverty and hunger: The proportion of people living below the poverty line fell from 47% in 1993/1994 to 30.6% in 2002/2003. The percentage of children under the age of five who were underweight was 13% and 13.5% in 2000 and 2007, respectively.

Goal 2:

Universal primary education: The net enrolment rate has increased from above 80% since 1997 to over 90% in 2004, for children of 6 to 12 years old with sustained high levels at present.

Goal 3:

Promotion of gender equality and empowerment of women: The ratio of girls to boys in primary and secondary education remained above 100%, as did the ratio of young literate females to males. There is also an improvement in the percentage of women employed in the non-agricultural sector of the economy. However, it appears to continue to be a need for empowerment of women in politics, and increasing effort to tackle violence against women.

Goal 4:

Reduction of child mortality: Child mortality has improved significantly since 2004 for most fatal childhood illnesses, though these improvements are hampered by HIV and AIDS. The 2006 Botswana Demographic Health Survey estimated the infant mortality rate at 48/1000 live births and the under five mortality rate at 76/1000 live births.

What has changed since 2004?

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.

Despite these achievements, Botswana - alongside many countries worldwide - has suffered three external shocks – the oil price crisis of 2007, the food price crisis of 2007 and the world economic recession that began in 2008 - with potentially severe adverse effects on the country's progress towards the MDGs. Each of these crises, none of which had been factored into the 2004 assessment of Botswana's MDG prospects, has the potential to significantly slow down development. Collectively, they are almost certain to have caused regression in some areas, especially material aspects of well being.

Goal 5:

Improvement of maternal mortality ratio: Some progress has been made, but HIV/AIDS made it more difficult. Despite increases in Ante Natal Consultation attendance and skilled birth attendance, HIV has reduced the impact of strategies put in place to reduce maternal mortality. However, the maternal mortality ratio reduced from 326 per 100,000 live births in 1991, to 198.2 per 100,000 live births in 2008.

Goal 6:

Combat HIV/AIDS, malaria and other diseases: Tremendous progress has been made to prevent new infections, provide access to treatment and offer care and support for those suffering from Botswana's most virulent infectious diseases. These improvements are mainly due to the significant commitment towards fighting these epidemics on the part of the Government and allocation of funding for strategic initiatives. Despite the progress, HIV prevalence in Botswana remains one of the highest in the world at 17.6% as per 2008 BAIS III (UNAIDS, 2008 Report on the Global AIDS Epidemic).

Goal 7:

Ensure environmental sustainability: Although it is difficult to quantify impact on the environment, the Government has developed several strategies and action plan considering environment issues and has made noticeable progress.

Goal 8:

Develop a Global partnership for development: This goal involves developing an environment conducive for beneficial trade and foreign direct investment, cooperating with private sector to make available new technologies such as ICT and reducing the specific constraints faced by Botswana as a landlocked country. With respect to technology, Botswana is ranked 7th in Africa according to the Global Competitive Index of 2008. However, Botswana still needs to diversify its economy to be more competitive.

STATUS AT A GLANCE

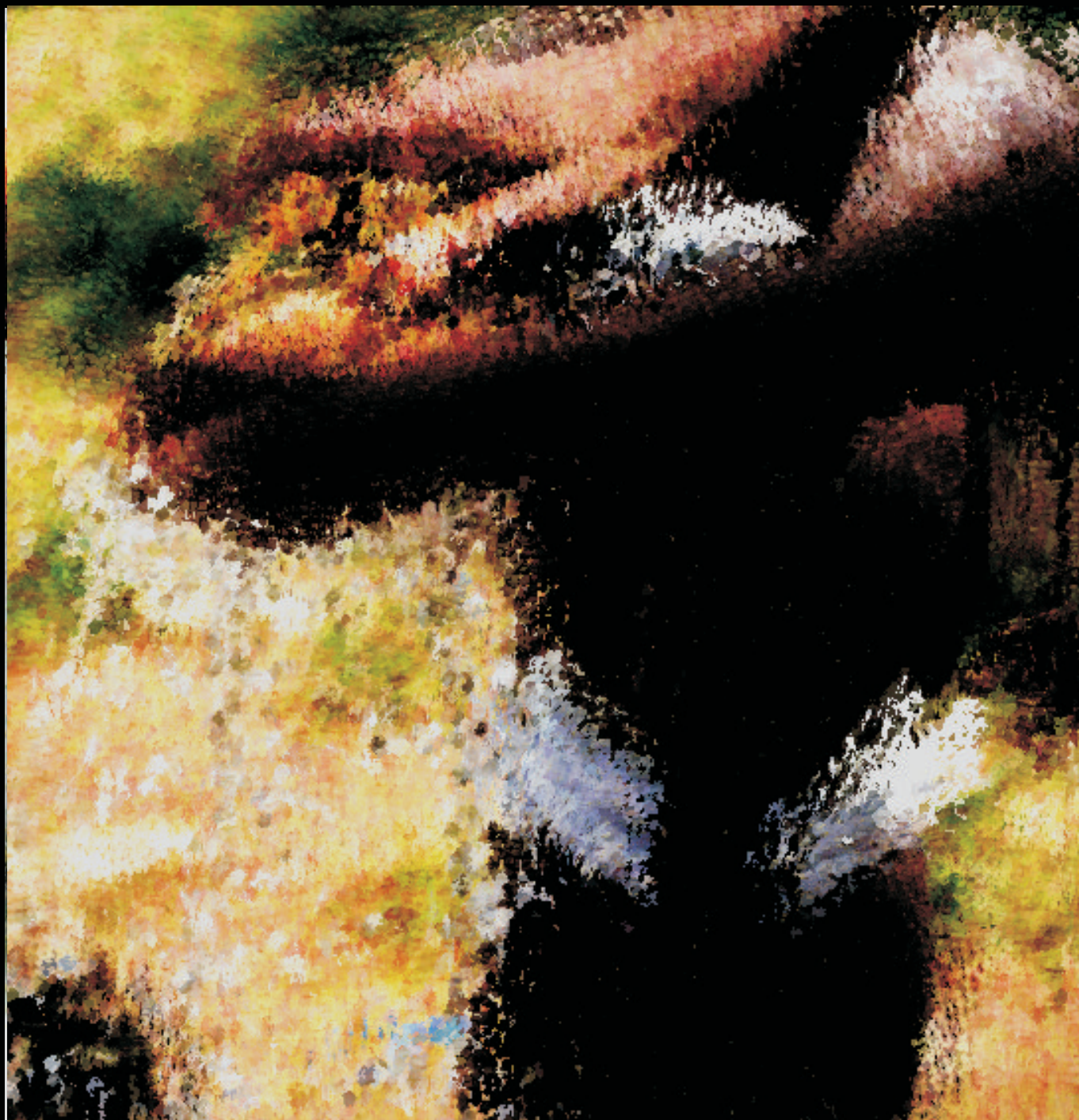
The following chapters present a detailed overview of the Millennium Development Goals 1 to 8 to demonstrate developments and achievements since the 2004 report, present major challenges, and summarize what needs to be done to reach its targets by 2015.

The following table provides a quick overview of the status for each of the 8 goals, indicating whether each target is likely or unlikely to be met.

Table 1: Status at a Glance

Goals	Targets	2004 Report		2009 Report	
		Will goal be met by 2015	Supportive Environment for achieving goal	Will goal be met by 2015	Supportive Environment for achieving goal
Eradicate Extreme Poverty and Hunger	1. No person living below the income poverty datum line by 2015.	Unlikely	Strong	Unlikely	Strong
	2. Reduce by 50%, the proportion of people who suffer from hunger and malnutrition by 2015.	Likely	Strong	Likely	Strong
Achieve Universal Primary Education	3. To achieve universal access to 10 years of basic education by 2015.	Achieved	Strong	Achieved	Strong
	4. To improve the relevance and quality of basic education by 2016.	Likely	Strong	Likely	Strong
Promote Gender Equality and Empower Women	5. To reduce gender disparity in all education by 2015.	Achieved	Strong	Achieved	Strong
	6. To reduce gender disparity in access to and control of productive resources by 2015.	Likely	Strong	Likely	Strong
	7. To reduce discrimination and violence against women, and the incidence of rape by 50% by 2011.	Potentially	Strong	Potentially	Strong
	8. To increase the participation of women in leadership, governance and decision-making by at least 60% by 2016.	Likely	Strong	Likely	Strong
Reduce Child Mortality	9. To reduce the infant mortality rate (IMR) from 48/1000 live births in 1991 to 27/1000 in 2011.	Potentially	Strong	Likely	Strong
	10. To reduce by 2/3, the under five mortality rate (U5MR) from 63/1000 live births in 1991 by 2011.	Potentially	Strong	Potentially	Strong

Goals	Targets	2004 Report		2009 Report	
		Will goal be met by 2015	Supportive Environment for achieving goal	Will goal be met by 2015	Supportive Environment for achieving goal
	11. To reduce the PEM rate amongst children from 18% in 1990 to 8% by 2011.	Potentially	Strong	Potentially	Strong
	12. To increase the proportion of 1-year old children who are fully immunised from 67% in 1990 to at least 80% by 2009.	Likely	Strong	Achieved	Strong
Improve Maternal Health	13. To reduce the maternal mortality rate from 326/100 000 live births in 1991 to 150/100 000 by 2011.	Potentially	Strong	Potentially	Strong
Combat HIV/AIDS, Malaria and Other Diseases	14. To halt and reverse the incidence of HIV, particularly amongst the youth by 2015.	Likely	Strong	Likely	Strong
	15. 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 zero by 2009.	Potentially	Strong	Achieved/ 2006 likely 2015	Strong
	16. To reduce the morbidity and mortality caused by TB.	Likely	Strong	Likely	Strong
	17. To reduce the incidence of confirmed cases of malaria below 20 per 1000 people.	Potentially	Strong	Achieved	Strong
Ensure Environment Sustainability	18. Reduce by 50% the proportion of people without sustainable access to safe drinking water by 2015.	Likely	Strong	Achieved	Strong
	19. Reduce conflict between population growth, land usage and environmental and natural resources degradation.	Potentially	Good	Likely	Strong
	20. Promote environmental education and awareness necessary to reduce contamination and achieve sustainable development.	Potentially	Good	Likely	Strong
Develop a Global Partnership for Development	21. Develop further an environment conducive for beneficial trade and foreign direct investment.	Likely	Strong	Likely	Strong
	22. In cooperation with the private sector, make available the benefits of new technologies.	Likely	Strong	Likely	Strong



PART 2: ASSESSMENT OF PROGRESS





Goal 1

Eradicate Extreme Poverty and Hunger

a) Progress Towards Targets

Table 2: Eradicate Extreme Poverty and Hunger

Targets	2004		2009	
	Will reach?	Conducive environment?	Will reach?	Conducive environment?
1. No persons living below the income poverty datum line by 2015.	Unlikely	Strong	Unlikely	Strong
2. Reduce, by 50%, the proportion of people who suffer from hunger and malnutrition by 2016.	Likely	Strong	Likely	Strong

b) What is the Situation Like?

Botswana has achieved remarkable progress in socio-economic development and welfare outcomes; rapid economic growth has been sustained for several years, as is evident from the rising trend in average living standards, and the country has considerably lower childhood malnutrition rates. Health infrastructure and service coverage have expanded over the years. Indicators of educational attainment show marked improvement in adult literacy, primary school completion, and gender parity in primary and secondary schools.

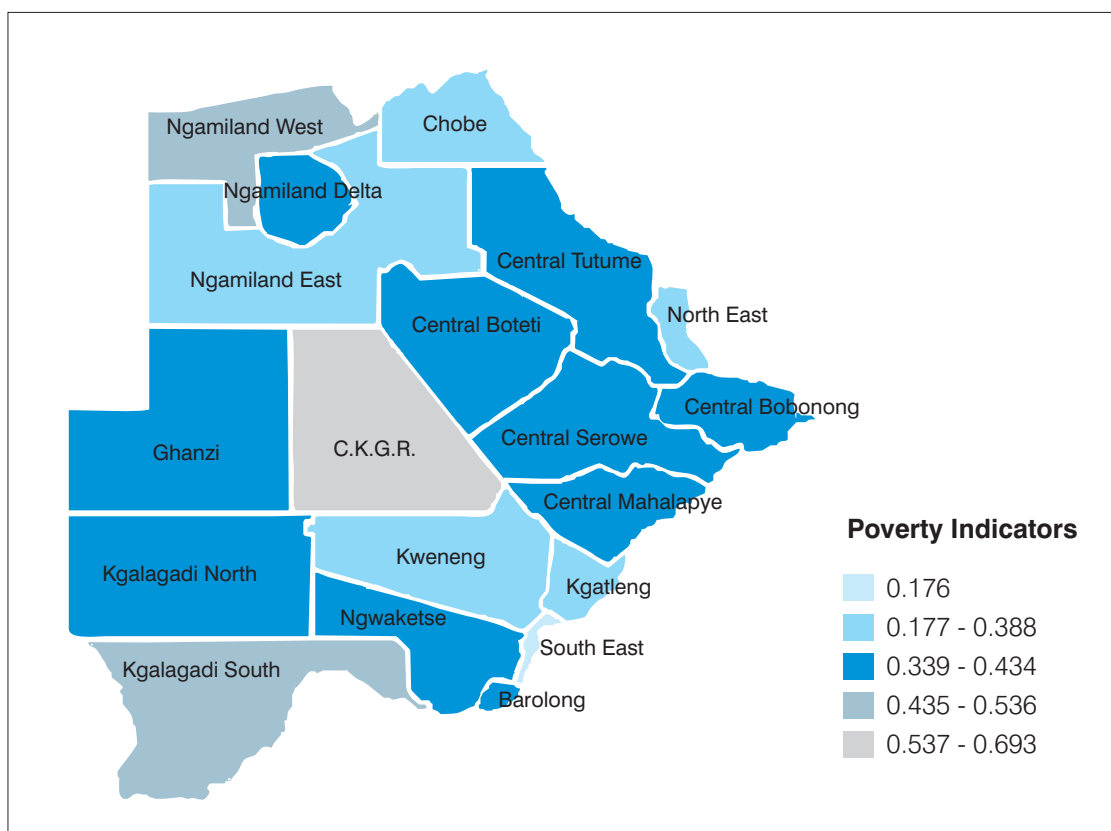
Despite these achievements however, conditions of poverty persist. In spite of the sustained overall economic growth, growth has been slow in the bottom income groups. Rapid economic growth has thus not translated into marked reduction in income poverty. Unemployment remains high, especially in the rural areas. The poor people who are in employment mainly occupy low-paying jobs because of their level of education and skills. The prevalence of HIV/AIDS has also affected negatively on past human development gains – and is in fact slowing or even reversing gains previously made in reducing disease and mortality rates and raising life expectancy.

While past efforts to coordinate and implement a multi-sectoral approach to poverty reduction proved largely inadequate, more recent coordinated efforts to harmonize all sectoral initiatives related to poverty reduction appear to hold more promise. In response to the slow pace of poverty reduction and institutional weakness, the Government of Botswana adopted the National Strategy for Poverty Reduction (NSPR) in 2003. The NSPR sets poverty reduction as its overarching goal, and charts strategic pathways for poverty reduction (primarily through broad-based labour-absorbing economic growth, the provision of basic social services to the poor, the promotion of cost-effective pro-poor social safety nets, and enhancing an effective response to and strengthening institutions to the poor) as well as providing a multi-sectoral approach for overseeing the design, implementation and monitoring of poverty reduction interventions.

People Living Below the Poverty Datum Line

The proportion of people living below the Poverty Datum Line of USD1 per day (PPP values) fell from 47% in 1993/1994 to 30.6% in 2002/2003 (NDP 10). Poverty has a gender bias. At more than 46% (2006 Botswana Demographic Survey), Botswana has one of the highest percentages of female-headed households worldwide. On average, they are also poorer than their male counterparts, since 34% live below the poverty line, compared to only 28% of male-headed households (PDL Report, 2003). Poverty has also a regional bias. Generally, urban areas have lower poverty headcount rates than rural areas, as a result of superior economic opportunities in the former. Furthermore, for similar reasons i.e. superior opportunities and resource endowments, the more remote and arid districts of Botswana experience higher poverty rates than the rest of the country. The national poverty profile, summarised in Figure 1, shows higher poverty concentration rates in the Central Kgalagadi Game Reserve, Ngamiland West and the Kgalagadi and Gantsi districts.

Figure 1: National Poverty Map based on 202/03 HIES Data



Source: Central Statistics Office, 2008

Nutrition, Hunger, and Food Security

The Botswana National Nutrition Surveillance System (BNNSS) monitors on a monthly basis the weight-for-age of 80% of the children under five across the country, including every child attending child welfare clinics. As a direct result of this dedicated effort, child malnutrition is markedly low in Botswana. It has consistently declined over recent years, from 14.6% in 1993 to 6% in 2003 and 4.6% in 2007 (Annual Poverty Monitoring Report 2007/2008, June 2008).

The fight against malnutrition remains a challenge given the scourge of HIV/AIDS. For example, exclusive breastfeeding rates have plummeted because of HIV, even amongst uninfected mothers. As a result, The Ministry of Local Government has intensified trainings on infant and young child feeding (IYCF) to promote, protect, and support breastfeeding.

A number of programs are in place to assist unemployed, poor and destitute populations. These include the Integrated Poverty Alleviation and Housing Programme (IPAHP) of the Ministry of Lands and Housing, which targets unemployed, working age adults with poor

The Multi-Sectoral Committee on Poverty reduction (MSCPR) monitors programmes in five categories:

1. *Livelihood creation/generation (e.g. agricultural programmes and housing for the poor),*
2. *Nutrition and health (provision of nutrition and health services to under-five children),*
3. *Social assistance and protection (e.g. income transfer to destitute households),*
4. *Institutions for the poor (e.g. community-based organisations), and,*
5. *Poverty assessments and information flows.*

housing conditions. It aims to improve their accessibility to good quality, basic shelter through income generation schemes.

All Batswana children are eligible for the integrated services provided through the Child Welfare Clinics (CWC) from birth to five years, regardless of their socio-economic status. The main objectives of the program are to track the nutritional status of children and their physical growth, in order to be able to intervene in early childhood when necessary, to promote good physical growth and cognitive development, and to ensure child survival.

Other programs currently in place to combat poverty include the Destitute Program, the Labour Intensive Relief Public Works Programme, and Housing for the Poor.

c) The Major Challenges

Creating Sustainable Employment Opportunities

Botswana's unemployment rate was 17.5% in 2005/2006 according to the most recent Labour Survey, with unemployment being very high particularly among the youth. As access to quality education is increasingly available in Botswana, growing numbers of young people are looking for gainful employment. Many are not finding the types of opportunities they expect when graduating from schooling. Particularly for those graduating with degrees in the humanities, skill sets do not readily translate into paid work. For the first time, the Ministry of Education and Skills Development predicts that as many as 300 trained teachers will graduate in 2009 without a position to go to. Continued emphasis on job creation, increased focus on vocational and technical qualifications and mentorship for young people to engage in entrepreneurial activities is required to remedy this problem.

Stemming the Impact of HIV/AIDS on Poverty

Even though the situation has improved a lot, HIV/AIDS has exacerbated the situation of poverty in Botswana, as increasing numbers of adults fall ill and cannot contribute to the livelihood of their families. Similarly, children whose parents are ill or dead are left to fend for themselves, missing school and reducing their chances of skilled employment in the future. Increased focus on programs targeting those infected and affected by HIV are required to assist the growing numbers of Batswana being tested and learning of their status. Crucially, programs that assist those in need of basic food shelter and support, while simultaneously providing them a means of "graduating" back into a normal and self-sustaining position within society will ultimately reduce the current levels of dependence on the Government of Botswana.

Impact of the Global Economic Crisis

The global economic crisis of 2008/2009 had several negative consequences on Botswana's economy. Overall, real GDP contracted by 6% (Central Statistic Office, 2010). Although less severe than originally feared, a significant number of business closed down and triggered job losses. Mining was the sector most directly affected and was in fact the conduit through which the global recession was transmitted to Botswana. As of March 2009, employment in mining and quarrying had declined from 11 673 to 10 592, representing a decline of 9.3% while manufacturing recorded a slight decline of half a percentage point, from 35 888 to 35 704 (Ministry of Finance and Development Planning, 2010). These adverse developments have had repercussions on the welfare of poor and vulnerable people in Botswana. Although the effects on poverty and vulnerability of the global economic recession will be known in 2010 when results of the 2009 Core Welfare Indicators Survey are published, the effect on poverty and vulnerability is likely to be acute, especially given Botswana's high rates of dependency.

To mitigate the impact of the global economic recession on unemployment, the Government introduced the Ipelegeng Programme – a temporal employment programme on a rotational basis in July 2008.

Monitoring Progress

More regular data gathering and analysis is required to truly understand and combat the situation of poverty in Botswana. While the census provides invaluable information on the situation of poverty countrywide, this takes place every ten years, and more regular information is required to track progress towards the eradication of poverty, gaps in coverage of programs geared to help the very poor, and share outcomes, successes and lessons learned across programs and regions.

Additionally, continued high HIV/AIDS prevalence rates, external shocks such as global recession, food prices and the energy crisis, a narrow income base, continued poor performance of the agricultural sector, and persistent droughts and harsh climatic conditions have made it substantially more challenging for Botswana to combat the situation of poverty in the country despite dedicated efforts and increased funds channelled for this purpose.

d) Support Policies and Programmes

To continue its fight against poverty and alleviate its impact, the Government adopted the National Poverty Reduction Strategy in 2003. This aims to link and harmonise poverty reduction initiatives, provide opportunities for people to have sustainable livelihoods through expansion of employment opportunities and improved access to social investment, and to monitor progress against poverty. In addition, the revised National Policy on Rural Development was adopted in 2002. Its aim is to reduce rural poverty, promote sustainable livelihoods, stimulate rural employment and income generation, diversify the rural economy, reduce dependence on the government and maintain and improve rural capital. Other schemes that contribute directly or indirectly to poverty reduction include the Citizen Entrepreneurship Development Agency (CEDA), the Integrated Support Programme for Arable Agriculture Development (ISPAAD), Livestock Management and Infrastructure Development programme (LIMID) and various welfare programmes such as the 1980 Destitute Allowance programme and the Old Age Pension scheme.

Policies, Strategies, Programs for Universal Access to Education:

- National Poverty Reduction Strategy (2003)
- Revised National Policy on Rural Development (2002)
- National Development Plan 10
- Accelerated Child Survival Strategy, 2008

e) Tracking Progress Towards Targets

Table 3: Tracking Progress Towards MDG 1

Tracking Progress Towards Targets	2004	2009
Data Gathering Capacities	Strong	Strong
Quality of Survey Information	Strong	Strong
Statistical Tracking Capacities	Strong	Strong
Statistical Analysis Capacities	Fair	Fair
Capacity to use statistical analysis in policy	Fair	Fair
Monitoring and Evaluation Mechanisms	Fair	Fair

Data gathering on poverty indicators takes place through a number of different institutions. The Central Statistics Office (CSO) and the Ministry of Health collect data on a regular basis, and the increasing numbers of support programs that assist destitute populations, orphans and vulnerable children, and out of work adults help to improve the amount of information gathered regularly to measure changes in poverty indicators. Quality of report is generally seen as good as well though it is reported that there is a lack of human resources to sufficiently analyze the data available on poverty and nutrition, and as a result, less is fed into policies and decision making than could be.

f) Conclusion and Recommendations

Botswana has made great achievements in reducing poverty and malnutrition, and this will be verified in 2010 when results of the 2009 Core Welfare Indicators Survey are published. Improvements in data monitoring and increased focus on prevention of HIV will be important moving forward. The supportive policy environment is strong and based on current

trends; Botswana can potentially achieve important gains toward this goal by 2015 if current efforts are intensified.

g) Success/Human Interest Story

Social Protection for the poor

The Universal Old Age Pension is the main scheme in Botswana to protect the elderly from the risk of poverty. In place since 1996, it is a non-contributive pension that offers financial security to the elderly citizens, thus providing income to those who are 65 years of age and above. Targeted population receive 166 pula (USD26) every month.

Despite the fact that the country lacks a social protection overarching framework, there are some important programmes running in Botswana, which have a cash transfer component, such as the Program for Destitute Persons (food, cash transfers for the destitute and also access to social services); the Orphan Care program (cash transfer, food basket for orphans with additional support); the Vulnerable Group Feeding Programme (distribution of meals); and the World War II Veterans Allowance. There are also other “food for work” programmes.



Goal 2

Achieve Universal Primary Education

a) Progress Towards Targets

Table 4: Achieve Universal Primary Education

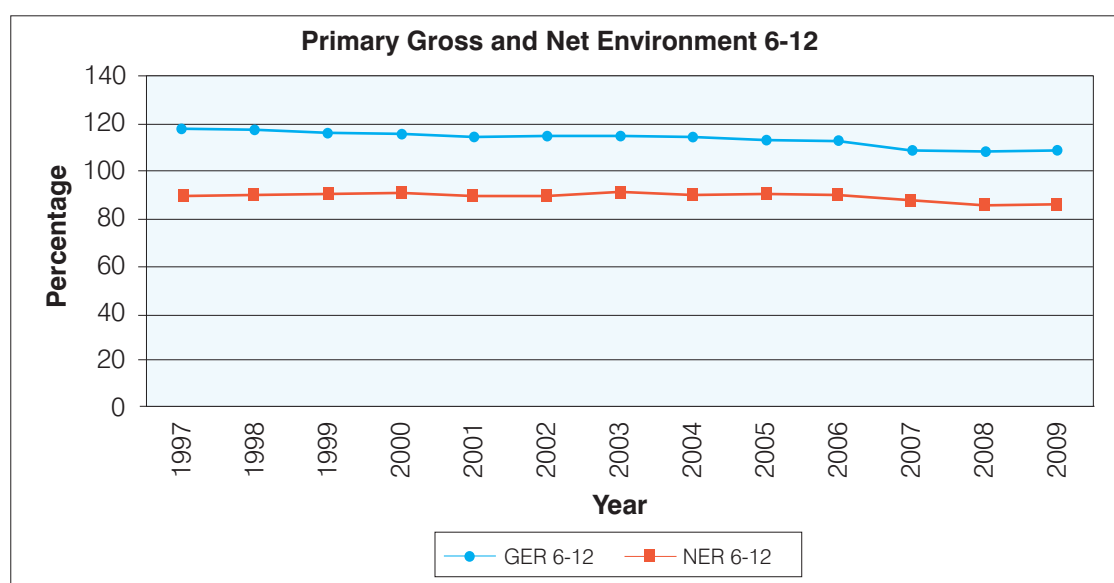
Targets	2004		2009	
	Will reach?	Conducive environment?	Will reach?	Conducive environment?
1. To achieve universal access to 10 years of basic education by 2016.	Achieved	Strong	Achieved	Strong
2. To improve the relevance and quality of basic education by 2016.	Likely	Strong	Likely	Strong

b) What is the Situation Like?

Recent evidence largely drawn from school-based statistics shows that Botswana has made significant and sustained progress in recent years in improving access to education (measured in terms of numbers of schooling facilities, enrolment, school attendance, and years in school) and the quality of basic learning (measured through outcomes such as adult literacy rates, provision of material inputs to schools, improved teacher training programs).

The number of schooling facilities has grown slowly and steadily each year – with 803 schools (of which 742 are public primary schools) in 2009, up from 790 schools (of which 731 public primary schools) in 2008 (CSO, Education Statistics 2009). Increased efforts have been made to create one or two teachers schools in remote and small settlements, providing access to populations who previously faced walking distances of more than 5 kilometres, or the option to board their young children at a school even farther away. As illustrated in figure 2, enrolment rates for pupils between 6 and 12 years remain high, hovering around 89% in 2009 and in previous years as high as 95% or more. Nearly 35% of pupils who started grade one reported achieving a primary school education in 2004, whereas a further 41% went on to successfully complete secondary level education.

Figure 2: Primary Gross and Net Enrolment Rates 6 – 12 years old



Source: Education Statistics Report 2009

Access to Basic Education

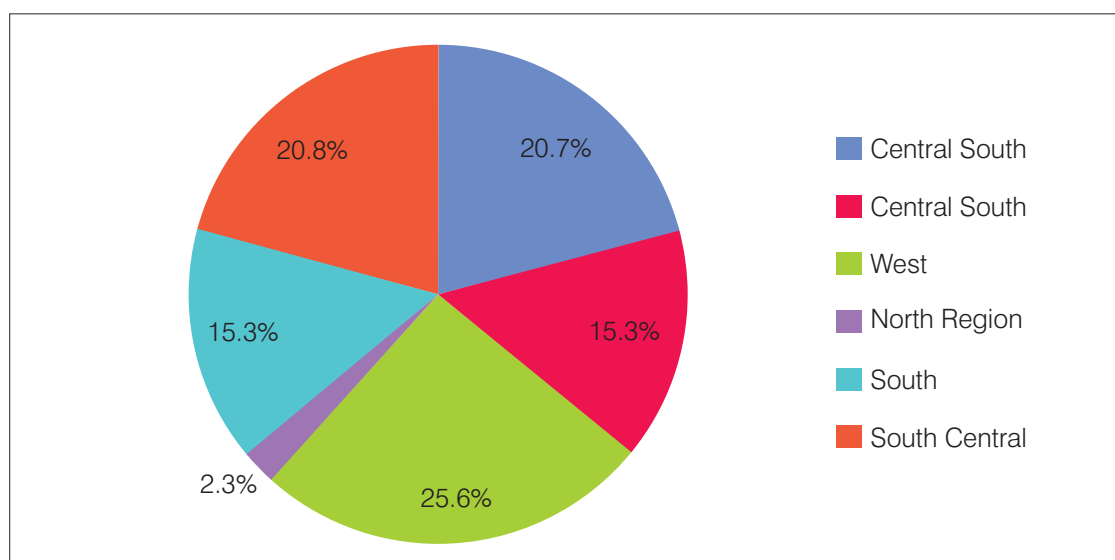
Despite the fact that education is not yet compulsory in Botswana by legislation enrolment rates are extremely high, averaging over 90% (6-7 years), and at times over 95% (7-13 years), over the last five years. Education is free for all children at the primary level (consisting of seven years of primary schooling), including materials. At the secondary level (which consists of three years of junior secondary, and two years of senior secondary school), a minimal cost-sharing measure is applied, and parents are asked to contribute not more than 5% of the total cost of schooling. To improve equity of access, exemptions are available for those who cannot afford these fees.

Access to primary education in remote areas remains a challenge for the Ministry of Education and Skills Development (MoESD); despite the official entry age of 6 years, the NER for 6-12 years lags behind older age groups, since some parents, and particularly those in rural and remote areas, are unwilling to send their young children to school at younger ages. Long distances required to reach facilities (more than 5 kms), unwillingness to let young children board at facilities far away, and ignorance of the importance of education amongst parents and communities, especially in remote area dweller settings, are the primary factors contributing to lower NER rates in younger pupils. While the Ministry of Education and Skills Development has in recent years reduced the acceptable distance of the nearest school from ten kilometres to five, this still represents a long commuting distance for such young kids, and many children from remote settlements face untenable travel distances to the nearest facilities. To combat this, the Revised National Policy on Education (1994) now calls for the establishment of one or two teacher schools where they are deemed necessary to reduce travel barriers. A total of eight settlements were identified as qualifying for these schools but due to lack of implementation capacity, five facilities had been built at the end of 2009. Difficulties in retaining teachers in settlements for long further exacerbate this challenge of improving access to education in remote areas.

Drop-out rates continue to be a challenge in Botswana. At primary school level, seasonal harvesting and planting activities, migratory patterns of some communities, and other economic pressures on poor families increase the rate of drop outs for younger boys when compared to girls. At secondary school, this trend is reversed with more girls dropping out, primarily due to high rates of teenage pregnancy.

As shown in figure 3 below in 2009, the West Region had the highest primary school dropouts (25.6 percent), followed by South Central (20.8 percent) and Central South (20.7 percent) respectively. Dropouts were relatively low in the North Region accounting for only 2.3 percent of total school dropouts. In 2008, the highest and lowest percentages of school dropouts were observed in the same regions.

Figure 3: Primary School Dropout by Region in 2009



Source: CSO, *Statistics Brief - Education Statistics, 2009*

Quality and Relevance of Basic Education

The Government of Botswana's commitment to education, as measured by budgetary allocation, is substantial. Botswana's total investment in education (including investment in public and private spending on higher education) has been increasing at an annual rate of about 4% over the past decade. The education sector was allocated 8% of the total development budget for fiscal year 2006/07 while the total ministerial recurrent budget was P5 billion (or 28.2% of the recurrent budget). For fiscal year 2009/2010 the budget allocation to education was 9.78% of the total budget.

Alongside its commitment to sustain and improve high enrolment rates for primary education, the MoESD is committed to improving the quality of education obtained throughout its schooling system. The Department of Teacher Training and Development (TT&D) whose mandate is to provide training of teachers through both pre-service and in-service continued education has been established to assure quality of teacher training in Botswana. There are presently five Colleges of Education, three of which provides Diploma in Primary Education and two offering Diploma in Secondary Education for primary and secondary school teachers respectively. In order to improve the standards and minimum requirements for a secondary school teacher, the Ministry has also recently developed a Botswana General Certificate of Secondary Education. The teaching cadre has increased in size over the year, despite more rigorous minimum requirements for teaching qualifications, and there has been a reduction in the proportion of under trained or poorly trained teachers in the system. Accreditations for teachers' training come from two primary stakeholders: the University of Botswana (UB) and Tertiary Education Council (TEC). The UB is responsible for accreditation and provision of certificates for graduates. TEC is responsible for registration of all tertiary institutions in the country.

In 2009, there were more than 311,500 students enrolled in primary government schools. The number of teachers was over 11,900, demonstrating an average teacher to pupil ratio of 26 students to one teacher. While this is well within the Government policy limiting any one class to no more than 40 students, this figure masks great disparities across the country; increased rates of urbanization in recent years has led to unexpected surges in student populations in urban areas straining the loads of the teachers placed there, while similarly rural communities may suffer long periods with insufficient numbers of teachers due to unwillingness to take up a rural posting. Similarly, equity of schooling facilities and materials is lacking in remote and small settlements, where access to electricity is not available and essential equipment is therefore not appropriate.

Perhaps the best indicator by which to evaluate the quality and coverage of education is the literacy rate amongst the adult population. This has steadily increased over recent years in Botswana: from 34% in 1981, to 54.8% in 1991, to 68.9% in 1993 and to 76.2% in 2003 (Annual Poverty Report, June 2008).



c) The Major Challenges

Increasing Enrolment and Retention Rates for young children and children from remote areas and Nomadic Communities

At less than 2%, Botswana has the lowest drop out incidence in Africa. However, it is still a concern as the higher concentration of dropouts in the early stages of schooling increases the likelihood of adult illiteracy later in life. Only 17.8% of children access pre-schools (BFHS, 2008), one of the primary reasons for this is that all pre-schools currently belong to the private sector, and disproportionately favour those who have access to and can afford them. The absence of legislation making education compulsory is likely to be a factor in the low enrolment and retention amongst remote and nomadic communities, and the Government of Botswana intends to make schooling compulsory but does not currently have the capacity to do so.

Teenage pregnancy

There is a high incidence of teenage pregnancy in Botswana. The rate of teenage pregnancy is 19% according to UNFPA. The majority of these teenage women are single and their pregnancies take place outside marriage. Teenage child bearing also poses social, economic, and reproductive health risks to the young women. These include social and economic problems, such as dropping out of school and not being able to get sustainable employment in future. Past policies and regulations show that until recently, the school system dealt with it in a punitive manner. School girls who got pregnant were expelled from school, most of the time never to come back to the public school system. A small percentage of the girls re-entered school and attended private night schools, or chose to pursue their studies through non-formal means. The present regulations have been progressive in that they exhibit more tolerance and sympathy for young learners who fall pregnant.

Cultural and Language Barriers

Some of the local cultures within Botswana do not value education very highly as subsistence farming, cattle farming, and hunting are and have been their only means of survival. Paid employment is largely unknown amongst these communities, and as such children are often only allowed to attend school at times when they are not otherwise needed to assist the family with chores and duties. The Ministry of Agriculture has joined the MoESD to tackle this issue through several programs, in which for example, financial assistance is provided to families so that children are free to attend school regularly.

Maintaining Quality as the Quantity of Teachers Increase

In recent years, developments in education and training were not matched by improvements in quality. For instance, in the area of 8th grade mathematics and science achievement, Botswana has dropped between 2003 and 2007 from a score of 365 to 355 compared to a scale average of 500 (TIMSS, 2007). Indeed, a recent survey in Botswana, Kenya, South Africa and Swaziland found that less than 25% of grade six students reached the desired level of reading (Education for all, Global Monitoring Report 2009, UNESCO, pp. 108-109). The sector still faces a challenge in provision of access and equity of education and training for rural populations (where teacher student ratios can be one to 45 or more), and disadvantaged children (children with special needs), and while for the first time ever the MoESD will see an overabundance of trained teacher graduates this year, they will lack the specialized physiotherapists and psychotherapists required to cover this gap.

Overloading Curriculum Adversely Affects the Quality of Teaching

Curriculum is increasingly becoming crowded with a number of “emerging issues” that have been added as essential topics, such as HIV, gender, climate change, ICT, entrepreneurial skills, etc. The Ministry of Education and Skills Development is trying with difficulty to keep the school curriculum appropriate to the needs of the pupils but the insistence placed upon adding these new subjects has had notable negative effects on quality.

d) Support Policies and Programmes

The Education Hub was established as part of the Botswana Excellence for economic diversification and sustainable growth to create centres of excellence in areas where Botswana has a comparative advantage or significant growth potential. Key niche areas include Medical Science and Research, Mining and Energy, Business Management and

Agriculture and Livestock Management, Hospitality and Tourism, Conservation and Environment, Veterinary Science, Peace and Justice, Science and Technology. The mandate of the Education Hub covers all levels of education from pre-primary to tertiary as well as on-the-job training and lifelong learning through various means such as E-learning, open and distance learning.

Other policies include:

- Revised National Policy on Education (RNPE)
- Readmission Policy for any child who drops out of school.
- National Literacy Programme (NLP)
- Mainstreaming gender in education policies and projects including vulnerable children.

e) Tracking Progress Towards Targets

Table 5: Tracking Progress Towards MDG 2

Tracking Progress Towards Targets	2004	2009
Data Gathering Capacities	Strong	Strong
Quality of Survey Information	Strong	Strong
Statistical Tracking Capacities	Fair	Fair
Statistical Analysis Capacities	Fair	Fair
Capacity to use statistical analysis in policy	Fair	Fair
Monitoring and Evaluation Mechanisms	Fair	Fair

The Ministry of Education and Skills Development has improved greatly its data gathering and statistical tracking systems in recent years. The quality of information has improved, though as with other MDGs it is felt that ability to adequately analyse the data analysis is not strong enough due to lack of appropriate human resources. Still, the country does a fair job of using this information as is shown by improvements in the educational system as a whole.

f) Conclusion and Recommendations

Botswana should be applauded for the incredible progress achieved in its educational system. Universal access to schooling has largely been achieved and considerable advancements in quality realised. Continued focus on maintaining quality as the educational system expands will help insure Botswana reaches this MDG by 2015.



g) Success Story/Human Interest Story

Out of School Students passing exams

Around 2% of candidates passing examination came from Out of School “Students”.

A 36 years old woman, who is now a proud holder of the Primary School Leavers Certificate, thanked DOSET (Department of Out of School Education and Training) for extending the lifebelt to her. Being a mother of 6 children, her hopes of gaining access to education were shattered several years ago when poverty compelled her to leave school. She obtained Grade C and said proudly she has given the young ones who study in formal schools a run for their money.

DOSET was established in 1982 to combat illiteracy by offering education to those who have missed the opportunity of going through formal education. It is mainly by giving a chance to young girls who dropped out of school due to pregnancy to come back to school as soon as they can. Despite facing challenges, the department has achieved significant milestones as the adult literacy data shows.



Goal 3

Promote Gender Equality and Empower Women

a) Progress Towards Targets

Table 6: Gender Equality and Empower Women

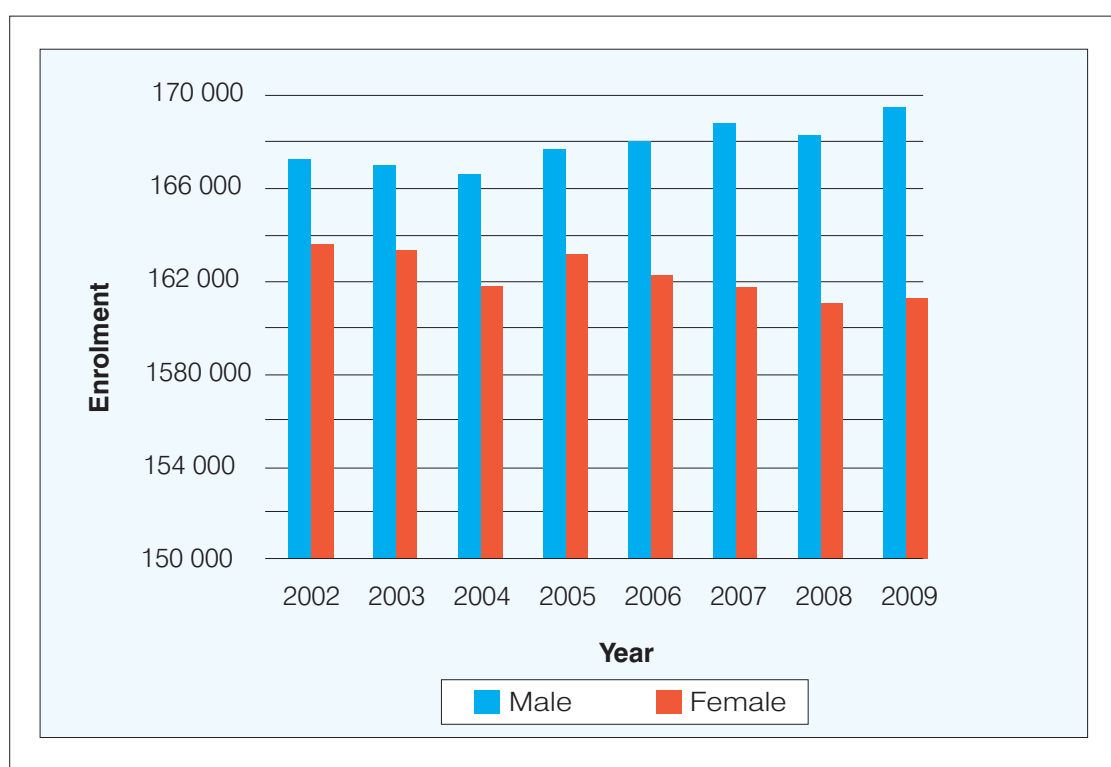
Targets	2004		2009	
	Will reach?	Conducive environment?	Will reach?	Conducive environment?
1. To reduce gender disparity in all education by 2015.	Achieved	Strong	Achieved	Strong
2. To reduce gender disparity in access to and control of productive resources by 2015.	Likely	Strong	Likely	Strong
3. To reduce discrimination and violence against women, and the incidence of rape by 50% by 2011.	Potentially	Strong	Potentially	Strong
4. To increase the participation of women in leadership, governance and decision-making by at least 60% by 2016.	Likely	Strong	Likely	Strong

b) What is the Situation Like?

The Millennium Declaration commits all UN member countries to the promotion of gender equality and empowerment of women as effective ways to combat poverty, hunger and disease, and as a necessary means to stimulate development that is truly sustainable. Persistent and pervasive gender inequalities hinder access to and control of resources with greater bias against women. This in effect contributes to social insecurity, lack of opportunity and a deep sense of powerlessness, lowering the quality of life for men and women, as well as their families. Women's empowerment and gender equality are issues of human rights and justice, not just women's issues. They are the bedrock for lasting political, social, economic and cultural security amongst all people.

While some improvements in gender equality can be seen in Botswana, there is still much work to do. It is unfortunate that the new NDP10 does not give sufficient weight to issues of gender that hinder the developmental process in Botswana. However, some figures, notably those related to employment and education, do show improvements in gender equality. Issues of women in leadership, gender based violence are not adequately addressed and remain troubling constraints to the country's progress.

Figure 4: Gender Disparity in Education



Source: *Enrolment in Primary School by Gender 2002-2009, Education Statistics Brief 2009, CSO*

Botswana has succeeded in effectively erasing major gender disparities within both the primary and secondary education systems (see for instance figure 4, which shows primary education enrolment). There is no significant gender disparity in primary and secondary school enrolment, with full parity achieved in the primary schools in 1995. At the primary school level, there has been a slight reversal in parity in recent years; comparatively more girls than boys were enrolled prior to 1995, with more boys enrolled after 1995 (the ratio of girls to boys enrolled primary schools was 49.3% in 2003, and 49.1% in 2005). There is also near parity in secondary school enrolment but with female edging slightly higher than males (51.8% for females and 48.2% for males in 2005). Literacy rates show gender parity amongst youth – in 2007, UNICEF estimated that 93% of young men and 95% of young women were literate.

At tertiary and higher levels of advanced education, enrolment of young women lags slightly behind that of the men, though vast improvements have been seen in recent years and the country is approaching parity at this level of education also. The ratio of girls to boys in tertiary education is as in table 7 below:

Table 7: Ratio of girls to boys in tertiary education

	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*.

The Ministry of Education and Skills Development is aware of the trends favouring traditional gender stereotypes (e.g. humanities for girls, engineering for boys) in higher learning, and is working to encourage both boys and girls to think more broadly as they mature through schooling.

While enrolment at primary and secondary school level has improved for both genders, problems of dropouts still exist. A new readmission policy aimed at bringing girls back into schools after childbirth has helped somewhat with increasing readmission rates. Prior to this policy, girls were expected to wait two years before attempting to return to school, a delay sufficiently long that many never returned at all. This new policy reduced the percentage of dropouts due to pregnancy in primary schools from 2.5% in 2004 to 1.6% in 2007.

A new education curriculum is expected in 2010, and this will have gender mainstreamed into it from primary level upwards. It is hoped that addressing gender at all levels of schooling from an early age will result in significant changes in the situation of women and equality in future generations.

Gender Disparity in Access to and Control of Productive Resources

Women in Botswana continue to have less access to social services and productive resources than men. At more than 46%, Botswana has one of the highest percentages of female-headed households worldwide. On average, they are also poorer than their male counterparts, with 34% living below the poverty line, compared to only 28% of male-headed households.

Although the proportion of women in paid employment is lower than the proportion for men, these numbers are slightly increasing, with the share of women in wage employment in non-agricultural sector estimated at 43.4% in 2007 and 41.2% in 2008 (Labour Statistics Report). The numbers of women in the workforce have grown rapidly in many industries, with women dominating in some such as hotels and restaurants at 74.3%, and in private household sector at 71.4%. Women working in education, finance, wholesale and retail trade & health employment all accounted for more than 60% each (Botswana Demographic survey, 2006). Women are also slightly better represented (51.9%) among Government employees. The private sector had almost equal distribution, 50.1 percent males and 49.9 percent females.

One significant change in legislation that may begin to help women ensure their own financial security is the abolition of the Marital Power Act of 2004. This act effectively made women minors to their husbands such that women could not do things such as receive loans without the signatory approval of their spouse. This change is relatively new still, and increased awareness raising activities are needed for it to trickle down and take effect. Abolition only took place last year and it takes time for information to trickle down. The mainstreaming of gender through ministries and major institutions should assist the country to better insure women receive the support and access to services that is their legal right. Still, Botswana has resisted signing the SADC gender protocol, a worrying indication that it is not holding pace with the rest of the world with regards to gender issues.

Women's Participation in Leadership and Decision-Making

While education and employment opportunities for women have been on the rise in recent years, the numbers of women in government and decision-making positions in Botswana is still troublingly low. The proportion of seats held by women in national parliament was a lowly 12.7% according to the National Assembly Statistics from 2008. It has decreased further in 2009 to 7%. This figure is very low when comparing against SADC target of 30% and the MDG target. According to the NDP10 the percentage of women in Parliament dropped to 11% in 2004 from 18% in 1999. Women also remain underrepresented in parliament and local authorities as shown in table 8 below.

Table 8: Women's in Leadership and Decision-Making

	2005		2006		2007		2008		2009	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Parliament	89%	11%	89%	11%	89%	11%	89%	11%	93%	7%
Councillors	80%	20%	80%	20%	80%	20%	80%	20%	80%	20%
Cabinet	79%	21%	79%	21%	79%	21%	84%	16%	85%	15%
Ntlo Ya Dikgosi	87%	13%	80%	20%	80%	11%	89%	1%	91%	9%
Public Service	63%	37%	63%	37%	63%	37%	60%	40%	55%	45%
Target		30%		30%		30%		30%		30%

Source: National Assembly and Ministry of Local Government, 2009

To begin to address these issues, prior to the 2009 elections, the Women's Affairs Department conducted a large number of trainings and workshops to assist aspiring female politicians in areas such as assertiveness and how to permeate a male-dominated system. The Caucus for Women in Politics and Emang Basadi are two other key women's associations spearheading efforts to improve empowerment of women in politics.

Gender Based Discrimination and Violence

One of the biggest problems still facing women in Botswana today is that of rape, domestic and gender-based violence. 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. The studies also indicate that most cases of domestic violence revolve around the maintenance of men's economic and social control of women. However there has been little discussion or research into how societal transformation, alterations in family forms and changed life experiences exacerbate domestic violence and frustrate measures to put an end to it.

While the numbers of rapes reported fell from 1,875 in 2008 to 1,754 in 2009, it is not possible to accurately estimate the incidence of violence against women, or to determine whether this drop is indicative of an actual lessening in violence against women or simply a drop in those that were reported. Too many women are scared to come forward, and are shy, embarrassed, or afraid to say anything. Services should be geared towards helping support women who find themselves in threatening situations, such as social services, hospitals, and the police, are not well equipped or trained to do so. Increased public awareness about the severity of this issue and training for those who should provide support and care for women is needed.

One significant achievement was the passing of the Domestic Violence Bill in early 2008, aimed at protecting those who are abused in their own home. The bill set out a number of protective clauses and is widely supported and hailed for its gender neutrality. One major flaw in this legislation is that there is no definition of or support in the case of marital rape. Marital rape remains unrecognized in Botswana, a major detriment to protecting the rights and safety of women. While the Domestic Violence Act is a good first step in protecting women, this is a major gap in legislation that will need to be addressed at some stage. In addition, the law was passed as a private members' bill, and as such was not circulated through government structures (judicial system, police, health, etc). As a result, many of the institutions responsible for implementing and supporting the law are still not aware of their roles and responsibilities.

There remains little information on who perpetrates violence against women, societal causes and very few programs to address the root causes of this. Some NGOs are engaged in research and outreach and education surrounding gender based violence.

c) The Major Challenges

Education

While major strides have been made in the area of gender parity in education, further work is required in skills development, vocational education, and tertiary education for women if they are to seek out and receive equal opportunities in employment.

Violence

With the new Domestic Violence Law in place, what remains a challenge is implementation of the legislation passed. Further training and workshops to key stakeholders in the system are required to support this process. Better integration of systems would also help to insure that a woman who presents at a clinic to be treated for domestic violence also gets referred to the police and social services. Right now, violence is dealt with in silos; hospitals dress a wound, police deal with a crime, but the full cycle of violence is not appropriately addressed.

Marital rape remains an issue and needs continued education, focus, and to determine what to do to deal with this moving forward. HIV/AIDS issues further compound these problems as women cannot get medication in case of marital rape as it is not recognised.

Analyzing Data with a Gender Perspective

There is a lack of information and data gathered surrounding the changing gender perspective in Botswana and without this, it is very difficult to measure both achievements and challenges in this area. Increased awareness and tracking of vital information right down to community level would greatly assist those working in this area to achieve their goals.

d) Support Policies and Programmes

Domestic Violence Law to address domestic violence

Abolition of the Marital Power Act: This abolition provides women with more independence and decision making power. For example with the abolition of this act a married women can now buy a land without the authorisation of their husband.

National Gender Programme Framework with a Plan of Action developed.

Destitute Person Policy of 2002 – covers girls.

Policy on Women in Development, 1995

e) Tracking Progress Towards Targets

Table 9: Tracking Progress Towards MDG 3

Tracking Progress Towards Targets	2004	2009
Data Gathering Capacities	Fair	Fair
Quality of Survey Information	Fair	Strong
Statistical Tracking Capacities	Fair	Fair
Statistical Analysis Capacities	Weak	Fair
Capacity to use statistical analysis in policy	Fair	Strong
Monitoring and Evaluation Mechanisms	Weak	Fair

Tracking progress in the area of gender equality is considerably more difficult than other areas as there is no clear way to measure domestic violence and rape, or equal opportunity employment. In other areas, such as parity in education, and health care this can more easily be done. The national census, which is scheduled to take place in 2011, will once again provide more information but further research and data gathering is required. Desegregation of data is strong so quality is good when it is available. Statistics are used to help form policy, and to address such issues as women and poverty.

f) Conclusion and Recommendations

The situation of gender equality in Botswana is mixed at present: parity has by and large been reached in schools, while the country still has a long way to go to assist women to have better access to productive resources and decision-making roles. Recent legislative improvements may help stem the grave issue of domestic violence, and demonstrate strong environmental support. Botswana could potentially achieve important gains toward this goal by 2015.

g) Success/Human Interest Story

More Women in Politics

In Botswana, several NGOs and local associations are working together on an awareness campaign to advocate for women representation at central and local government levels. In addition, they are also conducting workshops for councillors in districts in which gender equality is addressed as well as the importance of electing women into decision making positions.

All this effort has paid off, as Botswana now has 3 women elected into mayoral positions in districts and city councils, 4 women holding positions in the Cabinet and an additional 4 in the Parliament. The President nominated 50% of the women as councillors and for the first time in Botswana history, a woman was elected as Speaker of the National Assembly. These are great signs of improvement and with more news like this; Botswana is heading in the right direction towards gender equality.



Goal 4

Reduce Child Mortality

a) Progress Towards Targets

Table 10: Reduce Child Mortality

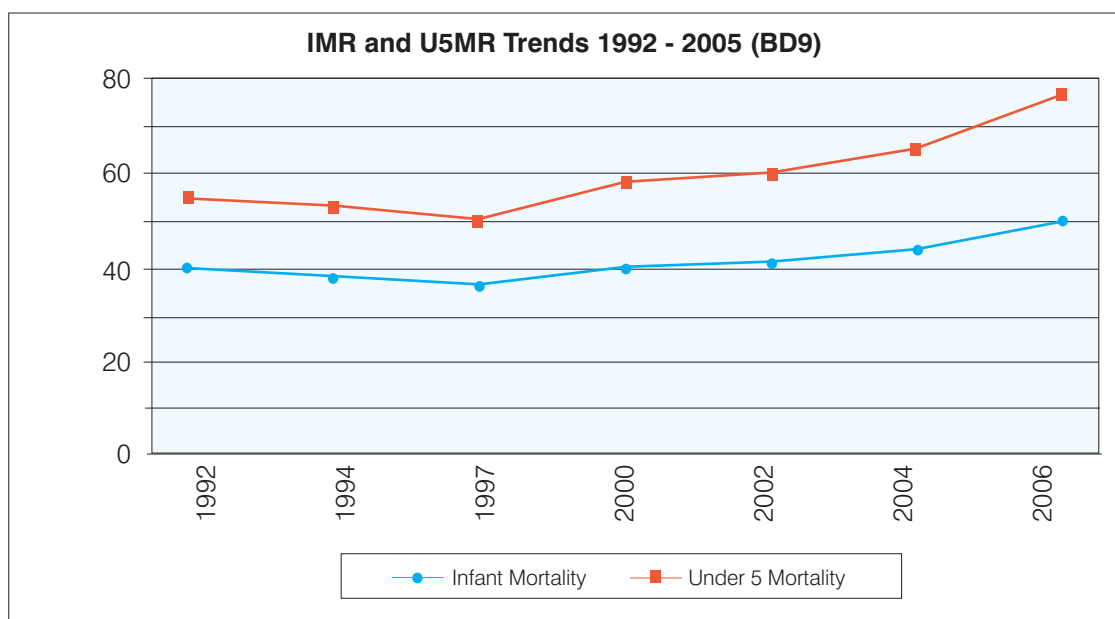
Targets	2004		2009	
	Will reach?	Conducive environment?	Will reach?	Conducive environment?
1. To reduce the Infant Mortality Rate (IMR) from 48/1000 live births in 1991 to 27/1000 in 2011.	Potentially	Strong	Likely	Strong
2. To reduce by 2/3, the under-five mortality rate (U5MR) from 63/1000 live births in 1991 to 21/1000 in 2011.	Potentially	Strong	Potentially	Strong
3. To reduce the PEM rate amongst children from 18% in 1998 to 8% by 2011.	Likely	Strong	Potentially	Strong
4. To increase the proportion of 1-year-old children who are fully immunised to at least 80 percent by 2009.	Likely	Strong	Achieved	Strong

b) What is the Situation Like?

Botswana made significant progress in the past to reduce its infant mortality rate from 97/1000 live births in 1971 to 48/1000 live births in 1994. However in recent years, infant mortality has increased to 57/1000 live birth (Botswana Family Health Survey IV, 2007) again due to the negative health and socio-economic impact of the HIV/AIDS epidemic as shown by figure 5 below. The review of progress and lessons learnt in the implementation of various health interventions show that by and large, Botswana has attained high coverage of most child interventions. For example, 90% of children are fully immunized by one year of age, 94% of pregnant women attend ANC and 95% deliveries take place under skilled attendance. Botswana has also led the way in the implementation of PMTCT programme with 89% of HIV pregnant women receiving ART to prevent mother to child transmission. However there are several gaps in the quality of the services and bottlenecks hindering the scale up of coverage of high impact interventions, which have been identified and are addressed by several national strategies, including the recently established Accelerated Child Survival Development (ACSD) Strategy.

As a result of increased investment in the health sector over the years, 84% of Botswana's population lives within a 5 km radius of the nearest health facility and 95% within an 8 km radius. In the rural areas, 72% and 89% of the population live within 5 and 8 km radius from the nearest health facility respectively. The involvement of the private sector and civil society has resulted in improved health service delivery. In addition increased health resources from development partners and donors have contributed to improve health care financing. All of this has positively impacted the country's ability to reach infants and children better with needed child health interventions.

Figure 5: Infant Mortality and Under-Five Child Mortality Rates



Source: Accelerated Child Survival and Development Strategy, 2009/2010-2015/2016 – May 2009

The main challenges in Botswana to reducing persistent high infant and under-five morbidity and mortality rates are diseases such as HIV/AIDS, TB, malaria, respiratory tract infections, diarrhoea and vaccine preventable diseases. The 2006 Botswana Demographic Health Survey showed the infant mortality rate at 48/1000 live births and the under-five mortality rate at 76/1000 live births.

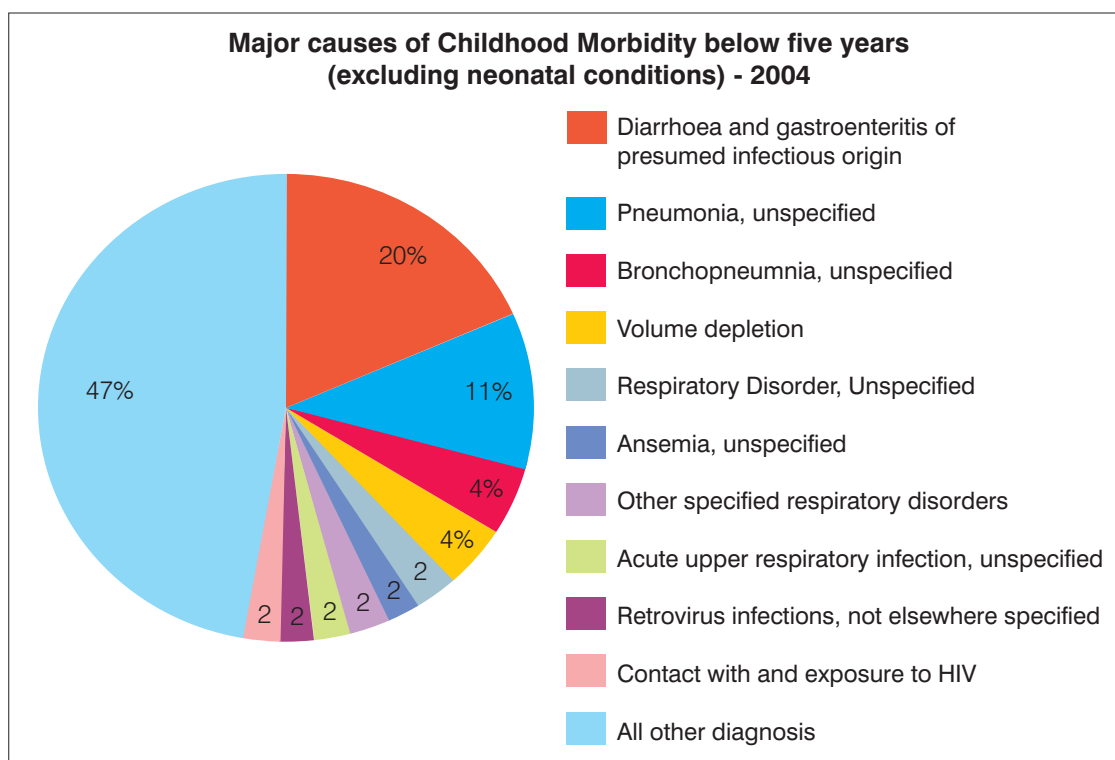
HIV as a threat to infant morbidity and mortality has been considerably reduced with the great uptake and improvement in PMTCT services. Less than 4% of children were born to HIV-infected mothers in 2007, an astonishing drop from 40% in 2000 without intervention. Still, the effects of HIV are widely felt amongst children, both those directly infected and those whose parents and other close family members are. All children under two years who test positive for HIV are currently on ARVs, which helps morbidity and mortality rates. Nonetheless, 58% of under-five deaths are currently directly attributed to HIV/AIDS (ACSD Strategy). To reduce this, access to paediatric ART and improved quality of service provision need to be scaled up.

Aside from the enormous challenges presented by the HIV epidemic, Acute Respiratory Infections (ARI) and diarrhoea are also major causes of child morbidity and mortality. The 2006 BDS found that 5.7% of children under-five had ARI in the four weeks preceding the survey. In spite of this high incidence rate, only 14% of these children (ACSD Strategy) had received care from an appropriate provider. Diarrhoea is another leading cause of illness and death in children under 5. However 96% of children with diarrhoea received one or more recommended fluids. About 49% received ORS.

As illustrated in figure 6, while 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.

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.

Figure 6: Major Causes of Child Morbidity for the under 5 in 2004 (excluding neonatal conditions)



Source: Health Statistical Report 2004, Central Statistics Office, 2007.

Immunization

Botswana has made tremendous progress in the provision of immunization services over the years. This is well illustrated by the results of the national EPI coverage survey conducted in 2007, which found that about 90% of children aged 12-23 months surveyed received all valid doses of recommended vaccines. The EPI Program is fully funded by the Government and has maintained high coverage to above 90% since 2000. Challenges are observed in vaccine management and maintenance of the cold chain especially given the extreme hot weather conditions in the country.

Integrated Management of Childhood Illness (IMCI)

The IMCI Strategy was adopted by the Government in 1997 and forms part of the MoH Strategic Plan to reduce under 5 mortality rate. With funding from the Government district capacity has been developed. It is estimated that current access to IMCI is about 35%. Although progress has been made in training health workers in IMCI in all 24 districts, the accessibility to IMCI is low. There is also inadequate follow-up to trained health workers and lack of support by district management team.

c) The Major Challenges

Improving Health Services in Remote Areas

Improving child health in remote districts is difficult where there is lower capacity to deliver health care and less availability of adequate health services from which to run campaigns. The sparsely population and the vastness of area to cover, also affect results of vital programs such as the EPI campaign.

Need to Strengthen the Quality of Services Delivered

The MoH is currently addressing the need to improve quality of care in the Health system through the IMCI and the ACSD strategies, which would then be implemented by Local Government. Improved training of supervisors and staff will insure better quality of care for children, and ultimately reduced morbidity and mortality rates.

HIV/AIDS

HIV/AIDS is a critical issue when it comes to child mortality and continued focus needs to be placed here to ensure adequate access to care and support for children infected and affected by HIV. Free provision of ARV treatment to all infected children under two has considerably helped child health statistics. The number of children infected with HIV has remained constant at 7,500.

Malnutrition

Botswana has made considerable efforts and new programs targeting childhood nutrition. Almost one in ten children under age five in Botswana are moderately underweight (13.5%) and 3% were classified as severely underweight (Family Health Survey, 2007). The Ministry of Health and its partners are working to address it.

Increase the Number of Community Health Workers

Utilization of community health workers in the district is vital to reach families with key information, especially regarding the importance of early diagnosis of childhood diseases. Botswana used to have a very effective system for outreach by community workers, which was dropped many years ago. Now, with the increased pressures and problems born by the HIV epidemic, a community support system is deemed vital again. While the Government is in the process of reinstating this system, in some areas the coverage remains low.

d) Support Policies and Programmes

The Government has adopted several policies and is implementing several programmes to reduce child mortality. The main one are listed below:

- Child and Young Policy Strategy
- National Plan of Action for Nutrition, 2005. It is a 5 year strategy.
- CIMAM and MAM
- EPI coverage survey, 2007
- Accelerated Child Survival and Development Strategy 2009/2010-2015/2016

e) Tracking Progress Towards Targets

Table 11: Tracking Progress Towards MDG4

Tracking Progress Towards Targets	2004	2009
Data Gathering Capacities	Strong	Strong
Quality of Survey Information	Strong	Strong
Statistical Tracking Capacities	Strong	Strong
Statistical Analysis Capacities	Fair	Fair
Capacity to use statistical analysis in policy	Strong	Strong
Monitoring and Evaluation Mechanisms	Strong	Strong

Statistical tracking systems from health facilities centres up to central level are strong. Data are compiled and used on a regular basis. However the main weakness identified is the capacity to analyse this data.

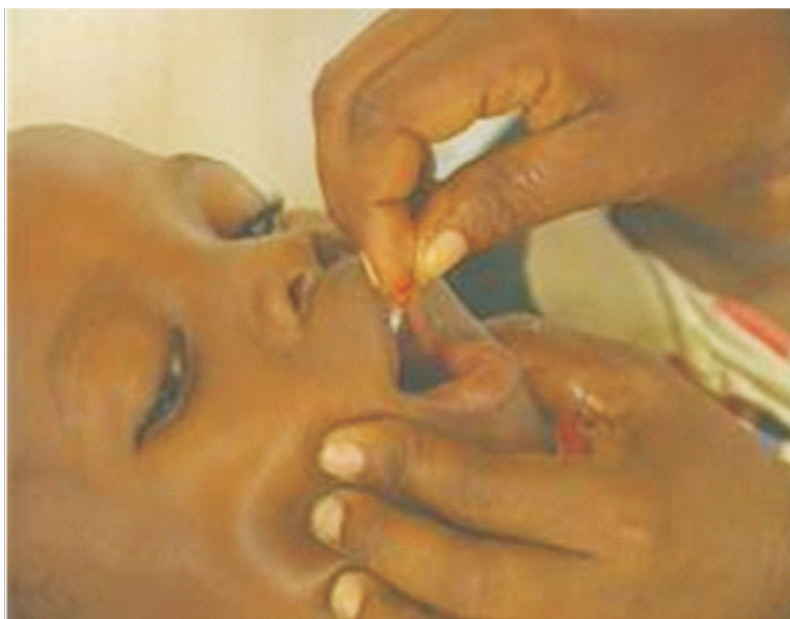
f) Conclusion and Recommendations

Botswana has already achieved one of the 4 targets that it has defined. Based on the current trends and the impact of the reforms and strategies Botswana is most likely to achieve this goal by 2015. The supportive environment for all health MDG is very strong.

g) Success Story

Immunization: Ministry of Health boosts Vitamin A coverage in Botswana

Since the inception of the supplementation programme in 1997, vitamin A has been administered to children less than 5 years of age routinely at the health facilities during growth monitoring. This has been unsuccessful in improving the coverage despite the high attendance of U5's. The Expanded Programme on Immunization (EPI) survey (2007) on children aged 12-23 months revealed very low coverage rates as well, with 47% of children receiving their first dose and only 20% receiving the second dose. To accelerate and improve vitamin A supplementation coverage, the Ministry of Health decided to undertake a Vitamin A supplementation campaign in two phases with an objective of supplementing 90% of children aged 6-59 months with 2 doses of Vitamin A in 2009. The first phase was conducted in June and the coverage was 119%, the second phase was conducted together with Measles Immunization and the coverage for Vitamin A supplementation for children 6-59 months was 115%, with 103% receiving the second dose. As a way forward two months (May and November) has been designated as Vitamin A accelerated supplementation months, whereby all the children 6-59 months brought for Child Welfare Clinic are administered with Vitamin A.





Goal 5

Improve Maternal Health

a) Progress Towards Targets

Table 12: Improve Maternal Health

Targets	2004		2009	
	Will reach?	Conducive environment?	Will reach?	Conducive environment?
1. To reduce the maternal mortality rate from 326 deaths per 100 000 live births in 1991 to 150 by 2011.	Potentially	Strong	Likely	Strong

b) What is the Situation Like?

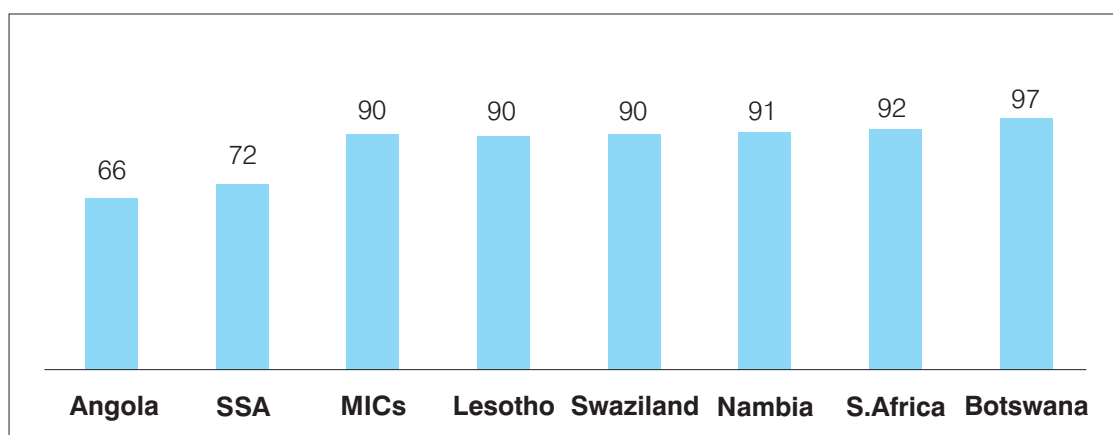
Despite impressive improvements in ANC attendance amongst pregnant women, as well as increases in skilled birth attendance, maternal mortality has been on the rise in recent years. This is due to the inadequate care of obstetric complications.

Maternal mortality had dropped from 329 per 100,000 live births in 1991, to 167 per 100,000 live births in 2006. Following an improvement in the maternal mortality monitoring system Botswana is experiencing an increasing trend from 193 to 198 in 2007 and 2008, respectively. The leading causes of maternal mortality as of 2008 are: haemorrhage at 28%, hypertension at 16%, AIDS at 14%, abortion at 13%, and sepsis at 12% (Facility based data).

Maternal Mortality Ratio

The coverage of maternal health interventions is high in Botswana with antenatal care (ANC) services estimated to cover 97% of the population in 2000-2006 as compared to other countries in the region (as shown in figure 7 below). However, while coverage is high, there remain issues of quality of care. In the maternal mortality review carried out by the National Maternal Mortality Review Committee, one of the major contributing factors to maternal deaths is the quality of services pregnant women receive. While skilled birth attendance is high, consistently over 95% since 2000, with 97% of women delivering in health facilities in 2008 and emergency referral systems are in place countrywide (including telephones, transport systems, and protocols for early recognition of dangers) the system is stymied by delays in referral and decision making by some health care providers.

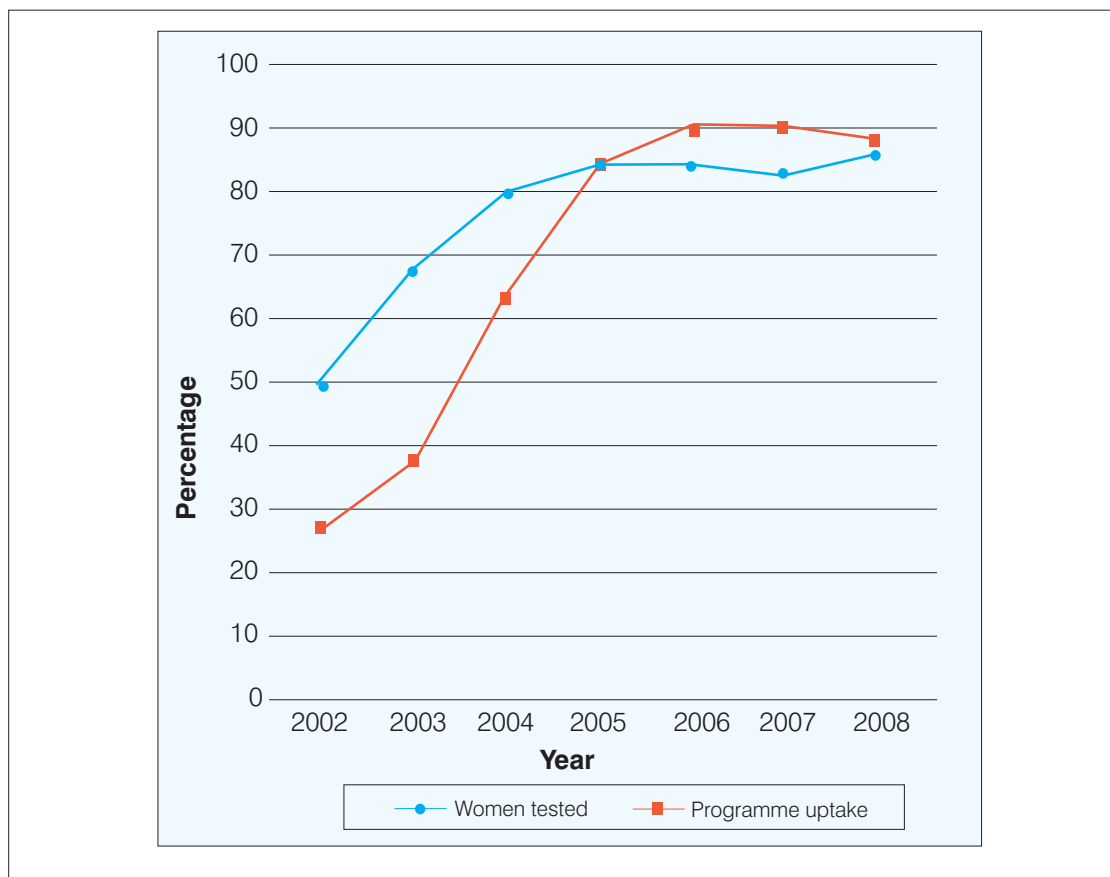
Figure 7: Percent of Pregnant Women Receiving Ante Natal Care, 2000-2006



Source: World Bank, World Development Indicators

PMTCT services have high coverage rates in Botswana, serving almost 90% of pregnant women in need as shown in figure 8 below. The integration of PMTCT services with ANC and the opt-out strategy for HIV testing during ANC attendance has boosted access to PMTCT. As a result of this very successful program, HIV transmission rates from mother to child are at an all time low (less than 4%) and mothers have access to ARV drugs and support they need to ensure their health and that of their children. Contraceptive prevalence rates amongst women were estimated to be 52.8% in 2007 (BFHS, 2007).

Figure 8: PMTCT Testing Uptake 2002-2008, Botswana National PMTCT Program



Source: Accelerated Child Survival and Development Strategy 2009/2010-2015/2016

c) The Major Challenges

Increased Numbers of Appropriately Trained Health Staff

Most urgently, an increase in numbers and capacity of health staff is required if drops in maternal mortality are to be seen. Ongoing complications in maternal care combined with the very high HIV rate amongst women of reproductive age make this the most formidable challenge in maternal health facing Botswana today.

Improved Monitoring and Cross-referencing Systems

Monitoring has consistently improved since it was established in 2007. However, it is recognized that efforts need to be sustained and that more can be done to enhance accuracy of data, notably as it relates to maternal morbidity and mortality. Once released from the facility in which they gave birth, there is no cross-referencing between the childbirth and subsequent complications, illnesses or death, which may distort maternal morbidity and mortality data.

Integrated HIV and Reproductive Health Programming

Integration of sexual and reproductive health and HIV, and family planning services and HIV is required to better tackle a number of challenges to maternal health. HIV has until now overshadowed the issues of maternal health, though the Ministry of Health is now hard at work to address this.

Domiciliary Care

Postpartum checkups in communities can make marked improvements in issues such as sepsis and neonatal deaths. A new outreach program was initiated in late 2009 where health workers visit new mothers within the first week that they return home from giving birth, checking simple but vital signs and symptoms in both the mother and baby. Male involvement in women's health is required if women are to access health services as needed and particularly in emergency situations.

d) Support Policies and Programmes

The following policy have been adopted to address maternal mortality and to reach MDG 5 on time:

- National Population Policy (Revised 2007)
- Accelerated Child Survival Strategy (2009)
- National Development Plan 10 (2010)

e) Tracking Progress Towards Target

Table 13: Tracking Progress Towards MDG 5

Tracking Progress Towards Targets	2004	2009
Data Gathering Capacities	Fair	Strong
Quality of Survey Information	Fair	Fair
Statistical Tracking Capacities	Fair	Fair
Statistical Analysis Capacities	Fair	Fair
Capacity to use statistical analysis in policy	Fair	Strong
Monitoring and Evaluation Mechanisms	Fair	Strong

Data gathering for maternal morbidity and mortality has improved greatly, with better auditing of deaths at health facility level. Some information is still lost at community and household level, but overall monitoring and data systems are much improved.

Statistical tracking systems from health facilities are strong, and data is analyzed and used well at the national level. One weakness lies in the capacity to use this data at health centre level, prior to receiving feedback from central level. While the information is collected and recorded properly, ability to analyze data and manage health problems affecting women at local level before receiving instruction from central is weak.

The new Accelerating Child Strategy is an example of how well statistical analysis feeds into policy.

f) Conclusion and Recommendations

It is most likely that Botswana will achieve MDG 5. For several years, tremendous efforts have been conducted with impressive results. The supportive environment is strong and is improving. However there is a need to put more effort on monitoring system and statistical analysis in order to be able to reach the target.

g) Success/Human Interest Story

Prevention of Mother-to-Child Transmission (PMTCT) Programme

The Government of Botswana established the first National PMTCT programme in Africa in 1999. From initial pilot sites in the cities of Gaborone and Francistown, the programme was rolled out country-wide and by November 2001 all public health facilities offered PMTCT. The main goal of the programme is to improve child survival and development through reduction of HIV related morbidity and mortality. The main achievement of the PMTCT programme includes the increase in the uptake of the programme from 60.3% at the end of 2004 to 89.9% in March 2007 (NACA, 2008). This achievement together with the increase in PMTCT testing uptake from 49% in 2002 to 83% in March 2007, has led to a reduction of mother-to-child transmission of HIV from 40% in 2001 to 4% in 2007.





Goal 6

Combat HIV and AIDS, Malaria and Other Diseases

Millennium Development Goals

a) Progress Towards Targets

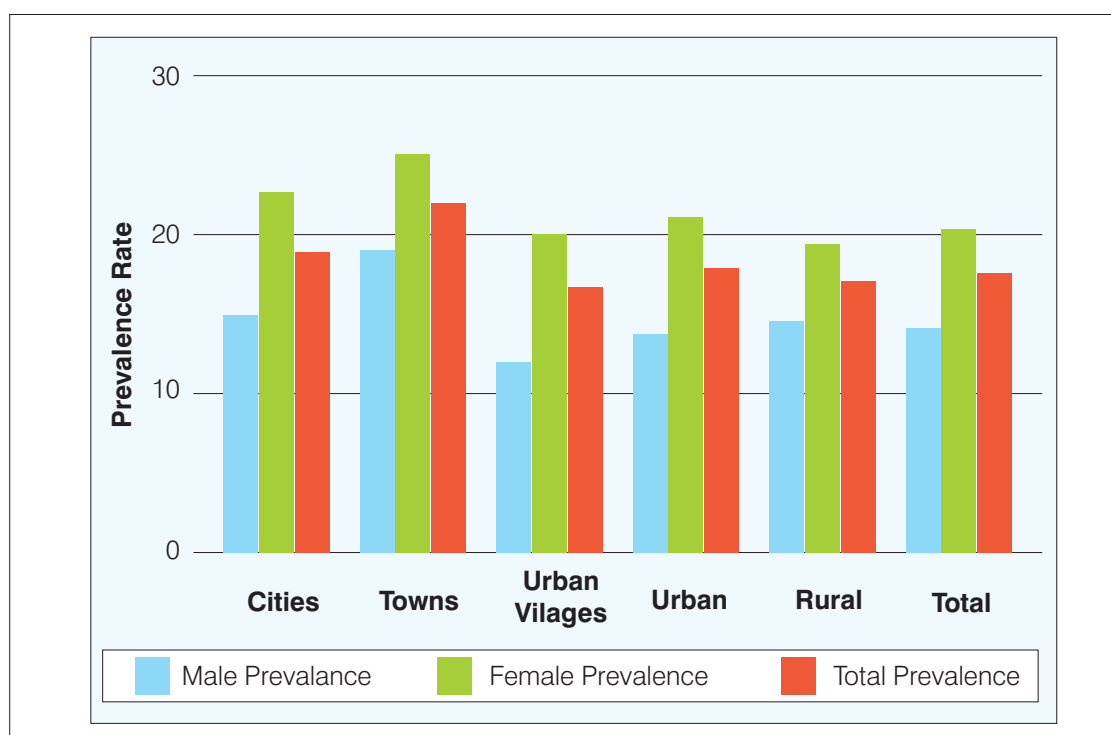
Table 14: Combat HIV/AIDS, Malaria and Other Diseases

Targets	2004		2009	
	Will reach?	Conducive environment?	Will reach?	Conducive environment?
1. To halt and reverse the incidence of HIV particularly amongst the youth by 2016.	Likely	Strong	Likely	Strong
2. 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.	Potentially	Good	Achieved/ 2006 likely 2016	Strong
3. To reduce the morbidity and mortality caused by TB.	Likely	Strong	Likely	Strong
4. To reduce the incidence of confirmed malaria to below 20 cases per 1000 people.	Potentially	Strong	Achieved	Strong

b) What is the Situation Like?

For the first time, Botswana is experiencing notable successes in the fight against HIV and AIDS. Botswana's third HIV/AIDS Impact Survey (2008) estimates national prevalence at 17.6% compared to 17.1% in 2004. As shown by figure 9 below, the gender disparity disfavours females (20.4 percent) over males (14.2). Residentially, Urban Villages have become the least infected (16.6 percent) while citizens in towns remain the most infected at 22.1 percent. National incidence rate for was 2.9 percent, with 2.3 and 3.5 percent incidence rates for males and females respectively.

Figure 9: HIV Prevalence Rate by Residence and Gender



Source: BIAS III, 2008

While the 2008 prevalence number is slightly higher than that in 2004, it hides many important facts: first, individuals receiving testing and counselling for HIV are at an all time high. Second, Botswana's enormously successful ARV program is helping Botswana live longer and healthier lives. Indeed life expectancy has improved from 50 years in 2006 to 54 years in 2009 (Economic Intelligence Report, December 2009). Third, dedicated efforts by the Government and its partners in HIV prevention appear to be having some effect: The HIV unadjusted incidence rate was estimated at 2.9% in 2008, down from an estimated 10.7% in 2005 and 6.6% in 2007 (NACA). Broken down by age, the lowest incidence rate in 2008 appears in youth aged 15 to 24 years old (from 15% in 2004 to 8% in 2008). Prevalence among youth is declining which is an encouraging sign that of a possible reduction in the number of new infections occurring each year.

The HIV prevalence rate for the adult population (aged between 15 – 49) was 29% in 2002, 31% in 2003, and 28% 2005. HIV prevalence among the 15 – 19 year age group has fallen from a peak of over 30% in 1995, to 17.5% in 2006. There has also been a recent fall in HIV prevalence amongst those aged 20 – 24, from 30.6% in 2003 to 29.4% in 2006. By age, HIV prevalence in 2008 peaked in the 30-45 year old age group (NACA).

Testing and Counselling

Vast improvements have been seen in the numbers of people testing for HIV. In 2008, more than half of the population (56.4%) have been tested for HIV, and a record of 41.2% adults aged 15-49 had been tested in the previous year, compared to previous years where less than 20% reported having been tested.

Prevention of Mother-to-Child Transmission (PMTCT)

Botswana boasts one of the most successful PMTCT programs in the developing world. Whereas only 34.3% of HIV positive pregnant women received ARVs in 2003, 89% did so in 2008. HIV transmission rates dropped to less than of 4% as a result, and are projected to further drop to less than 1% by 2016 with the roll out and implementation of universal access to HAART by all HIV-infected pregnant women.

Access to Antiretrovirals (ARVs)

Botswana has experienced considerable success with its ARV program. Coverage of people living with HIV/AIDS and eligible for ARVs ranges from 82% to well over 90% in 2007, compared to only 7.3% in 2003 and 62.7% in 2005.

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

Prevention through Education

In keeping with its declining incidence rates in recent years, Botswana appears to be making strides in its educational efforts to limit new infections amongst its adult population, and particularly youth. 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.

Tuberculosis

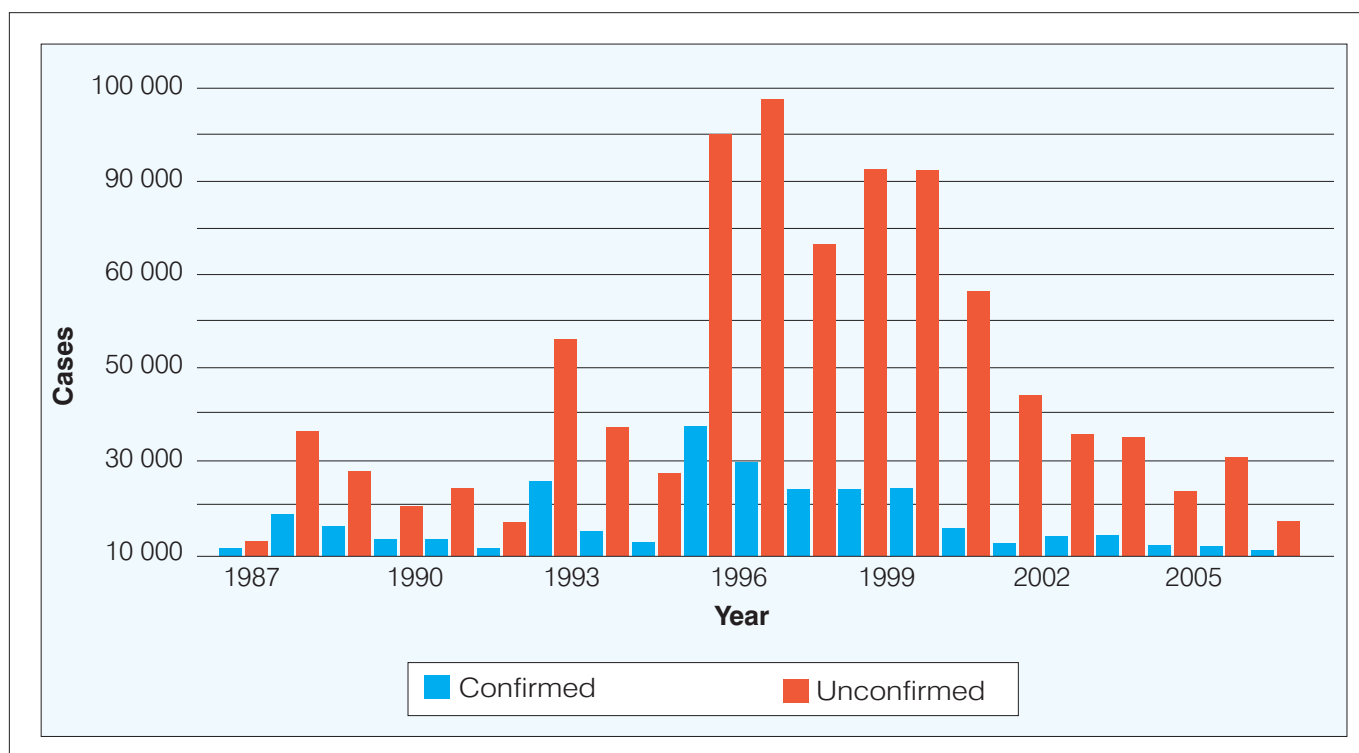
Tuberculosis related morbidity and mortality has increased significantly in Botswana from 1990 to date, as a result of the HIV/AIDS pandemic: the TB notification rate has increased from 226/100 000 in 1990 to 513/100 000 in 2008. Coupled with this upward trend in Tuberculosis cases, Botswana is experiencing an emergence of multi-drug resistant (MDR) tuberculosis since 1996 (0.2%), which has risen to 2008 (3.3%) among new smear positive patients. In early 2009, the Government of Botswana introduced fixed dose combinations for the treatment of TB to improve treatment compliance and further reduce the development of MDR-TB. Whilst recording and reporting of Tuberculosis is still a challenge, there are clear tools and electronic systems to capture and manage TB data. The Government of Botswana is committed to controlling TB as demonstrated by the provision of free TB treatment to the patients, and to date more than 90% of districts are implementing community TB care.



Malaria

The Botswana National Malaria Control Program (NMCP) has made significant strides in reducing malaria incidence in recent years as illustrated in figure 10 below. In 2000, there were 71,555 cases of unconfirmed malaria and 8,056 confirmed cases. By 2007, this was reduced to 16,983 unconfirmed cases and 464 confirmed cases. An integrated approach to prevention through vector control, house spraying, and distribution of ITNs, in combination with the introduction of ACT treatment in 2007 has brought about this substantial decrease in malaria. Because of its low incidence rate, effective health system, and strong political commitment, Botswana has been selected as one of four Southern Africa Development Community (SADC) member states targeted for elimination by 2015.

Figure 10: Cases of Malaria, 1997-2007



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

c) The Major Challenges

While a number of achievements have been recognized in the fight against these diseases in recent years, a number of significant challenges remain:

Lack of Human Resources to Maintain Coverage and Quality of Care

Because of the increase in population and provision of the life-prolonging ART, the number of HIV-infected people in Botswana is expected to continue growing to more than 350,000 by 2021. The numbers of individuals on ART will also rise over the same period reaching around 124,000 (from the current level of 91,780 in 2008). Lack of human resources is the number one challenge faced by the HIV program. Maintaining coverage rates for PMTCT and ARVs in the face of an estimated 25,000 new patients a year is daunting. The Ministry of Health requires an estimated 20 new clinics a year just to manage this increase, with the underlying concern that many more individuals could need support and care as growing numbers of adults who are as yet untested fall ill.

Stigma and Denial Surrounding HIV/AIDS

While the number of people who test for HIV has increased significantly of late mainly due to the introduction of routine HIV testing, less than half the adult population was tested in the last year. Awareness of one's HIV status and uptake of HIV services is crucial to stem the tide of this epidemic. Stigma and denial surrounding HIV continue to hamper the country's efforts to prevent transmission and treat those already infected. Increased efforts to reach youth with preventive messages are required.

Challenges for TB and Malaria

One of the biggest challenges facing the TB program is the need to restructure and integrate its response to TB alongside that for HIV. With this in mind, national strategies have been revised and TB is receiving the increased focus of attention and resources it warrants. Still, a lot more work is required to bring TB prevalence down. Ongoing difficulties in procurement of MDR drugs also continue to hamper the program's success.

Similarly, while the fight against malaria has made much progress, ITN coverage rates remain low, and considerably below the Rollback Malaria Targets of 80% for pregnant women and children. Community acceptance of spraying programs also needs increased attention.

d) Support Policies and Programmes

A number of strategies are in place to assist the government of Botswana to fight the major contributors to morbidity and mortality in the country. They are:

- National HIV/AIDS Control Strategy:
- Sexually Transmitted Infections (STI) Control Programme in 1990
- Prevention of Mother-to-Child Transmission (PMTCT) programme in 1999 and rolled out nationwide by 2001
- Establishment of the National AIDS Coordinated Agency in 2000
- ARV Programme in 2001
- Routine HIV Testing Roll-out in 2004
- Behavioural Change Intervention and Communication (BCIC)
- Safe male circumcision roll out as an additional prevention strategy, 2009
- National Malaria Strategy (2001 – 2010)
- National Tuberculosis Strategy (2006 – 2015)

e) Tracking Progress Towards Targets

Table 15: Tracking Progress Towards MDG 6

Tracking Progress Towards Targets	2004	2009
Data Gathering Capacities	Strong	Strong
Quality of Survey Information	Strong	Strong
Statistical Tracking Capacities	Strong	Strong
Statistical Analysis Capacities	Fair	Fair
Capacity to use statistical analysis in policy	Fair	Strong
Monitoring and Evaluation Mechanisms	Strong	Strong

Botswana has very thorough and regular data gathering mechanisms in place, including a computerized system at clinic level to capture required data for the highly successful ARVs program. WHO has recently recognized the strength of this system and its assistance is keeping adherence rates so high. Botswana conducts its HIV/AIDS Impact Surveys (BAIS) on a four yearly basis and sentinel surveys bi-annually, with all questions now standardized across these to facilitate comparison between years.

Policy is directly informed by the growing amount of information gleaned from careful analysis of statistical information gathered, though it is recognized that once again lack of human resources is a constraint to analyzing and using all the data gathered in the country. Improved coordination amongst and between the many partners working to reduce HIV and opportunistic infections is still needed. Similarly, mechanisms to feed M&E information back to people on the ground need improvement.

f) Conclusion and Recommendations

The supportive environment is very strong, thanks to all partners involved in the fight against HIV/AIDS, malaria and other diseases. Data seems to indicate strong progress to the achievement of this goal in Botswana, 1 target being already achieved. Botswana is observing possible reduction in the number of new HIV/AIDS infections and is having impressive results with its PMTCT program. Efforts need to be maintained and statistical analysis needs to be addressed to identify weaknesses and trends.

g) Success/Human Interest Story

Civil Society together with Botswana to fight HIV and AIDS

In March 2009, Botswana launched a national campaign on multiple concurrent partnerships. To support this campaign, PSI organized a road show that toured the country. Local theatre groups were trained to deliver a play that demonstrated how multiple concurrent partnerships spread HIV in an entertaining and visually appealing way. Prominent musicians were engaged to attract crowds, drawing large number to the performance. In all, 5,500 people all across Botswana saw the 30 performances.

Additionally, PSI partners with community-based organizations to deliver interpersonal communications activities in many of the districts around Botswana. After a number of plays, these groups interacted with audience members to discuss the topic of multiple concurrent partners and distributed educational materials that audience members could take home with them.

Post-show questionnaires showed that the overwhelming majority of attendees both related to the shows and took valuable information from it. More than one in four indicated that the information presented in the play was striking enough to them that they would change their behaviour as a result.



Goal 7

Ensure Environmental Sustainability

a) Progress towards Targets

Table 16: Ensure Environmental Sustainability

Targets	2004		2009	
	Will reach?	Conducive environment?	Will reach?	Conducive environment?
1. Reduce, by 50%, the proportion of people without sustainable access to safe drinking water by 2016.	Likely	Strong	Achieved	Strong
2. Reduce conflict between population growth, land usage, and natural resource degradation.	Likely	Strong	Likely	Strong
3. Promote environmental education and awareness necessary to reduce contamination and achieve sustainable development.	Potentially	Strong	Likely	Strong

b) What is the Situation Like?

Some progress has been made with respect to policies and programs supporting environmental sustainability in the past five years, including the State of Environment reporting and the production of natural resources accounts for livestock, minerals and water, in order to mainstream environmental issues into the planning process. Environmental impact assessment (EIA) legislation came into force in May 2005, along with subsequent promulgation of environmental regulations. The Government of Botswana also ratified several multilateral environmental agreements, including: a National Action Plan under the United Nations Convention on Biological Diversity; and the designation of the Okavango Delta Management Plan was adopted. Despite these policy advances, environmental issues today do not differ very much from those identified five years ago, and environmental trends have not shifted significantly either.

Climate change has become a more pressing issue today than it was in 2004. While the challenge previously was to increase resource productivity and reduce resource wastage, this has now changed to focus on how to ensure that environmental conservation and natural resources management are mainstreamed into the development planning process. The country is highly susceptible to seasonal variations in climate that contribute to drought conditions, which, in turn, reduce water supply as well as agricultural production. Droughts affect the livelihoods of the many that are dependent on agriculture, as well as the 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 a fully established 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.

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 and energy and irrigation.

The provision of reliable water supply 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 the high cost of provision. 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).

Despite the above challenges, Botswana has achieved high levels of potable water provision, although there are still occasional problems with reliability of supply in some villages. All residents of urban areas either have potable water in their houses or can obtain it from a nearby standpipe. Overall, 98% of the population has access to potable water within a distance of 2.5 kilometres. A cross-subsidy mechanism reduces the cost of water to low-income households.

The country has achieved high levels of access to sanitation despite a high rate of urbanization. It is estimated that almost 80% of households in the country had access to adequate sanitation in 2009.

The management of waste varies between urban and rural areas. It is regularly and frequently collected in urban areas, while in rural areas this is often not the case. Further, even where waste is collected, disposal does not always occur in properly managed sites. Littering is widespread in settlements despite efforts to manage it through education campaigns.

Land Usage and Environmental Degradation

Botswana's three categories of land tenure are state (24.9%), freehold (4.2%) and tribal land (70.0%). State land is allocated primarily to national parks, but is used also for 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 of crops. Consequently, the country imports most of its food.

Pastoral farming (mainly cattle) dominates the agriculture sector. Apart from its benefits in terms of employment and incomes, there have also been negative environmental impacts of the sector. Rangelands, especially in eastern Botswana, are being degraded due to a high livestock population, the tendency of farmers to keep cattle in excess of sustainable stocking levels, a low off take rate, as well as incidents of bush fires that reduce available forage.

Land is becoming increasingly scarce and unaffordable in some areas. In peri-urban areas around Gaborone, self-allocation of land, which is a manifestation of the scarcity and unaffordability of land in Gaborone, has occurred. There is also increasing conversion of arable and grazing land to residential use around Gaborone.



- 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 suitable for cultivation
- 1,300 hectare 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 in northeast 650mm, minimum of less than 250mm in extreme southwest
- 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
- 154 of all species are under threat of extinction
- Elephant population 120,000
- Elephant population grows by 3-5% annually

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

Efforts such as the Green Scorpions – a environment patrol created under the Department of Waste Management and Pollution Control with the mandate of ensuring that Batswana citizens are keeping their country clean – are proof of the increased attention these issues have received in recent years.

c) The Major 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 use.

Climate change

Global climate change is affecting Botswana as it is affecting countries across the world and has to 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 understand the human dimensions of climate change. These cross-cutting issues need to be understood and the linkages

strengthened. To this end, Botswana is conducting studies in order to improve understanding of existing climate-society-environment interaction and to provide insights into the country's vulnerability and adaptive capacity to future climate change. Already, climate change projections suggest that the rainfall season will be shorter or 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

High priority has been given to the conservation of natural resources and this is reflected in the proportion of land allocated to protected areas. 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; a low off take rate; incidents 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 conversion to residential use. Other threats to biodiversity include rangeland degradation, habitat destruction, 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 a high rate of urbanization; littering; inadequate management of waste in rural areas; as well as lack of adequate information on hazardous waste in general.

d) Support Policies and Programmes

Several policies and strategies guide Government intervention in environmental management.

These policies and strategies address agriculture, energy, tourism, wildlife, waste management, housing, settlement, 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 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)

e) Progress towards Targets

Table 17: Tracking Progress Towards MDG 7

Tracking Progress Towards Targets	2004	2009
Data Gathering Capacities	Weak	Fair
Quality of Survey Information	Weak	Weak
Statistical Tracking Capacities	Weak	Fair
Statistical Analysis Capacities	Fair	Fair
Capacity to use statistical analysis in policy	Fair	Fair
Monitoring and Evaluation Mechanisms	Weak	Weak

A new information gathering system, the Environmental Information System, is currently being implemented by the Government of Botswana and UNDP 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 and in coming years it is expected that much more reliable data and information regarding the state of the environment will become available. As with the other MDGs, it is felt that despite data collection and studies available there is a lack of human resources to assist with statistical analysis. Statistical analysis is used to drive policy and decision making, as for example with the Environmental Keynote Paper and the National Development Plan 10.

f) Conclusion and Recommendations

Botswana has already achieved 1 target and with a strong conducive environment is likely to achieve the remaining two. Efforts to raise awareness among the population are being put in place. Botswana needs now to have quality data and capacity to analyse those data in order to feed into policy discussion and implementation.

g) Success/Human Interest Story

THE GREEN SCORPIONS: The Officers in Green to keep Botswana clean

Vigilantly patrolling the streets of Gaborone, Mogoditshane and Tlokweng, you will notice them in their green reflector vests. Steadfast in their duty, The Green Scorpions are here making sure that Botswana adhere to environmental laws. For those who chose to ignore their message “of building a cleaner Gaborone and surrounding areas,” their sting carries a fine of P1 000. Like it or not, the indiscriminate disposal of waste is a serious offence.

The Green Scorpions were formed in late January 2008 under The Department of Waste Management and Pollution Control. The DWMP has the overall mandate of ensuring that the standards set in the Waste Management and Atmospheric Pollution Prevention Act is being met throughout Botswana.

The DWMP found itself short on staff on the ground level that could regularly enforce laws and educate Botswana on waste disposal. Thus, the Greater Gaborone Clean Up Campaign was launched with 30 enforcement officers hired. Soon enough, they were dubbed The Green Scorpions: The officers in Green determined to keep the environment clean. Commenting on the campaign, a group leader of Green Scorpion said that Botswana have responded in various ways, with some congratulating them on their efforts and others being hostile. “The time is now in making sure what we do today will not affect future generations and denies them the enjoyment of their environment”.



Goal 8

Develop a Global Partnership for Development

a) Progress Towards Targets

Table 18: Develop a Global Partnership for Development

Targets	2004		2009	
	Will reach?	Conducive environment?	Will reach?	Conducive environment?
1. Develop further an environment conducive for beneficial trade and foreign direct investment.	Likely	Strong	Likely	Strong
2. With the private sector, make available the benefits of new technologies.	Likely	Strong	Likely	Strong

b) What is the Situation Like?

Recent consensus on achieving the MDGs calls for developing countries to improve governance and policies aimed at achieving economic growth and reducing poverty, and for high income countries to provide more and better aid and greater access to their markets. This consensus also recognises that many developing countries are unlikely to achieve the MDGs without a significant increase in overseas development assistance; hence it addresses the existing financing gaps preventing MDGs attainment.

Botswana is one of the world's great development success stories. Indeed according to BOCCIM, representatives of the private sector from several countries are coming in Botswana to learn how the country has achieved such a good business environment. A good collaboration between the private sector representatives and the Government is among several other factors that explain this success.

Botswana was one of the poorest countries in Africa with a gross domestic product (GDP) per capita of about US\$70 at independence from Britain in 1966. In the four decades following independence, Botswana has transformed itself, moving into the ranks of middle-income status to become one of the fastest growing economies in the world, even outpacing the Asian Tiger economies with its average annual growth rate of about 9%. As Botswana's economy grew, the country turned increasingly to its own resources for development financing, and stopped using foreign aid. Bilateral ODA is going mainly to the health sector (more than 85% of the total bilateral ODA in 2006-2007) and especially to HIV/AIDS programmes (OECD, WB data for 2006-2007).

Botswana's impressive track record of good governance and economic growth, supported by prudent macroeconomic and fiscal management, stands in contrast to the country's still high levels of poverty, inequality and generally low human development indicators. While Botswana's economic progress over the past 40 years has significantly raised living standards for about two-thirds of the population, a third or more of its people have been left behind. Unemployment has been persistently high at approximately 17.5 % (2005/06 Botswana Labour Survey), household incomes are much lower in rural areas than urban areas and while poverty levels have fallen, they remain significantly higher than in urban areas. Consequently, income inequality is high with a Gini index of inequality of 61%. Moreover, the country has experienced exceptionally high HIV prevalence, which, despite a determined political response, has had a devastating impact on poorer households.

Economic Performance

Botswana's economy rests on a narrow foundation - diamond production, which in large part sustains economic expansion and social spending. However, over the past 20 years, Botswana has begun to reduce dependence upon diamonds: mineral revenues accounted for well over 55% of total government revenues in the late 1990s; today the figure is under 40%. The balance of payments is less dependent on diamond exports than it was in the early 1990s, with non-diamond exports before the global economic crisis covering nearly 60% of Botswana's imports. Botswana's history of sound management, good governance, and an emerging focus on enhancing regional competitiveness should also serve it well as it continues efforts to diversify its economy.

Botswana is in a stronger position than many other mineral producing economies on the continent as a result of its prudent fiscal policies. International reserves provide nearly two years' worth of import cover, and a year's worth of expenditures has been saved from previous years' fiscal surpluses.

Botswana has also been prudent about maintaining its very low level of public external debt, estimated at approximately 3% of GDP. Recent data from Botswana Export and Investment (BEDIA) indicates increase in number of foreign companies investing in Botswana.

Economic Partnership Agreement (EPA)

Economic Partnership Agreements (EPAs) between the African, Caribbean, and Pacific (ACP) countries and the European Community (EC) were launched in 2003, with the aim of promoting free and fair trade between the EU and these regions. An interim EPA signed in mid 2009 has enabled trade between Botswana and Europe to remain uninterrupted. Negotiations towards a full EPA have been ongoing and cover investment and trade in service and investment. The EPA negotiations have a development component through which assistance would be provided to Botswana during the 10th European Development Fund (EDF). This fund covers the period 2008-2013. Projects identified in the EPA negotiations are implementation focused and include capacity building support for trade facilitations, standards, trade defence mechanisms, rule of origin and private sector support.

ICT / Technologies

With respect to technology Botswana is ranked 7th in Africa and 66th out of 133 countries globally, according to the Global Competitive Index 2008. While this relative position appears moderately attractive there is an urgent need to improve the ICT infrastructure for all businesses, particularly if Botswana is to increase those service exports, which rely on improved access to the internet.

The goal of Botswana is to be an active participant in the Global Information Society and a nation that use ICT effectively. The Government of Botswana has already started the following MAITLAMO initiatives:

- Thuto Net: Educate children in ICT and other related subjects
- e-Health: Providing better healthcare through telemedicine
- e-Government: Government will make some of its services available online
- e-Legislation: The Government will develop ICT laws to enable private sectors to increase its involvement in e-business

The uptake of electronic communication within the Government has progressed well. The Government Data Network (GDN) has been expanded to 533 sites across the country, with over 20,000 users. The Government has also started the School Connectivity Initiative to provide internet access to 235 secondary schools in the country during the last 5 years.

The Botswana Telecommunications Authority (BTA) is considered a very successful regulator. In 1996 the agency was given complete independence in licensing operators and establishing and financing its own budget. The BTA is widely recognised in the industry for its openness and consultative process in developing policy, its quick action, and its autonomy. In 1998, the BTA issued calls for tenders on two wireless network licences. Five companies submitted bids, the winning bids coming from Mascom Wireless and Vista Cellular (now Orange).

The number of mobile phone subscriptions was 0.52 million in 2003, 1.43 million in 2007 and 1.66 million in 2008 giving a compound annual growth of 26.01% between 2003-2007/2008 (UNCTAD, 2009). The penetration of mobile phones (subscriptions per 100 inhabitants) has increased dramatically from 29.71 in 2003 to 87.17 in 2008 (UNCTAD, 2009).

As an example of Botswana's drive to become a technology leader in Southern Africa, the Botswana Innovation Hub (BIH) was set up with the goal of providing an attractive location for technology-driven and knowledge-intensive businesses to develop, and to compete in the global market. BIH functions like a parastatal, and when fully developed, the BIH will consist of world class facilities including state-of-the-art telecommunications infrastructure with high capacity international connectivity and secured power, professional business services, and business development services. The business services will allow companies to concentrate on their core business and outsource the rest. The development programmes, together with the support for R&D and the promotion of innovation and entrepreneurship, have great potential to make BIH an ideal place for business development. The BIH has four focus sectors: Mining Technologies; Information and Communications Technology; Energy and environment; and Biotechnology.

c) The Major Challenges

Analytical Gaps to Identifying Bottlenecks in Economic Growth

Botswana will need to look at a number of analytical gaps, in order to better understand the contradiction between the strong track record in governance, macro-fiscal management and growth vis-à-vis high levels of poverty, inequality and human development indicators, and to continue identifying key bottlenecks to economic diversification.

The Global Economic Crisis

One immediate challenge facing Botswana is the effects of the global economic crisis. GDP contracted by 6% in 2009 following a revised growth rate of 3.1 % in 2008. Mining which recorded a decline of 27.1%, contributed to most of the decline while the rest of the economy grew at 11.6%. The current account deficit is estimated to have recorded a deficit of 5.6% of GDP in 2009 compared to a surplus of 3.8% in 2008 due to a fall in diamond exports. Lower mineral revenues were compounded by slower growth in other revenue sources, including Southern African Customs Union (SACU) revenues, earnings from foreign exchange reserves, and domestic tax revenues.

Diversity and Competitiveness

The current economic crisis provides, in some ways, a window on a future when diamond revenues will no longer form the mainstay of Botswana's economy. The need to diversify the economy away from mineral wealth could hardly be made more starkly. Botswana's critical medium term priority therefore is to diversify its economy in order to create the employment opportunities needed to lift citizens out of poverty and reduce inequality. To do this, the country must increase competitiveness. However, as Botswana tackles these longer-term goals, it faces more immediate and pressing challenges such as overcoming the electricity and global economic crises that must be met if the economy is to sustain its past growth record and prepare for the future when diamonds run out. The challenge for Botswana is therefore to use all its assets - not just diamonds - more effectively to achieve shared economic growth and more rapidly reduce poverty and inequality.

Increased Focus is Needed on Technology Driven Businesses

As a landlocked country, Botswana has no access to the sea and transport costs are punishingly high compared to many of its neighbours. Combined with the fact that much of Botswana is desert and not suitable for agricultural production, if Botswana wants to diversify beyond its dependence on mining, it must look towards increasing its technology driven sector. The possibility of convergence amongst the broadcasting, telecommunication, internet and postal sectors implies a need for the communication sector to be effectively managed and monitored by implementation of legislative framework and institutional structure that will support such a convergence.

Support Policies and Programmes

- National Export Strategy: will start in the next financial year
- National Trade Policy towards investment strategy
- The Industrial Development Policy of 1998 and the Industrial Development Act, 2006 are being reviewed. The review of the Act which is expected to be complete by June 2010 is to further provide a simplified and efficient business licensing process and the registration of micro businesses
- BEDIA Program helping companies to export
- Competition Law: Benefits of having a competition legislation include among others: enhancement of Botswana's credibility and attractiveness to foreign direct investment as it helps to create a stable and predictable business environment in which firms can invest their resources; enhancement of innovation, technology transfer, creation of jobs; dealing with unfair business practices; getting rid of monopolies; and improvement in the general livelihoods.
- Establishing special economy zone for certain activities: craft
- Initiative on branding Botswana for investment and exports: FDI, Tourism
- National Export Strategy recently completed – implementation to start in 2010-2011.
- National trade policy and Investment strategy.
- Competition Law
- Private Sector Development Policy
- Review underway on taxes: Suggestions to lower taxes even further.
- Establishing special economic zones like Dubai and other countries to attract companies – draft stage only

e) Tracking Progress Towards Targets

Table 19: Tracking Progress Towards MDG 8

Tracking Progress Towards Targets	2009
Data Gathering Capacities	Strong
Quality of Survey Information	Strong
Statistical Tracking Capacities	Strong
Statistical Analysis Capacities	Fair
Capacity to use statistical analysis in policy	Fair
Monitoring and Evaluation Mechanisms	Fair

Data gathering and statistical tracking are deemed to be strong in Botswana, as the Ministry of Finance and Ministry of Trade are jointly responsible for these. Quality of data is good, and the Central Statistics Office is called upon to analyze this data when and as needed. Once again, human resources to analyze all of the data captured are needed. One weakness noted – there is no measurement of the impact or progress made because of a lack of indicators in this area. There is a need to create a specific institution providing and analysing economic indicators.

f) Conclusion and Recommendations

Botswana is a small country, not very well known, according to Government authorities, but has made impressive results in terms of FDI and development of the private sector. With a very strong environment Botswana is on the way on improving even more by diversifying its economy. However Botswana needs to improve its monitoring system.

g) Success/Human Interest Story

Kitsong Centres: Providing a Vehicle for Digital Inclusion

The concept of shared access points was introduced in Botswana through a joint venture between the Government of Botswana and the United Nations. From Botswana Technology Centre (BOTEC) initial pilot sites in the three villages of Hakuntsi, Letlhakeng and Gumare, at least 43 sites of the 51 Kitsong Centres constructed by the Botswana Post and supported by the Ministry of Transport and Communications through the National ICT policy Maitmalo are complete and some are able to provide internet and other business services.

Kitsong Centres are public places where people can access computer services, the Internet, and other technologies that help them gather information and communicate with others and at the same time as they develop digital skills. They provide a bouquet of services, which include desktop publishing, internet, photocopying, printing, faxing, paper binding, laminating and scanning.

Trends show that internet usage in Kitsong Centres or Telecentres (as they are sometimes referred to) increased from 74 per million to 1 131 people per million. It is on this basis that internet services is the major services provided in the Kitsong Centres. (Botswana Government Communications and Information System – BGCIS).

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