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BOTSWANA COUNTRY ANALYSIS - 2015

Report for the Botswana United Nations Country Team



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EXECUTIVE SUMMARY

Introduction to the Country Analysis

In 2007, the Government of Botswana (GoB) and the United Nations Country Team (UNCT) for Botswana, initiated the process of developing one programme for coordinated and strategic United Nations (UN) support to Botswana. The One Programme - spelled out in the United Nations Development Assistance Framework (UNDAF) 2010-2016 and operationalised through the Programme Operational Plan (POP) – comes to an end in 2016. The UNCT has begun developing the successor partnership framework for the period 2017-2021 which will be based on: an independent country analysis (CA); an evaluation of the UNDAF; and an analysis of the comparative advantage of the UN in the country. This document presents the Country Analysis (CA).

Drawing on the wealth of analytical documents on Botswana, the CA uses UN standards, norms and programming principles to identify opportunities for enhanced developmental results in an Upper Middle Income Country (UMIC) context. The CA adopts as a starting point the five national priority areas of the draft National Vision Beyond 2016 but maintains flexibility in analytical approach and content coverage. At the core of the CA is the Human Rights Based Approach (HRBA) which places emphasis on: the realization of human rights as the objective of development; State and State institutions as duty-bearers in the realization and protection of human rights; and individuals as rights-holders. HRBA is concerned with both outcomes and the processes of achieving the outcomes – thus emphasising participation, accountability and the sustainability of outcomes as entitlements and enforceable claims underpinned by human rights instruments.

Findings of the Country Analysis

Botswana, a country of 2.1 million people, has in under five decades, transformed itself from one of the poorest countries in the world when it claimed independence from British rule in 1966 into a UMIC. Ranking in the medium Human Development Index (HDI) category, Botswana has an HDI of 0.703 and per capita income was USD 7, 727 in 2014. The population is young (52.9percent are aged 0-24 years) and rapidly urbanizing (64.1percent urban owing to a mix of migration and reclassification of areas). Females represent 51percent of the population with a gender ratio (males to 100 females) of 95.5. Children (0-17 years) make up 41percent of the population.

The prevalence of HIV/AIDS in Botswana is high with a rate of infection at 25.2percent among 15-49 year olds and 18.5percent among the population aged 18 months to 49 years. HIV prevalence is higher among females (19.2percent) than males (14.1percent). Poverty levels are higher than among the country's UMIC peers and the reliance on mining revenues, particularly diamonds, makes the country vulnerable to fluctuations in mineral prices.

Over the years, Botswana has experienced high but declining growth rates. Increasingly, economic and business development has negatively impacted the

natural environment threatening the diversity of flora and fauna as well as human health. Efforts at environmental management are hampered by a multiplicity of actors including weak coordination capacity; inadequate data; inadequate follow-up on environmental assessments; weak cost-benefit analysis of investments; and limited active engagement of citizens in environmental protection and management.

Botswana has in place institutions and processes for sound governance and the country scores highly on many fronts. However, based on the Ibrahim Index of African Governance (IIAG), Botswana ranks relatively poorly in the areas of: international human rights conventions; statistical capacity; undernourishment; tertiary enrolment; air transport; electricity; and agricultural research.

Botswana outperforms many of its UMIC peers in women's participation in the labour force, education, senior management positions and participation from voters in elections. However, women's representation in cabinet (8 percent), Parliament (10 percent) and local government (18 percent) is low. Women make up 41 percent of those in paid employment and operate an estimated 74 percent of informal businesses. Gender-based violence (GBV) is a key concern affecting girls and women with 67 percent of women in Botswana reporting having experienced some form of it in their lifetime. The country's struggle to address GBV persists due to accepting attitudes towards the behavior from residents. Victims more often than not do not report GBV to authorities citing social pressures as well as the costs of accessing justice as major reasons. Reporting of cases is low (1.7 percent) and services for victims are inadequate.

Through prudent management and investment of revenues from natural wealth, Botswana has achieved substantial improvements in population wellbeing. Heavy investments in social protection (4.4 percent of Gross Domestic Product (GDP), health (5.4 percent of GDP), and education (9.5 percent of GDP) among others areas have extended service reach and accessibility. Despite the investments in social development, inequality remains high (a Gini coefficient of .0605 makes the country one of the most unequal in the world). Service outcomes are also lower than would be expected reflecting limitations on the demand side as well as quality issues. Maternal mortality remains high despite high utilization of health services. Education pass rates are low. Moreover, across a number of areas including economic diversification, employment creation, youth empowerment, gender equality and environmental management, policies and funding have not yielded expected results reflecting challenges of policy design and implementation. The country has a paucity of current data affecting planning, accountability and programme adjustment. Disparities across social groups and geographic locations emphasise the need for nuanced responses to challenges.

Impressive national progress against poverty (from 47 percent in 1993/94 to 30.6 percent in 2002/03 and 19.3 percent in 2009/10) mask disparities as some locations lag behind with poverty levels in excess of 30 percent. There are more women in poverty than men, and children (0-17 years) despite constituting 44

percent of the population, make up 57 percent of the poor. Many of those living in poverty require support across several dimensions in order to exit from poverty and not fall back. Access to clean water and safe sanitation has increased but safe sanitation lags behind.

Stunting, where reduced height and impaired cognitive function are brought about due to inadequate nutrition, is high with studies suggesting inadequate utilization of evidence-based interventions. There is also an emerging problem of obesity and other lifestyle-related challenges as evidenced by increasing incidences of non-communicable diseases, particularly cardiovascular diseases. Differences in neonatal mortality rates – which range from a low of 6/1000 to a high of 28/1000 depending on locality – illustrate both the potential for the country as well as the extent of inequality of outcomes for different social groups.

Increasing urbanisation has created marginal communities with poor access to water and sanitation coupled with inadequate housing. Despite the growth of the tourism sector, some of the poorest communities are found near conservation areas bringing the issue of local resources sharing to the fore. Analysis of census data shows that while the patriarchy in Botswana is a concern in inheritance issues, there is equitable access to land between men and women. As Botswana has progressed, social inclusion and equity issues are increasingly important in maintaining and strengthening social cohesion.

As the country's population has become urbanised, associated problems have emerged including the growth of informal settlements, the coexistence of an underclass lacking access to basic social services next to world class infrastructure and services, inadequate and crowded housing and deprivation associated with lack of employment (Botswana's urban villages have an unemployment rate that is more than three times the national average). In addition, due to low agricultural productivity, rural communities and household engaged in agriculture are mired in low incomes and youth unemployment is nearly twice the national average.

The solutions to Botswana's challenges are less likely to be found in blanket approaches and more in carefully designed interventions – a role civil society often plays well – and strong citizens' voices demanding accountability. Botswana's civil society faces capacity constraints including limited access to funding, and the decline in official development assistance that has accompanied the country's status as a UMIC is a major factor impacting civil society capacity.

Looking ahead, indications are that with adequate commitment and support, Botswana can address many of its challenges, including eliminating extreme poverty, in less than 10 years through reforming its social protection system. The country has a new five-year education and training sector strategy aimed at reforming the education sector. There are also measures in place to strengthen access to the justice system, mainstream sustainable development, and improve capacity for locally led economic development. Strengthening policy implementation will be key to future success.

Emerging trends

Some development challenges facing the country include:

- Reaching excluded populations and maintaining social inclusion;
- Improving effective utilization and coverage of services within budgetary constraints;
-
- Improving citizen engagement and ownership of the sustainable development process; and
- Moving beyond planning to effective implementation.

To address these challenges and others, the CA proposes action on nine solutions as follows:

- 1) Better and more frequent data, including improved dissemination of research and monitoring and evaluation;
- 2) Strengthening citizen engagement and social accountability processes and mechanisms;
- 3) Stronger local (decentralised) capacities for delivery;
- 4) Stronger capacity to work across sectors/departments;
- 5) Better partnerships with civil society and the private sector;
- 6) Institutionalization of quality improvement and quality assurance processes; and
- 7) ; and
- 8) Improving the linkages between results and budgets.

The findings and recommendations of the CA suggest that there is a need to accelerate key shifts in how the GoB approaches issues of development and equity as well as in how the UN provides support to the country. For the GoB, the focus must increasingly be on better use of data to identify target groups, identification and implementation of evidence-based interventions, using data (including administrative data) to track progress, and strengthening accountability for results. As the Government works to improve social outcomes, engagement with citizens has to change and increasingly take on a tone of shared responsibility where the State works in tandem with citizens in order to realize the country's social aspirations. Such a shift is central to the containment of costs and expectations as well as the long-term economic, social and political stability of the country.

Assisting GoB with making better use of evidence, accessing knowledge of evidence-based interventions, building capacities for the adoption and implementation of evidence-based interventions, and periodically reviewing progress to make policy and programme adjustments would be of great benefit to the country. Many of the challenges facing Botswana threaten its stability and could grow in scale if not adequately addressed. Effective actions on these issues

will require nuanced solutions including: local level capacity to act; establishing new partnerships, including partnerships focused on service provider accountability; and creating long-term community engagements that are focused on behaviour change – an area where success has been limited.

The UN has the opportunity to accelerate Botswana's progress and assist the country with fostering positive models of civic engagement that are focused on social outcomes. To perform in these roles, the UN will increasingly have to play the role of technical adviser and facilitator, influencing the use of Government and partner resources. An immediate implication is that the UN will have to continuously demonstrate its value to national development efforts – something that can only be achieved through continuous engagement that makes a difference. Active participation in the development of the Vision Beyond 2016 as well as the National Development Plan 11 are key first steps. The focus of the UN should be to ensure that the direction of these two initiatives bring about the best possible outcomes for Botswana.

BOTSWANA COUNTRY ANALYSIS 2015

1 INTRODUCTION

The United Nations (UN) system uses the United Nations Development Assistance Framework (UNDAF) to outline its strategic response to national development priorities. The UNDAF is developed on the basis of a Country Analysis (CA) or similar overview of the country. The Country Analysis is intended to provide insights into key development challenges facing a country, thus setting the context for strategic prioritization.

The UNDAF places emphasis on:

- National ownership that is inclusive of all stakeholders in all stages of the process;
- Alignment with national development priorities, strategies, systems and programming cycles;
- Inclusiveness of the UN system with full involvement of specialized and non-resident agencies;
- Integration of the five programming principles (the human rights-based approach, gender equality, environmental sustainability, results-based management, and capacity development) tailored to the country context; and
- Mutual accountability for development results.

The first UNDAF for Botswana covered the period 2003-2007 and was extended by two years to 2009. The second UNDAF, based on a Common Country Assessment (CCA) conducted in 2007, covered the period 2010-2016. As we near the end of the second UNDAF, the UN Country Team (UNCT) has embarked on a process of preparing the next one. This CA report represents a key step towards the development of the next UNDAF (UNDAFIII). The UNDAFIII will be aligned with the country's Eleventh National Development Plan (NDP11) covering the period 2017-2021.

1.1 Analytical Framework

The CA uses international development targets, namely the Sustainable Development Goals (SDGs) as programmatic targets to whom whose achievement the GoB-UN partnership should contribute. The CA is guided by five programming principles mandated by the United Nations Development Group (UNDG), including three normative principles (human rights-based approach, gender equality and environmental sustainability) that connect international norms and standards and development goals to the UNDAF process, and two enabling principles (results-based management and capacity development) that help to make the normative principles operational in the UNDAF by reinforcing accountability and effectiveness. The CA seeks to focus on exclusion/marginalization and improving measures for social inclusion, including social protection. The analysis was premised on State institutions, development partners, civil society, and the private sector each being key actors with different obligations and comparative advantages.

The report recommends a set of strategic priorities where the UN can have the greatest leverage in supporting national development priorities. The office of the Resident Coordinator led the preparation of the report with the active involvement of the country team.

1.2 Methods

The Country Analysis identifies development challenges and potential priorities for GoB – UN partnership and cooperation. The CA also builds on the lessons identified by an evaluation of the UNDAFII. The preparation of the CA has been cognizant of the end of the Millennium Development Goals (1991-2015) and the adoption of the Sustainable Development Goals (2016-2030).

A preliminary draft was prepared and shared with UN agencies for use of best available data and feedback on the soundness of the analytical approach adopted. Particular attention was paid to issues of social exclusion and efforts were made to examine disaggregated data. The draft report was validated through a multi-stakeholder workshop.

1.3 Overview of the Report

The CA is presented in 10 parts inclusive of this introductory section. The Introduction is followed by a Country Background that describes the socio-economic context, which is itself then followed by five parts corresponding to the five indicative priorities for Botswana's Vision beyond 2016. Part eight examines policy implementation and programme effectiveness. The ninth part of the report presents opportunities for the UN system to enhance the country's performance and results against set priorities. The last section of the report presents conclusions.

2 COUNTRY BACKGROUND

2.1 Overview

Botswana is a landlocked country located in Southern Africa. The country shares borders with South Africa (to the south and east), Namibia (west), and Zimbabwe and Zambia (north). The country covers 566 700 square kilometres. The terrain and climate are largely arid. Most of the country is covered by Kalahari sands and natural sources of surface water are very limited. Most of the country is unsuitable for arable agriculture, but is rich in minerals. With high temperatures and low rainfall, Botswana is susceptible to droughts that adversely affect the food and agricultural sectors of the country. Many of the country's development opportunities and challenges reflect these geographical, climatic and demographic conditions.



• Figure 1: Map of Botswana

Botswana has a population of 2.1 million people giving it a population density of 3.6 persons per kilometre, one of the lowest population densities in the world. The population density by location ranges from less than 1 to as high as 194 persons per square kilometer. The population is concentrated on the eastern part of the country. Although the four western districts (Kgalagadi, Ghanzi, Ngamiland & Chobe) account for 61 percent of Botswana's surface area, they are home to less than 15 percent of the population, and have a collective population density of 0.6 persons per square km.

Botswana gained independence from Britain in 1966 and has since that time been a parliamentary democracy with elections held every five years. Government is comprised of three branches: the Legislature (made up of elected and appointed members); the Executive (led by a President); and the Judiciary (comprised of domestic and appellate courts led by a Chief Justice).

The President is both the head of State and head of government and is elected by the National Assembly for a five-year term. The President is restricted by the Constitution to serve no more than two full terms in office. The National Assembly has 63 members, out of which 57 Representatives are directly elected by the population while four seats are appointed by the President. The *Ntlo ya Dikgosi* (House of Chiefs) advises on matters affecting custom and tradition including reviewing relevant draft bills before their consideration in the national Parliament. The President, the National Assembly and the *Ntlo ya Dikgosi* make up the national Parliament. The last parliamentary elections were in October 2014 and were won by the Botswana Democratic Party, which has been in power since independence.

Administratively, the country is divided into 15 districts – nine rural and six urban. The districts are managed by 15 local administrative offices (district councils, city councils or town councils).

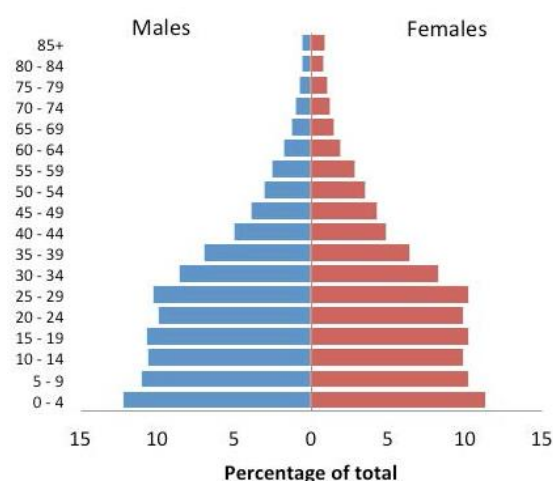
2.2 Population

The population of Botswana has been growing at a rate of 1.9 percent per annum (2001–2011). Over the period 2012–2030, the population growth rate is expected to decline to 0.9 percent per annum with a projected population of 2.21 million in 2026ⁱ.

• Figure 2: Percentages of male/female population

Total Fertility Rate (TFR) has declined from 6.6 births per woman in 1981 to 2.7 in 2011. Typically, Botswana as a developing country is characterized by a youthful population. Children (aged 0–17 years) made up approximately 41 per cent of the population in 2011ⁱⁱ while adolescents and youth (10–24 years) accounted for about a third (30.5 per cent) of the total population. Shifts in the population's age structure resulting in the share of the working-age population (15 to 64) becoming larger than the non-working-age share of the population (14 years and younger, and 65 years and older) would spur economic growth. While the proportion of 0–14 year olds declined from 47.5 percent in 1971 to 32.6 percent in 2011, 15–64 year olds increased from 46.9 percent to 64.9 percent for the same reference points. Conversely, the elderly population has been stable for decades at an average of 5 percent of the population between 1971 and 2011. Correspondingly, the dependency ratio – which shows the number of dependents (aged 0 to 14 years and over 65) to the total population aged 15 to 64 –, has declined from 113 to 93 and to 60.2 for the period 1971, 1991 and 2011 respectively, lessening the burden for the economically active population.. As a result of relatively low and falling fertility and mortality trends () combined with low dependency ratios, the window of opportunity to harness the Demographic Dividend of improved economic growth and development is open for Botswana.

Botswana has a relatively low adolescent fertility rate (51 per 1000 women aged 15–19 years). The national adolescent pregnancy rate was 9.7 percent in 2007,ⁱⁱⁱ a number that has shown no signs of slowing down in recent years. The legal age of consent for sex is 16 years. While the average age for first time sex is relatively high at 17 years^{iv}, a significant number of young people are experimenting with sex at a younger age; 19.1 percent of students included in the Botswana Youth Risk Behavioural Surveillance Survey reported having had sexual intercourse for the first time before age 13.



Botswana's population is increasingly urbanized with 64.1 percent living in urban areas, up from 54.2 percent in 2001. The urban population has grown rapidly owing to rural to urban migration and the reclassification and integration of rural areas into urban settlements.

2.3 The Economy

Botswana's per capita income was US\$7,727 in 2014. The country scores highly on a number of indices reflecting sound governance, economic management, and government effectiveness.

Botswana's UMIC status has seen several development partners either ending or reducing their aid programmes in-country. In recent years, the amount of official

development assistance (ODA) has been at approximately half a percent of the gross national income.

Botswana's economic growth has been driven by the exploitation and export of minerals, with the diamond sector producing most of the sector's output by value. The mining sector has been the largest contributor to Gross Domestic Product (GDP) since 1977/78 when it overtook agriculture. Despite evidence of some economic diversification (declining contribution of mining to GDP, and growing contributions to citizens' services), Botswana remains heavily dependent on diamond production, which accounts for about three quarters of exports, 22.4 percent of GDP, half of government revenue, and 3 percent of total formal sector employment. Agriculture (driven by the livestock subsector and beef exports) accounts for only 2.3 percent of GDP but contributes a substantial proportion of rural income and some 20 percent of total employment.

The World Bank's 2015 Botswana Systematic Country Diagnostic (SCD) report makes key observations about the economy:

- The country's growth rates have recorded an 8 percent decline in GDP in 2008 due to its dependence on a single commodity: diamonds.
- Absolute poverty has declined from 30.6 percent in 2002/03 to 19.3 percent in 2009/10. However, the rate remains very high for a middle income country. Poverty rates are higher in the rural areas (24.3 percent) and for female headed households (58.9 percent).
- Botswana is one of the most unequal countries, with inequality on household disposable incomes reported at 0.645, and consumption inequality at 0.495 in 2009/10. National disposable income inequality has been rising, from 0.537 in 1993/94 to 0.573 in 2002/03, and 0.645 in 2009/10 respectively. However, consumption inequality, which is more reliable, showed a decrease from 0.571 in 2002/03 to 0.495 in 2009/10.
- Unemployment rates in Botswana are very high for an upper middle income country with the 2015 Botswana Core Welfare Indicators Survey (BCWIS) estimating the national unemployment rate to be 17.9 percent in 2009/10. Unemployment among youth stood at 41.40 percent for 15-19 year olds; 34 percent for 20-24 year olds; and 22.40 percent for 25-29 year olds. Females are more affected by unemployment than males, as well as are those in rural areas.

2.4 Human Development

Botswana has invested heavily in health, HIV/AIDS eradication, and education. In health, high coverage and utilization rates of health care services are not yet translating into expected outcomes, largely due to quality issues. While access to clean water and safe sanitation has increased, safe sanitation has yet to catch up. Stunting is very high at 30 per cent, even by the standards of poorer countries. Non-communicable diseases, including cardiovascular disease, are emerging as important killers, particularly among women. Maternal mortality (MMR) and child mortality remain high by UMIC standards. With respect to the other UMICs for which comparable maternal mortality estimates are available, Botswana ranks 40 out of 44.

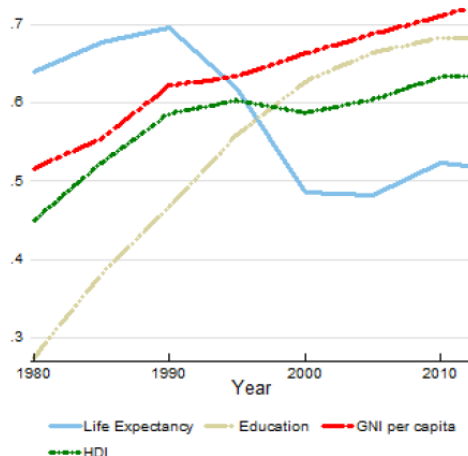
Major causes of maternal deaths include preventable causes such as hemorrhage, abortions, and hypertensive diseases that accounted for 74 percent of maternal

deaths. Contributing factors include a lack of skilled personnel to manage obstetric complications, and a lack of essential equipment and drugs due to weak logistical management. Neonatal mortality accounts for 54 percent of child deaths and ranges from a low of 6/1000 to a high of 28/1000, depending on location.

Regarding reproductive health, recent information has revealed that 56 percent of pregnancies among HIV positive women are unplanned suggesting high unmet needs for family planning for this group. Access to sexual and reproductive health (SRH) has not reached all, and it has only been in the past three years that an integrated SRH/HIV service delivery was piloted. Integrated services that include maternal, neo-natal, child and adolescent health will ensure Botswana maximizes on the limited resources (both human and financial) available.

In education, there is low uptake of early childhood education, good enrolment and retention rates at the primary and secondary level, but poor performance as reflected by low pass rates. There are also concerns that the education and training system is not producing young people that are suitable for employment. A new five-year education and training sector strategy has been developed with the purpose of reforming the education sector.

Trends in Botswana's HDI component indices 1980-2012



• Figure2: Trends in HDI and its components

These investments in community development have seen the country's score on the Human Development Index (HDI) improve from 0.47 in 1980 to 0.703 in 2014, moving the country from low HDI to medium HDI category. A major challenge for Botswana has been the HIV and AIDS epidemic that has impacted the country's performance on many development indicators as well as on economic progress (see Figure 1 for the effects of HIV&AIDS related losses in life expectancy on the Human Development Index).

While the country has contained HIV-related

mortality by introducing Anti-Retroviral Treatments (ART), there are still more than 10,000 new infections each year. UNAIDS estimated adult (15-49 years) prevalence rates in 2014 at 25.2 percent (UNAIDS Country Profile 2015) while Statistics Botswana (2014) estimated the national rate to be 18.5 percent in the same year. The Botswana AIDS Impact Survey (BAIS IV) estimates that the rates of infection are higher amongst females than males at 19.2 percent and 14.1 percent respectively.

The last two HIV/AIDS impact household surveys (2008 and 2013) show a decline in condom use across all ages and sexes and among concurrent sexual partners. Projections suggest that Botswana's hope of reducing the HIV/AIDS epidemic requires a combination of testing and treatment of everyone who is HIV positive,

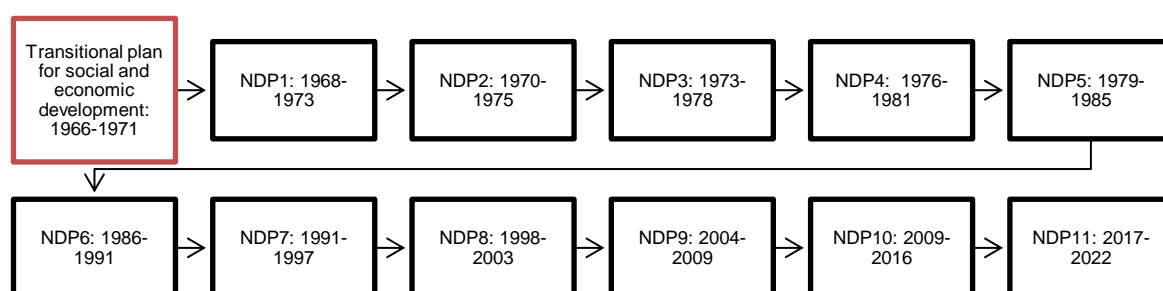
and maximum investment in gender-sensitive prevention, particularly among young people. The HIV/AIDS epidemic has taken the country backwards in terms of human development indicators. For instance, life expectancy at birth fell from 64 years in 1990 to 49 years in 2002, thereby lowering the country's human development index. However, the Government has embarked on a rigorous HIV/AIDS prevention and treatment plan, including the use of ART, that is beginning to bear positive results.

Reduced mortality among people living with AIDS coupled with a high incidence (2.7 percent) has led to a partial reversal in declining prevalence rates. With an estimated 248 000 persons on anti-retroviral treatment, the country faces a high cost of treatment.

2.5 National Development Framework

Since independence in 1966, Botswana has adopted a system of planning based on National Development Plans (NDPs), starting with the Transitional Plan for Social and Economic Development which was prepared in 1965. Since then Botswana has produced a series of NDPs, most recently NDP 10, which operated from April 2009 to March 2016. At present the Ministry of Finance and Development Planning (MFDP) is coordinating preparations for NDP 11, which will run from April 2016 to March 2022. National Development Plans (NDPs) are major statements that outline development strategies, policies, programmes, and projects to be implemented over a period of approximately six years. NDPs are based on estimates of revenue expected over the planning period as well as expenditure and manpower projections, and consider all sectors of the economy.

In developing NDPs, the MFDP consults various stakeholders including: other ministries; independent departments; local institutions; research and development agencies; local authorities; civil society; the private sector; and development partners. NDPs are reviewed at mid-term to assess performance, identify challenges in the first half of the implementation period, and to make necessary economic, policy, and strategic adjustments for the remaining period of the plan.

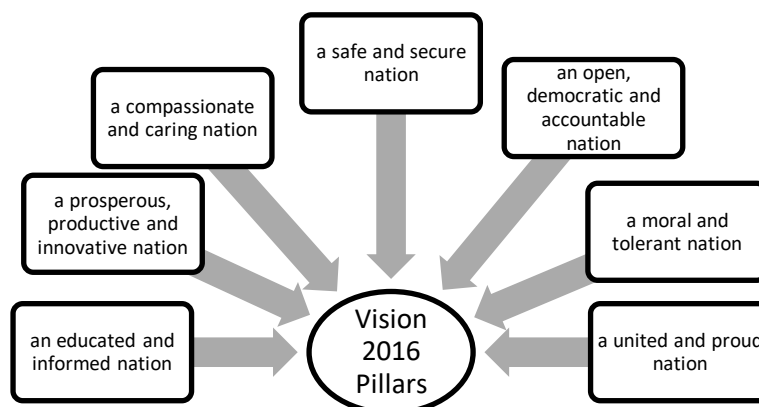


• Figure 4: Botswana National Development Plans

In 1996, Botswana launched the Botswana National Vision 2016, whose purpose served to allow Botswanans to articulate their aspirations for the kind of society they would like Botswana to be by the year 2016 – the fiftieth anniversary of independence.

Vision 2016, made up of seven pillars, has served as a guiding framework for national development programmes and policies. Since 1997, all NDPs have been

guided by the Botswana National Vision 2016 and they were aligned to the extent possible with the MDGs. Delivery on Vision 2016 is managed through four thematic groups: Economy and Employment; Sustainable Environment; Social Upliftment; Governance, Safety and Security.



• Figure 2: Vision 2016 Overview

The process of developing a successor to Vision 2016 is underway. The new vision, spanning 25 years, will run from 2017 to 2041 and will draw from diagnostic studies on Economy and Employment, Sustainable Environment, and Governance, Safety and Security); the draft Keynote Policy Paper (KPP) for National Development Plan 11 (NDP11); a range of existing government strategies and policies; and other relevant studies, including the 2015 Systematic Country Diagnosis (SCD) of the World Bank. Five priority areas have been identified. These are:



An overview of each of the priority areas and related indicators is presented in Annex 1. While the content of Annex 1 is not final, it is instructive on the direction of the National Vision for 2017-2041.

2.6 Major Developments since the last Common Country Assessment (CCA)

In the period since the last CCA in 2007 (Botswana's second), there have been many global developments that could have an impact on the assessment's findings and policy recommendations. First among these has been the development of the Sustainable Development Goals (SDGs) and new thinking on the pursuit of shared global goals. ODA in Botswana has changed dramatically, severely constraining opportunities for traditional funding partnerships. Technological advances and improvements in data processing capabilities as well as new analytical techniques are enabling the creation of better and more nuanced solutions to development challenges as well as more cost effective solutions. There has also been growth in global capacity to address development challenges thereby providing greater access to what works as well as easier contact with experts. At the country level,

there have been numerous policies and programmes created to tackle key challenges affecting the country.

Botswana has begun considering how the new SDGs agenda fits with existing development plans and how it can be mainstreamed into future plans. The United Nations Development Group (UNDG) – under the Sustainable Development Working Group (SDWG) – is focused on mainstreaming the SDGs agenda at the national and local levels, and integrating the SDGs into national, sub-national, and local plans for development. Emphasis is being placed on: leadership at the highest levels of government (President's or Prime Minister's Offices) to offer support and initiate a mainstreaming approach; a possible role for a cross-government working group of senior officials; analysis and strategies for better reflection of the SDGs agenda in existing national plans and budget allocations; strengthening stakeholders buy-in; and improving capacity to monitor the SDGs. The concept of 'leaving no-one behind' as defined by the Sustainable Development Goals (SDGs) is underpinned by recognition and support for 'a data revolution'^v that includes, better identification and understanding of the excluded/marginalized, improved channels for their inclusion, and better tracking of progress for the most vulnerable/marginalized.

The UNCT in Botswana has also gained experience from the country embarking on the 'Delivering as One' (DaO) approach – a UN initiative started in 2005 to strengthen the management and coordination of UN operations activities in-country – as a self-starter. From these experiences are emerging better ideas on working together for the delivery of shared objectives. The developments since the last CCA offer both new challenges and new opportunities.

3 ERADICATING EXTREME POVERTY AND REDUCING INEQUALITY

Poverty in Botswana has declined from 47 percent in 1993/94, to 30.6 percent in 2002/03 and 19.3 percent in 2009/10. Both the poverty gap and severity of poverty have decreased, and the World Bank states that nearly all spatial and demographic groups experienced improvements, particularly the most impoverished. The largest declines in poverty were in rural areas, where it fell by almost 21 percentage points, in the regions furthest from Gaborone, and among the elderly, women and children. Consumption growth among the bottom 40 percent far outstripped that of the top income deciles. However, poverty is still high in rural areas, remote communities, and in households headed by females and those with low levels of education. Most notably, poverty is concentrated among children and youth, which has important implications for inclusion and the inter-generational transmission of poverty. Moreover, there are still a large number of people just marginally above the poverty line and at risk of falling back into poverty. This is particularly a risk for smallholder households in rural areas.

The national unemployment rate is 17.9 percent and the youth unemployment rate is about 41.40 percent for 15-19 year olds; 34 percent for 20-24 year olds; and 22.40 percent for 25-29 year olds. This indicates that Botswana is not benefitting from its demographic transition, and also implies a risk of intergenerational transmission of poverty in these age groups.

Food poverty is about 13.8 percent -- for other UMICs, that number is 38 percent -- and Botswana's Poverty Datum Line (PDL) is US\$2/day; percent. Child dependency is at -43.8 percent; old age dependency is -14.28 percent and the overall dependency rate is -41.9 percent. In contrast, Southern Africa's dependency rate is -35.29 percent.

As Botswana moves along on the preparation of its new Vision Beyond 2016 and new NDP11, it is imperative for the country to adopt the SDGs with an overarching policy orientation focusing on:

- (i) Eradicating extreme income, food and poverty and reducing income inequality as demonstrated by its Gini Coefficient;
- (ii) Eradicating non-income poverty through a focus on the multidimensional poverty index (MPI), which measures a person's ability to access health and education services as well as a basic standard of living;
- (iii) Interrupting the inter-generational transmission of poverty through a focus on child poverty in both its income and non-income measures; and
- (iv) Adopting pro-growth and job-oriented economic reforms.
- (v) Consolidating past gains;
- (vi) Overcoming bottlenecks to progress;
- (vii) Taking into account a range of macro-level risks and uncertainties such as Botswana's dependence on a small range of export products in a very volatile global economic and financial environment;
- (viii) Creating an improved, central knowledge and evidence base; and
- (ix) Establishing an innovations-based economy with infrastructure to support its uninterrupted functioning.

Implementation of the above policies and guiding principles will require:

- (i) Ensuring that policies and programmes have a clearer and more explicit focus on poverty eradication and inequality reduction;
- (ii) Ensuring that policies are informed by inputs from a national poverty focal point to help strengthen sectoral coherence, and inter-sectoral consistency;
- (iii) Ensuring that poverty data collection, monitoring and evaluation (M & E) and reporting are significantly improved in order to strengthen evidence-based decision making;
- (iv) Generating evidence on dependency;
- (v) Refocusing social protection by designing a national social protection policy framework;
- (vi) Expanding employment; leveraging local economic development; decentralising for pro-poor growth and employment creation;
- (vii) Establishing local-level poverty eradication funds;
- (viii) Addressing unequal employment outcomes for Botswana youth and generating better evidence on school to work transitions;
- (ix) Targeting youth empowerment programmes that have been providing loans for young people with a priority on agriculture which has not been attractive to the youth.
- (x) Making markets work for the poor and addressing their financial exclusion; and
- (xi) Factoring in the growing urbanization of poverty.

Botswana has a national Gini coefficient (per capita consumption) of 0.605, making it one of the most unequal societies in the world. Inequality in Botswana is identified primarily by access to productive livelihoods. Disaggregation of the poverty figures by location shows marked disparities as well as high levels of inequality. Progress against poverty has been uneven between districts with Ngamiland West (46.2 percent), Ngwaketse West (41.7 percent), Central Bobonong (32.8 percent), Kweneng West (32.4 percent), and Central Boteti (29.8 percent) faring badly in relation to the national average. An analysis of wealth by location shows that Gaborone, Francistown, Selebi Phikwe, and Orapa had fewer than 2 percent of their residents in the lowest quintile. In contrast, Kweneng West, Boteti, Ngamiland West, Ghanzi and CKGR had more than 40 percent of their populations in the poorest quintile. Poverty mapping shows that communities that are the poorest live on the outskirts of protected wildlife areas. While more of the heads of poor households are unemployed (65.5percent), the proportion of heads of poor households who are employed suggests that the quality of employment for the working poor requires attention.

Gender analyses show that women experience a disproportionately higher level of poverty (2-4percent percentage points greater), and children 0-17 years make up 57 percent of the poor despite being 44 percent of the population.

In developing the Vision Beyond 2016, the Botswana UNCT has made the following observations:

-
- 19.3 percent live below PDL and 16 percent below Food Poverty Line making the Vision 2016 goal of eradicating extreme poverty unlikely to be met;
- percent

-
- Around 20 percent of Botswana children under the age of 14 live in extreme poverty, higher than any other age group.
- Childhood malnutrition in Botswana, measured at 31.4percent, is far in excess of its global peers such as Kazakhstan at 13.1percent, and South Africa at 23.7percent).

Using the MPI to assess poverty allows for the recognition of multiple overlapping deprivations that the poor face. A significant segment of the population is burdened by multiple non-income deprivations ranging from a lack of decent shelter, overcrowding, access to basic amenities such as water, sanitation and electricity, as well as a lack in basic human functions such as literacy and numeracy. Poverty in Botswana is closely related to the educational level of the head of the household. As education levels increase, the probability of being poor falls.

A recent study commissioned by UNICEF underlines the character of poverty in Botswana, as well as confirms its concentration in certain areas and social settings.

Key findings of the UNICEF Multiple Overlapping Deprivation Analysis (MODA) report were:

- Monetary poverty is not a good indicator of vulnerabilities in Botswana. Out of all the monetarily poor children under five, 44percent are not deprived in at least half of the measures considered essential for their survival and development. On the other hand, out of all of the monetarily non-poor children under five, 43percent are similarly categorized as deprived. There is a similar pattern for other age groups. In urban villages amongst those that are monetarily poor, 63percent are not deprived, and in rural areas amongst the non- poor, 63percent are deprived.
- Sanitation is the single most common deprivation at more than 70percent, followed by adequate housing at more than 60percent, and health at more than 40percent across all age groups. A number of deprivations tend to overlap with each other. For example, out of those deprived in nutrition in rural areas, 90percent are also deprived in sanitation.
- Overall, Kgalagadi South, Kgalagadi North, Ngwaketse West and Ghanzi are among the most deprived districts.

Orphans and Vulnerable Children (OVC)

- Data from the 2004/2005 Labour Force Survey shows that 11 percent of boys and 7 percent of girls aged 5–14 years were engaged in child labour. The 2009/10 BCWIS found 5,152 children aged 12 to 14 and 35,448 teens aged 15 to 19 to be economically active. A World Bank study reported that in Botswana, in one half of the families surveyed, children were left home alone on a regular or occasional basis. Fifty-two percent of families leaving children home alone relied on other children to help with child care. Civic groups suggest that the national averages masks wide geographic disparities including non-participation in education among children employed as cattle herders.
- The Gender Based Violence Indicators Study (2012) highlights the scale of violence towards children with 88 percent of women and 66 percent of men having experienced abuse as children, most of this physical. The abuse is not just at home, with indications that in the past, girls have reported being asked for sex by an educator.
- One of the effects of HIV/AIDS has been to increase the number of children without appropriate family care. It is estimated that 14.4 percent of children in Botswana have been orphaned. The international definition of an orphan is a child under 18 who has lost both of his parents. In Botswana, orphans are defined as a child under 18 who has lost one or both parents through death or desertion, or whose parents are unable or unwilling to provide care. On the basis of the local definition there were 48 119 orphans in Botswana in 2009/10. In contrast, the international definition takes that number to 137 805.
- A Policy Implementation Barriers Analysis (PIBA) conducted by USAID in 2010 shows that Botswana, through the MLG/DSS and civil society partners, has made progress in advancing OVC programs and services. However, as with all policies and programs, there are barriers to successful implementation that can be distilled into five key issues:
 - Implementing OVC programs requires building capacity, particularly for social workers who are responsible for care and support of OVC;
 - Increased information to stakeholders on OVC policies could play a huge role as policy dialogue and dissemination—especially at the local level—has been minimal;
 - OVC policies are not fully operationalized;
 - Better coordination, referral, and monitoring structures are needed. Structures mandated in the Botswana Children's Act of 2009, which seeks the elimination of child labour, are yet to be established; and
 - OVC programs are not completely aligned with national policies.

People with Disabilities

- According to the 2011 Population and Housing Census, there were 59 103 persons with disabilities in Botswana representing 2.9 percent of the population, a decline from 3.5 percent recorded in 2001 and much lower than the 15 percent average for Sub-Saharan Africa. Of this number, 29 592 (50 percent) were females. Among school age children (5–17 years), there were 8 264 children with disabilities that were in school, 747 who had left school and 2 285 (20 percent) that had never attended school.

The Aged

- As of 2012, the number of people aged 60 years and over is estimated to be 135,187, of whom about 40,500 (30 percent) are estimated to be poor. Out of all people aged 60 years and over, only 8 percent have a pension. The HIV epidemic has placed significant stress on the elderly as they can no longer count on the financial support of their own children. In addition, they have had to stretch their resources to care for their grandchildren and relatives who have been orphaned or left vulnerable by the epidemic.

Botswana's response to poverty has consisted of a variety of measures as presented in the Figure below.

Botswana's Response to Poverty						
Included in: <ul style="list-style-type: none"> • Vision 2016 • National Development Plans (NDPs) • Policies such as the Revised National Policy for Rural Development (RNPRD) • Revised National Youth Policy, 2010 	Specific strategies: <ul style="list-style-type: none"> • National Strategy for Poverty Reduction (NSPR) • Revised National Food Strategy 	Social assistance interventions: <ul style="list-style-type: none"> • Orphan Care Programme • Destitute Persons Programme • School Feeding Programme • Old Age Pension Programme • Ipelegeng – a public works programme • Poverty Eradication Programme • Remote Area Development Programme • Self-help Housing Scheme (SHHA) • Integrated Poverty Alleviation and Housing Scheme (IPAHS) • Presidential Housing Appeal 	Inputs and asset transfer interventions: <ul style="list-style-type: none"> • Integrated Support Programme for Arable Agriculture Development (ISPAAD) • Livestock Management and Infrastructure Development (LIMID) 	Active labour market interventions: <ul style="list-style-type: none"> • National Internship Programme (NIP) • Youth Development Fund • Youth Empowerment Scheme 	Education schemes: <ul style="list-style-type: none"> • Back-to-School Programme • Early Childhood Development • Sponsorships 	Health care interventions.

The share of social safety net expenditure as a share of Government expenditure increased from 11-12 percent in 2000/01 to about 18-20 percent in 2003/04 – 2004/05. GoB spends about 4.4 percent of GDP on social protection and labour (SPL) market programs.

Assessments (most notably by the World Bank in 2013 and The Botswana Institute for Development Policy Analysis (BIDPA) in 2014) suggest that the interventions have played an important role in lifting some beneficiaries out of poverty and with improvement, could have greater effect. At least 15 percent of all households rely on public transfers as their main source of income, but the proportion of poor households who rely on public transfers as their main source of income is 41 percent.

To strengthen commitment to sustainable budgeting, Botswana maintains government expenditure within 40 percent of GDP and considers 30 percent to be ideal in the long run. The 40 percent limit has been adhered to with the exception of 2008/09 and 2009/10 when government spending was used to cushion the economy from the effects of the 2008/09 financial crises and resultant global downturn. A development budget limit of 30 percent of GDP has seen the share of development spending reduced. The development budget is used to finance infrastructure projects including education, water and electricity. Cost overruns on projects and under expenditures are major concern.

There is limited fiscal space for new investments in the social sectors. Rather, the focus is on greater efficiency of expenditures. Non-mining revenue growth represents an area that is increasingly important and regarded as key to the sustainability of current achievements. The Government has also strengthened the tax collection system and is committed to introducing a Medium-Term Expenditure Framework (MTEF) by 2016 that will provide a more explicit linkage between NDP priorities and budget allocations^{vi}.

A Social and Poverty Impact Assessment conducted by the Integrated Support Programme for Arable Agricultural Development (ISPAAD)^{vii} made the following observations:

- Only 7.7 percent of beneficiaries were between the ages of 18-29 years;
- About 65percent of beneficiaries had attained primary education or lower;
- 60percent of the beneficiaries were women;
- The majority of ISPAAD beneficiaries (80percent) earned incomes below the PDL.
- The stated objectives and service packages of ISPAAD seem desirable from an agricultural development point of view but the execution and outcomes of the programme have failed to achieve the intended objectives.
- ISPAAD has no programme design document with clearly specified outcomes, outputs, activities, inputs and assumptions of the programme.
- There are no objectively verifiable indicators, means of verification and assumptions indicating how the expected outcomes and outputs will be achieved, and there is no monitoring and evaluation framework.
- ISPAAD in its current form is not viable nor sustainable.

Assessments of other programme interventions have provided the following recommendations:

- **Coordination:** Botswana's social protection system and other measures meant to uplift the social status of its citizens are scattered in different ministries, departments and units across government, with each ministry being responsible for implementation of programmes under its portfolio. There is a need to develop a coordination unit/mechanism to avoid duplication and remove situations where beneficiaries illegally benefit from more than one programme.
- **Graduation:** Some social protection programmes are meant to offer only temporary relief to beneficiaries. Clear guidelines and strategies for graduating out of the programmes are needed.
- **Impact studies:** There has never been a detailed assessment of the programmes to determine whether they meet their own objectives.
- **Monitoring and Evaluation:** In addition to impact studies, there is a need to have a proper operational monitoring and evaluation system built into each programme.
- **Development of Policies and Guidelines:** Some programmes do not have policies and guidelines, while others have guidelines that are outdated and in need of review.

The World Bank's 2013 assessment of social protection interventions suggests that over several years, it is possible to intervene to eliminate extreme poverty. The World Bank's Botswana Systematic Country Diagnostic 2015 observes that Botswana has a unique opportunity to eliminate extreme poverty within the next five to seven years and proposes the following reforms:

- Adopting technologies and processes to improve targeting efficiency;
- Consolidating fragmented programs;
- Introducing conditional interventions to promote behavioral changes; and

- Linking social protection with public works and active labor market programs more effectively.

4 STRENGTHENING HUMAN DEVELOPMENT OUTCOMES

4.1 Introduction and overview

Botswana's system of strengthening human development in-country has received mixed assessments. The Systematic Country Diagnostic 2015 noted that "Botswana has a long history of effective management in the conversion of natural capital wealth to investment in productive capital and human capital. It has been effective in maximizing revenue capture from diamonds and it has invested wisely in infrastructure and human capital. However, there is increasing evidence that the quantitative process of wealth conversion is not being matched in qualitative terms –i.e. that public investment has not been efficient."

However, the Vision 2016 Review observed, "Botswana spends 4.5 percent of its GDP and 18 percent of the total Government budget on the sector, compared to 3.5 percent and 11.2 percent on average in other [UMICs]. While Botswana compares favourably in terms of access to improved water sources and child immunization rates, in a number of areas it performs poorly, including in access to improved sanitation facilities, the prevalence of malnutrition, maternal mortality ratios and life expectancy. The latter could be attributed to high HIV/AIDS prevalence. Poor social development outcomes are further exacerbated by a fragmented social protection system."

In examining human development outcomes in relation to the Vision Beyond 2016, the issues are outlined as:

- Botswana ranks 109th out of 185 countries on the Human Development Index, 70 places below its per capita GDP rank of 54;
- Despite high spending, quality and outcomes are below potential;
- Gross enrollment for senior secondary education is only about 62 percent;
- In international tests of mathematics and science subjects, Botswana's 9th grade achieved 20 percent less than the international 8th grade average;
- Vision 2016's goal of "no new HIV infections" is unlikely to be met.
- Botswana's life expectancy at birth rate (LEB) was 65.3 in 1991, which then dropped to 55.6 in 2001 and recovered to 68 in 2011, compared with 79 in high income countries.

Botswana has generally pursued a growth strategy based on extensive provision of infrastructure and social services, and support for the private sector. These include direct expenditures, subsidies, below-cost charges for government services, extension services, and the creation and funding of parastatals and other government agencies^{viii}. Botswana spent 9.5 percent of GDP on education (primary, secondary and tertiary) in 2009, 5.4 percent on health in 2013 and 4.4 percent on social protection. Since the advent of HIV and AIDS, expenditures on health have increased substantially with the share of out-of-pocket payments declining. The high levels of investment by government in health, education, and infrastructure are not delivering quality outcomes, making it increasingly difficult to meet the objectives of growth, diversification, and poverty elimination.

Analysis of strengthening human development outcomes is undertaken in two parts. The first part, adopting a health and social determinants approach, integrates analysis of health outcomes with living conditions. The second part focuses on learning and skills development.

4.2 Health and Social Determinants

Health Indicators

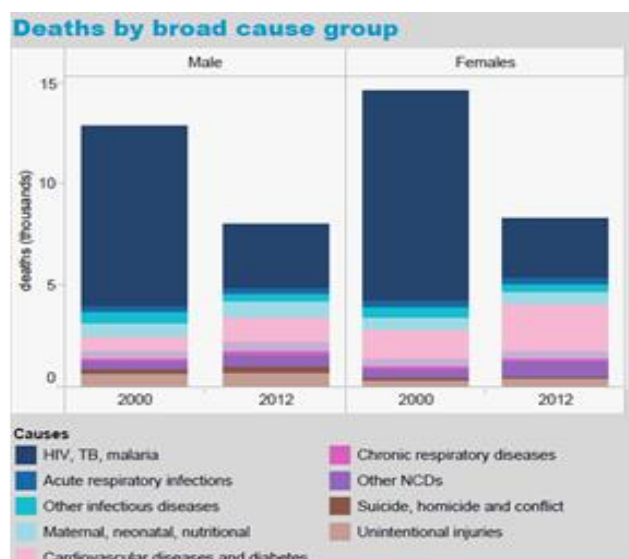
Infant Mortality Rate (IMR) and Under-Five Mortality Rate (U5MR) are still high and it is highly unlikely that the country will meet the targets set by the MDGs and the Revised National Population Policy (RNPP). The 2010 MDG report indicated that Botswana was unlikely to meet the target of reducing the U5MR by two thirds between 1990 and 2015, nor the national target of reducing IMR from 48/1000 live births in 1991 to 16/1000 live births in 2016. However, using a different estimation technique in 2011, IMR and U5MR stood at 17 and 28 deaths per 1000 births respectively, implying that the targets set in the RNPP have been met.

Life Expectancy at Birth (LEB) increased from 56 in 1971 to 65 in 1991 before falling to 54 in 2006. The fall in LEB between 1991 and 2011 was partly because of the HIV/AIDS scourge. LEB rose again from 54 in 2006 to 68 in 2011 partly as a result of Government efforts to combat HIV/AIDS, particularly the provision of free antiretroviral drugs. Females have a higher LEB than their male counterparts. The target set out in the RNPP of raising LEB for both sexes from 50.1 in 2001 to at least 2011 has been met.

Maternal Mortality is still very high and the country is unlikely to meet the MDG targets. Thus, the MDG of reducing maternal mortality by three quarters between 1990 and 2015, which translates to reducing maternal mortality to 81 deaths per 100 thousand, is unlikely to be met. The RNPP target is to reduce maternal mortality to less than 50 deaths per 100,000 live births. In 2013, the rate stood at 195.6 deaths per 100,000 live births, which suggests that both the national target and MDG are unlikely to be met.

The commonly used indicators for children aged below five years are height for age (stunting), weight for age (underweight) and weight for height (wasting). These indicators declined from 1996–2000, and then rose during 2000–2007. However, there was a consistent decline in the rates of underweight children from 12.4 percent to 3.5 percent for children attending clinics, meaning the country is likely to achieve its Vision goal of reducing the proportion of underweight children to 8 percent using the Botswana National Nutrition Surveillance System (BNSS) data.

Botswana has invested heavily in the well-being of its citizens resulting in



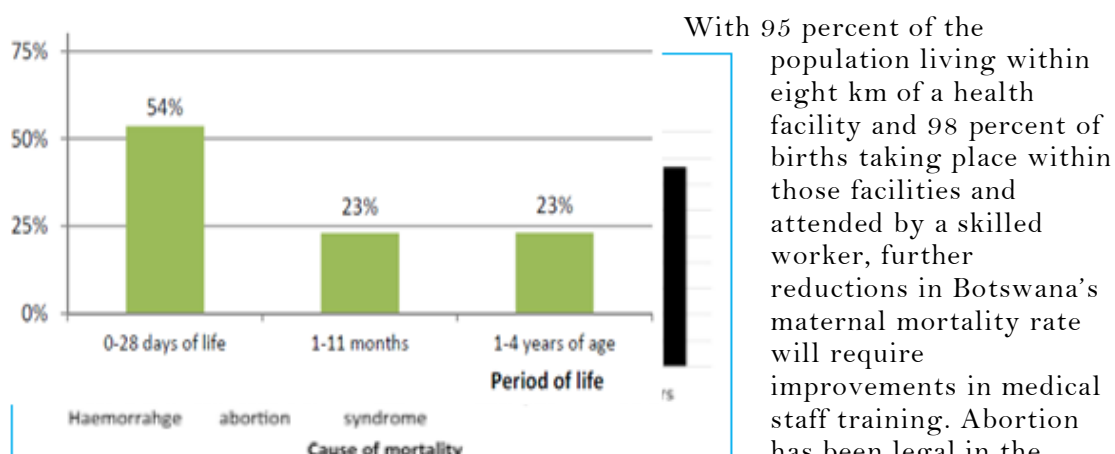
• Figure 3: Causes of Mortality

improvements across a number of indicators. Life expectancy, which had declined from 62.7 in 1990 to 48.7 in 2000 due to the HIV and AIDS epidemic, had by 2013 risen to 68 years. HIV and AIDS continue to be major underlying causes of mortality despite the impressive progress made in reducing its contribution to mortality (see Figure 6). While Botswana has considerably reduced mortality rates between 2001 and 2011, the gains have been uneven with life expectancy varying by location for both males and females, and the highest life expectancy found in cities and towns – 74 years -- followed by

urban villages (67 years) and the lowest in rural areas (64 years). The greatest gap is between Gaborone (76 years) and Ngamiland East (61 years).

However, people may be living longer but they are not necessarily living healthier. Healthy life expectancy is lower in both sexes by nine years partly reflecting the effects of non-communicable diseases on the quality of life. Among the adult population, 52 percent of women and 18 percent of men are classified as overweight and obesity, someone who is very overweight with a high degree of body fat, affects 23 percent of women and 3 percent of men. Additionally, 48 percent of males and 47 percent of females have raised blood pressure; 35 percent of males and 39 percent of females have raised blood cholesterol; and, 8 percent of males and 9 percent of females have raised blood glucose. As illustrated in Figure 6, cardiovascular diseases and diabetes have grown in prevalence and importance among the main causes of death, particularly among women.

Maternal mortality which stood at 115.3 per 100 000 live births in 1990 and had worsened to 195.6 per 100 000 live births in 2008, has been improving, falling to 182.6 per 100 000 live births in 2013. National statistics suggest that the incidence of HIV and AIDS in maternal mortality has been on the decline and has fallen from 12.8 percent in 2009 to 1.1 percent in 2013. Figure 7 presents the major causes of maternal mortality in 2013.



• Figure 4: Causes of Maternal Mortality

those who need it due to the limitations associated with the circumstances under which it may be accessed. Abortion in Botswana is only allowed if the abortion will save the woman's life, if the pregnancy gravely endangers the woman's physical or mental health, or if it is a result of rape or incest. Child mortality rates have been on the decline and currently stand at 28 per 1000 live births. Reducing child deaths during the first 28 days of life (54 percent of child deaths occur during this period) remains a challenge with the trend static since 2005.

As of 2010, the main causes of death in the first 28 days of life were: prematurity (39 percent); birth asphyxia or birth trauma (23 percent); congenital anomalies (15 percent); sepsis and other infectious conditions (11 percent); pneumonia (7 percent); other conditions (5 percent), and HIV/AIDS (1 percent).

HIV and AIDS, accounts for 25 percent of child mortality making it the leading single cause of death among children aged 1-59 months.

Addressing infant mortality requires not only attention to the conditions causing mortality but also greater attention to geographic differences and their underlying factors. Figure 8 below presents direct estimates of infant mortality by location based on 2011 Census data.

District	Males	Females	(both sexes)
Gaborone	6	6	6
South east	10	9	9
Francistown	10	11	11
Central Boteti	14	12	13
North east	19	10	14
Kweneng east	15	14	14
Ghanzi	16	15	16
Ngwaketse	18	17	17
Central Tutume	17	20	19
Lobatse	17	20	19
Selebi Phikwe	25	13	19
Kgalagadi	19	21	20
Central Bobonong	20	20	20
Central Serowe Palapye	22	19	20
Barolong	18	24	21
Central Mahalapye	20	22	21
Kgatleng	24	19	22
Kweneng west	21	24	23
Ngamiland east	23	27	25
Ngamiland west	31	25	28

• Figure 5: Infant Mortality Rates by Location

While data on differences in health outcomes by wealth is limited, there is a close relationship between geographic locations and poor health outcomes. Data from the 2006 Botswana Demographic Survey (BDS) showed a gap of 15 percentage points in the attendance of skilled medical staff present at births between the richest and poorest deciles, and a child mortality rate among the poorest decile that was 5.5 times that of the wealthiest decile. The Botswana Family Health Survey (BFHS) IV in 2007 showed stunting was worse among the poorest decile and was 14 percentage points greater than the wealthiest decile. Similarly, wasting was higher among those in the poorest decile.

4.3 HIV and AIDS

The 2013 BAIS IV survey estimated a national prevalence rate of 18.5 percent, compared to 17.6 percent in 2008 for the BAIS III among the population aged 18 months and older.

Prevalence among females was estimated at 21 percent compared to 14 percent for males. The HIV incidence (the number of new infections) of the general population dropped from 1.45 percent in 2008 to 1.35 percent in 2013. In 2013, approximately 70 percent of all cancer patients in Botswana were infected with HIV. Among the tuberculosis patients registered in 2012 and with known HIV status, 63 percent were co-infected with HIV.

By the end of 2014, an estimated 373,680 HIV infected people were living in Botswana with 96 percent (approximately 248,000) of individuals that met ART eligibility guidelines receiving the treatment. Thus, 66 percent of the total HIV infected population was receiving ART. The Mother-to-Child Transmission rate was estimated at 2 percent. Ten out of 26 districts had HIV prevalence levels above the national average of 18.5.

The BAIS IV revealed that 49 percent of sexually active young males ages 15-19 years, reported more than one sexual partner in the previous twelve months compared to 25 percent of females. Decreases in condom use across the general population have also been observed for both genders and across all age groups. Condom use within the general population fell from 90.2 percent, recorded in the 2008 BAIS III to 81.9 percent recorded in the 2013 BAIS IV. Decreased rates of condom use were found in all females from 89.5 percent to 83.14 percent, and all males from 90.4 percent to 81.2 percent.

Within the 25-49-year-old categories, condom use fell for males from 87.8 percent to 77 percent and from 85.9 percent to 81 percent for females as reported in BAIS III and IV, respectively. Consistent condom uses with casual sexual partners among 15-49 year olds stood at only 41.9 percent. Differences in condom use with casual versus regular sexual partners were also recorded, with higher condom use at the last sex act estimated at 71.9 percent for casual partners, considerably higher than with regular partners at 44.8 percent. Access to condoms remained low. The number of condoms needed in Botswana to protect all sexual acts from HIV infection and unplanned pregnancy is higher than the actual number of condoms on the market (volume)¹. Substantive knowledge of basic HIV information remains low among the youth with only 47.9 percent reporting a sufficient level of understanding. Rates of male circumcision were found to be lower among younger males.

AIDS-related mortality has increased the number of orphans and vulnerable children in Botswana. By 2013, 52.9 percent of children aged 0-17 years had lost at least one parent. According to the BAIS IV survey, 13.9 percent of households with orphans receive primary support from the government.

Risky life choices and activities have also contributed to the HIV/AIDS epidemic. The National AIDS Coordination Agency contribution to the 2014 Global AIDS Response Report suggests HIV prevalence rates as high as 62 percent among sex workers in some locations.

Botswana developed and scaled up its HIV and AIDS response with considerable support from development partners. However, that level of support has been declining leaving Botswana to shoulder more of the cost for its AIDS and HIV response. The country has sought and is receiving support from the Global Fund and is looking at ways of reducing the costs of its HIV/AIDS response as well as improving its integration in the health system.

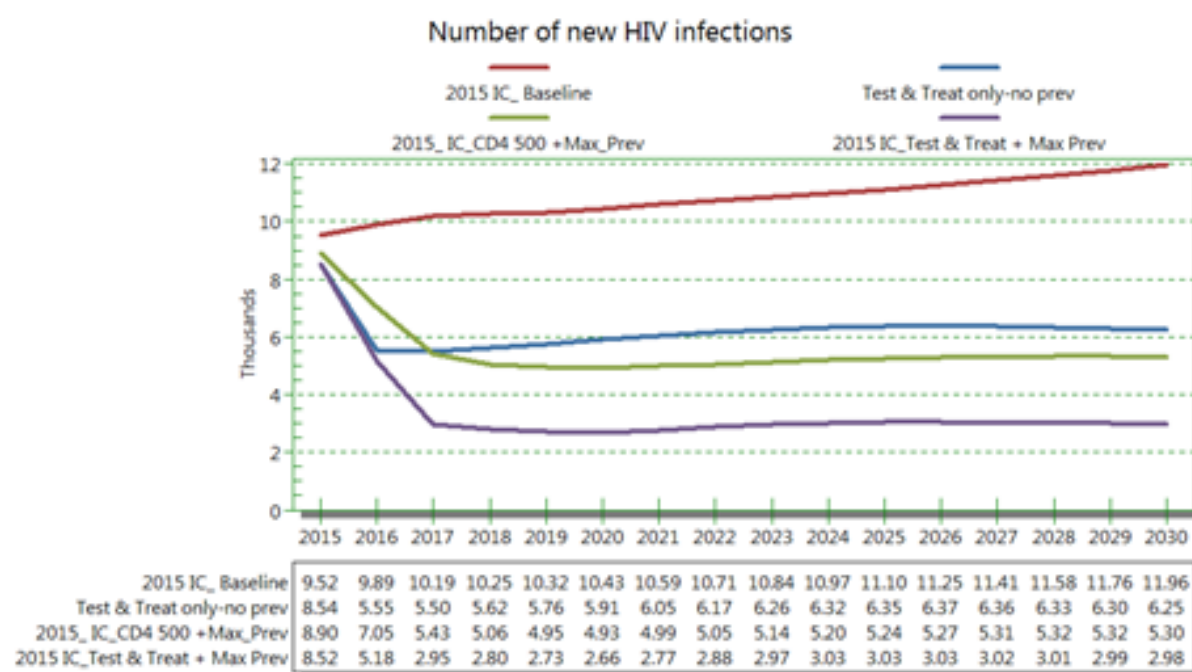
In the long-term, containing the HIV and AIDS epidemic will require scaling up and improving the effectiveness of prevention initiatives, particularly among the youth. Analysis of prevalence data from BAIS 2004 to 2013 by age shows that prevention efforts for young people in Botswana have had limited effect. Since 2004, all three of the youngest groups measured had either doubled or tripled their prevalence by 2013. An estimated 6.2 percent of adolescent girls and 3.6 percent of adolescent boys aged 15-19 years are infected with HIV. The Botswana HIV Investment Case highlights that there will be no further gains in the fight against

¹ Total Market Approach Report, 2013

HIV unless prevention efforts aimed at adolescents and youth are reinvigorated. Key efforts to be addressed include:

- High rates of multiple partners among sexually active young males;
- High rates of sexually transmitted infections among sexually active young people (28 percent among girls and 25 percent among boys);
- Teenage pregnancy – the 2011 Census reported the national mean age of first delivery was 17.8 years. In 2007, the teenage pregnancy rate stood at 9.7percent;
- Decreasing levels of condom use among adolescents from 78 percent in 2008 to 65 percent in 2013;
- Low levels of comprehensive knowledge on HIV and sexual reproductive health (24 percent and 22 percent for girls and boys aged 10-14 years respectively); and
- Sexual violence – estimates show that 26 percent of young women whose first time was at a young age did not consent at their first time of intercourse.

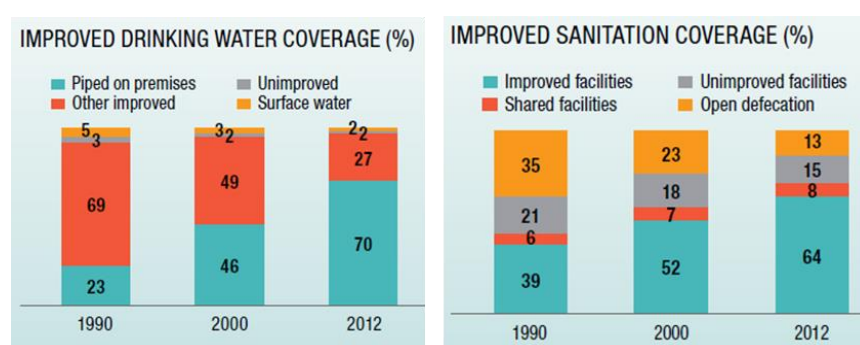
Spectrum Modelling suggests that Botswana would best benefit from testing and treating all HIV positive individuals coupled with maximum prevention efforts (see Figure 9 below).



• Figure 6: Outcomes by Strategy, Botswana HIV Investment Case Report

Living Standard Indicators		
<p>Safe drinking water and sanitation</p> <p>Access to safe drinking water was at 97% in 2012, while the proportion of households with improved sanitation increased from 39% in 1990 to 72% in 2012. The MDG targets of halving the proportion of people without access to safe drinking water and basic sanitation, and the national target of reducing the proportion of people without sustainable access to safe drinking water by 50% by 2016 have been met.</p>	<p>Access to electricity</p> <p>Has increased from 13% in 1994 to 53.2% in 2012, with urban areas having more access than the rural areas. The proportion of rural households with access to electricity in 2012 stood at 23.9%. (World Bank data)</p>	<p>Housing Acquisition</p> <p>The share of those who owned traditional Botswanan housing has declined from 64% to 13% between 1991 and 2011 implying that more and more people are owning modern houses. The Vision 2016 states that by 2016 all Botswana will be able to obtain access to good quality basic shelter, either in urban or in rural areas.</p>

Access to basic social services continues to improve with 97 percent having access to water from a protected source, and 72 percent having access to improved sanitation facilities.



• Figure 7: Safe Water and Sanitation Coverage

Access to electricity stood at 53.2 percent in 2012. The country extracts coal for its energy needs and imports 55 percent of the energy used. The estimated life of coal reserves remaining is 50 years.

Analysis of 2011 Census data shows that men and women have equal access to land for agriculture and for housing. The type of housing has been improving with traditional structures being replaced by more modern structures in both rural and urban areas. The proportion of *ntlo* or traditional housing, grew in rural areas from 1 percent in 1991 to 3.5 percent in 2011 while in urban areas, the number of village houses declined from 1.28 percent to 0.68 percent. Analysis by location shows that, among urban settlements, Jwaneng (9 percent) has the highest proportion of traditional housing. Ghanzi (6.9 percent), Southern (3.6 percent) and Kgalagadi (3.1 percent) have the highest proportion in rural areas. Analysis of ownership of housing by gender shows equal likelihood of ownership. In 2010, 42 percent of the population was defined as living in overcrowded housing (more than two persons per room) with an overcrowding rate of 70 percent among poor households.

Mobile penetration is high (159 percent) and 8 percent of the population has internet access.

Food and Nutrition Security indicators

The Global Food Security Index (GFSI) ranked Botswana 48 out of 109 countries in 2014 with a score of 60.7 out of 100. Botswana ranked third in Africa, after Tunisia and South Africa.

As a net importer of basic food stuff, Botswana has attained both household and national food security mainly through commercial imports. In addition, those without access because of affordability have been assisted through various social upliftment programmes, including ones that promote local production.

Botswana still needs to improve in terms of the quality of food in order to reduce the prevalence of undernourishment which stood at 25.7% in 2014.

Nutrition in the first 1000 days of life is a key determinant of the life trajectory of a child. Low birth weight (associated with inadequate nutrition during pregnancy) affects 13 percent of babies born in Botswana due in part to 29 percent of women of reproductive age being anemic. 31 percent of children under five years of age are stunted. Malnutrition levels vary across districts, with the highest number recorded in Ghanzi district where 37.7 percent of under-fives are stunted, 28.6 percent are underweight and 28.8 percent wasted (BFHS, 2007). Chronic malnutrition is highest (36.3 percent) for children living in families in the bottom 20 percent of income levels and is lowest (22 percent) among children in families in the top income quintile. Initiation of breastfeeding within one hour after birth stands at 40 percent, exclusive breastfeeding for the first six months declined from 34 percent in 2000 to 20 percent in 2007. In 2013, first and second doses of Vitamin A supplementation reached 97 percent and 83 percent of children aged 6-59 months. Among children under five years of age, 11 percent are overweight.

A ProPAN (Process for the Promotion of Child Feeding tool designed by the Pan American Health Organization, World Health Organization and UNICEF) study conducted in Ghanzi districts highlights a number of issues that are key to improving breastfeeding and complementary feeding for the 0-23 months.

Description	Percent
1. Breastfed within first hour	32.0
2. Not fed anything other than breast milk in the first 3 days of life	69.7
3. Fed colostrum	73.7
4. Breastfed on demand	79.8
5. Exclusively breastfed for 6 months	35.3
6. Breastfed at least 2 years	27.6
7. Initiated child feeding (CF) at 6 months	63.7
8. Consumed energy** recommendation	70.9
9 (Medium). Consumed the recommended nutrient density diet	7.3
9 (Low). Consumed the recommended nutrient density diet	2.7
10. Fed minimum meal times	60.9
11. Responsively fed	29.4
12. Fed as recommended during and after illness	1.7

The study found deficits and made recommendations concerning nutrition-specific and nutrition-sensitive interventions that could impact stunting in Ghanzi and other districts. The overview of findings and recommendations are presented in the Table below:

	Finding	Recommendation
	<p>High disparity in prevalence of malnutrition between Ghanzi Township and rural Ghanzi (settlements and ranches) i.e. (21% wasting; 45% underweight; 43% stunting).</p> <p>The level of wasting in rural Ghanzi is above the WHO threshold for 'critical' stage (15%) requiring urgent attention.</p>	<p>Develop a strategy for aggressive promotion of infant and young child feeding (IYCF) in rural Ghanzi.</p> <p>Improve access to sanitation, maternal and child health services, and interventions for prevention and treatment of alcohol and substance abuse in these communities.</p> <p>Concerted efforts to screen and identify children with acute malnutrition at the community and household level for treatment referrals.</p> <p>Direct feeding may also be relevant in these communities in the short to medium term to reverse the already very high levels of malnutrition.</p>
1	<p>Low dietary diversity (40.9%) and poor intake of micronutrients. i.e. 30.2% Iron, 34.5% Vitamin A, 39.3% Zinc, 45.5% Vitamin C. This would contribute to micronutrient deficiencies which exacerbate malnutrition and increase the risk of child mortality.</p>	<p>Adopt and promote household crop production including vegetables and fruits, using methods that conserve water.</p> <p>The social protection programs (food baskets and food vouchers) currently implemented should be reviewed and fine-tuned to be nutrition-sensitive. This can involve approaches such as targeting families with children aged <2 years who are most vulnerable to malnutrition (stunting) and review the food baskets to include highly nutritious foods that address the micronutrients deficiencies identified. E.g. including fruits, vegetables and meats in the food baskets in order to address Vitamin C, Iron Zinc, Vitamin A and protein. The Social and Community Development, Ministry of Health (DHMT), Rural Administration Council & Food Resources should discuss on the most feasible options in addressing the poor micronutrient intake.</p> <p>To complement the household food production and improve micronutrient intake in the short to medium term, there are two main options for Government to consider:</p> <p>Option 1: Introduction of Micronutrient Powders (MNPs) for children under the age of 2. The MNPs do not require additional cooking and can even be easily used by communities with low literacy. However, MNPs will not provide calories and protein and can therefore not be used to improve caloric and protein intake, which the current food supplement, Tsabana, provides.</p> <p>Option 2: An alternative way to improve micronutrient intake would be to improve Tsabana to align it to current WHO recommendations on fortification of supplementary foods. However, the only way for Tsabana to play a meaningful role in increasing micronutrient intake would be for utilization to increase significantly. This calls for aggressive promotion of Tsabana to caregivers to improve perceived value of the food supplement.</p>
2	<p>The results showed that only 15% of children had been screened for malnutrition in the last 3 months, even though 93.4% of the children had been to a health facility in the same period.</p>	<p>Strengthen implementation of community-based management of acute malnutrition (CMAM) screening at the clinics</p>
3	<p>The food prices in the settlements were much higher compared to the urban retail</p>	<p>Regulate food pricing with a special focus on the settlements where the food prices are prohibitively high in order to improve access to nutritious foods.</p>

	Finding	Recommendation
	outlets resulting in poor food accessibility for rural communities.	
4	Alcohol abuse has been highlighted by a majority (>80%) as a barrier to optimal IYCN in Ghanzi.	Enforcement of liquor regulations to curb alcohol abuse should be scaled up and adopt a participatory approach that involves partnership between the police, the District Commissioner's office and Community leaders in order to curb the abuse of alcohol in the area. There is also a need for the provision of rehabilitative services for those addicted to alcohol who wish to quit. Currently, no such services are available in the district.

The study concluded that:

- Interventions to prevent and address malnutrition are particularly weak, as indicated by low coverage of IYCF education and screening for acute malnutrition. There is a need to develop an intervention plan that focuses on strengthening both facility-based and community-level interventions that will improve child feeding knowledge and practices among caregivers, and better nutrition services at health facilities.
-
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- It is imperative that interventions planned for the district take into account the inequity in malnutrition levels between rural and urban Ghanzi, and respond effectively to ensure that no children are left behind.

While localised to Ghanzi, the study findings and recommendations do suggest shortcomings at various levels including some that may be systematic, particularly those related to service provider practices.

In responding to the health challenges, the GoB expressed an intention in the Mid-Term Review of the NDP10 to adopt a health systems strengthening approach focusing on:

- Optimal utilization of primary and district hospitals, and
- Introducing a strong Health Information Management System

Analysis of the health sector as well as living standards suggest that Botswana must focus more on improving efficiency and effectiveness through strategies that: expand the reach of services to marginalised groups; improve service outcomes for marginalised groups; and reduce the costs of providing services to clients (improving value for money).

Improving efficiency and effectiveness calls for active identification of redundancies, waste and other inefficiencies in the system, process improvements, and a reduction of harmful outcomes for clients. Successful resolution calls for quality improvement interventions, strengthening quality assurance, and ensuring that care is provided at the most appropriate level with a robust referral system.

Improving effective coverage and quality of care calls for proper investment in strengthening operations as well as conducting implementation research to

encourage learning and the rapid diffusion of knowledge on opportunities to improve effective coverage and quality of care.

To further equity outcomes without unduly burdening the economy, consideration should be given to subsidies offered through the health sector and complementary service sectors such as water, sanitation, nutrition and housing. Where appropriate, cost recovery should be used to offset part of the costs of service provision. A more integrated social protection system can play an important part in helping vulnerable members of society avoid illness and to recover from it should they fall ill. Given that illness plays a big part in households falling into poverty, measures to enable households to pool risk should be considered.

4.4 Education and Training

The following quote from the 2015 SCD highlight the current state of Botswana's educational system.: Despite huge public investment in education (on average close to 8.5 percent of GDP) and generally equitable access, outcomes are not only unequal, but also weak across the board. Moreover, changing demographics, linked to declining infant and child mortality, is putting pressure on the secondary education system. The secondary education system in particular is failing to equip young Botswana with the skills that are needed for them to contribute productively to firms and to society. This failure of the education system, combined with a labor market that has failed to create employment opportunities (particularly for women), increasingly restricts the long-term prospects for youth. Tertiary education remains a key route to quality employment, but enrolment growth has been slow and tertiary and vocational systems align poorly with labor market needs. Poor Botswana, especially in rural areas, still have few formal financial assets, which not only heightens vulnerability, but hinders their capacity to invest in sustainable livelihoods, for example in improving farm productivity or in household enterprises

Vision 2016 Review Quote

In education, Botswana lags behind comparator [UMICs] such as Argentina, Chile, Colombia and Mauritius in terms of youth and adult literacy rates, primary completion rates, education efficiency measured by the number of grade 1 students who reach the last grade of primary education, as well as in net enrolment ratios in primary and secondary school (although Botswana compares favourably with Sub-Saharan African middle income countries such as South Africa and Namibia).

This is particularly striking given that Botswana outspends its comparators by a wide margin in education: Botswana's public sector spends over 21 percent of its total budget, and nearly 10 percent of GDP, on the education sector, compared to 14 and 4.7 percent for the average [UMIC]. Spending on secondary education per student in Botswana is around 40 percent of per capita income, and 43 per cent of per capita income [is spent on] tertiary education, compared to 20 and 24 percent in [UMICs] respectively.

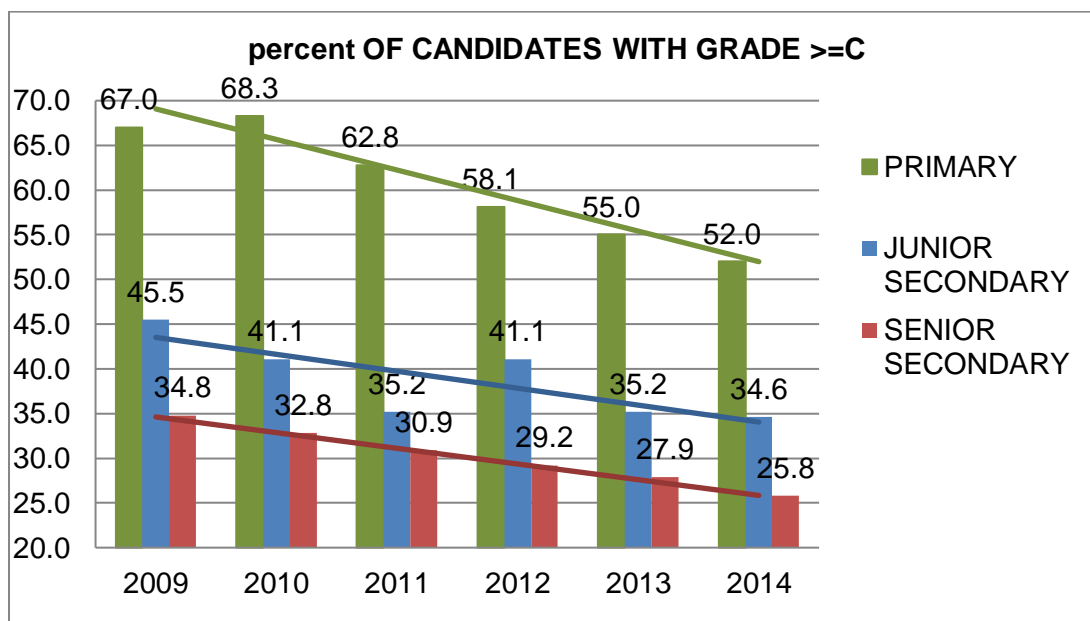
Education Indicators

Botswana aims to reach universal basic education in ten years and to increase net enrolment in primary school to 100% in 2016. One of the MDGs is to ensure that by 2015, all children everywhere will be able to complete primary schooling. Net enrolment has increased to 93.1% in 2012, while gross enrolment increased to 119.9 in the same year, indicating that the target has not been met so far. It is unlikely that the country will achieve the Vision goal of attaining 100percent enrolment in 2016.

Transition rates from primary to junior secondary school is above 90%. However, the transition rate from junior to secondary school has been below the target (70%) set in National Development Plan 9 (NDP9).

Adult literacy rates have improved drastically from 34% in 1991 to 83% in 2009 to 86% in 2013.

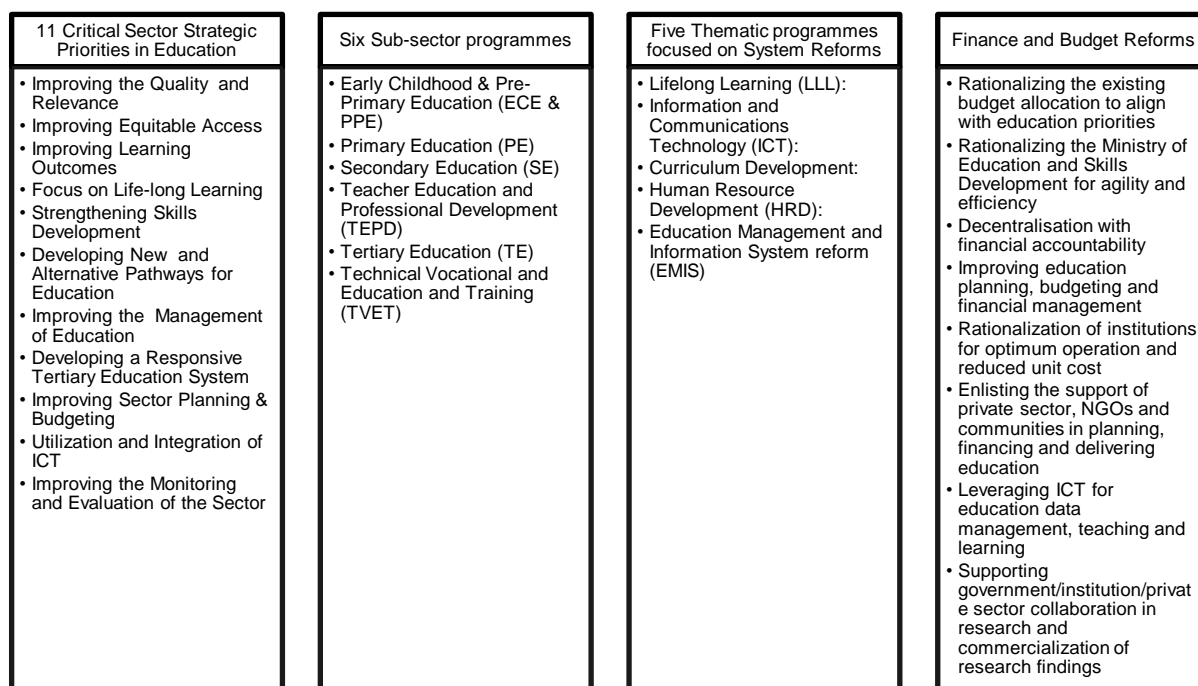
Botswana has an adult literacy rate (15+ years) of 86 percent for males and 87 percent for females. The youth literacy rate is 98 percent for females and 94 percent for males. The country has low pre-primary education access (18 percent) and high primary gross enrolment (106 percent) with parity between males and females. Transition rates to secondary education are high for both sexes (97 percent) and gross secondary enrolment is 82 percent. Nearly 45 percent of learners do not make the transition beyond junior secondary education and only 7 percent proceed to tertiary education. An estimated 50 000 primary school aged children are out of school. Pass rates have been declining at primary, junior secondary and senior secondary levels (Figure 10). Against a high level of youth unemployment (40 percent for those aged 15-19 years and 34 percent for 20-24 years olds), the relevance and quality of education have come under scrutiny.



• Figure 8: Trends in Education Pass Rates

The GoB has, through the Ministry of Education and Skills Development (MoESD) created a five-year Education and Training Strategic Sector Plan (ETSSP: 2015-2020) to improve sector wide planning leading to improved performance. The ETSSP, underpinned by extensive analysis of the education and training sector looks to transform education at a strategic level while addressing a number of key policy goals to improve access, quality, inclusion and equity, accountability and governance in the education system.

The ETSSP identifies eleven key strategic priorities linked to the policy goals supported by eleven programmes that together provide a comprehensive, integrated strategy for the sector



• Figure 9: Overview of Education and Training Strategy

The ETSSP recognizes that implementation will require transformation of the current educational management system. The scope of the implementation will include:

- organizational restructuring and leadership development;
- comprehensive human capacity building and development;
- redefined administrative systems and business processes;
- planning and policy formulation;
- strengthened project management mechanisms; and
- greater utilization of ICT and data management systems.

The role of the MoESD will be to:

- formulate policy as well as managing and analysing data to support education sector management and decision making;
- supporting the development of strategy; and
- providing high-level coordination, oversight and accountability of the ETSSP.

The key operational roles of coordinating sub-sector planning, funding and quality assurance and regulation are delegated to the parastatals leaving the MoESD structure to focus on policy formulation, sector planning, monitoring and evaluation and supporting decentralised operations.

The challenge facing the sector will be in ensuring that there is sufficient implementation capacity. Those involved will need to recognize the different types of political skill needed to manage the reform process such as: astute political analysis (assessing the intentions and potential actions of stakeholders); defining political strategies (an analysis of the effects of proposed interventions on the players and the resulting public perception); executing these strategies; and

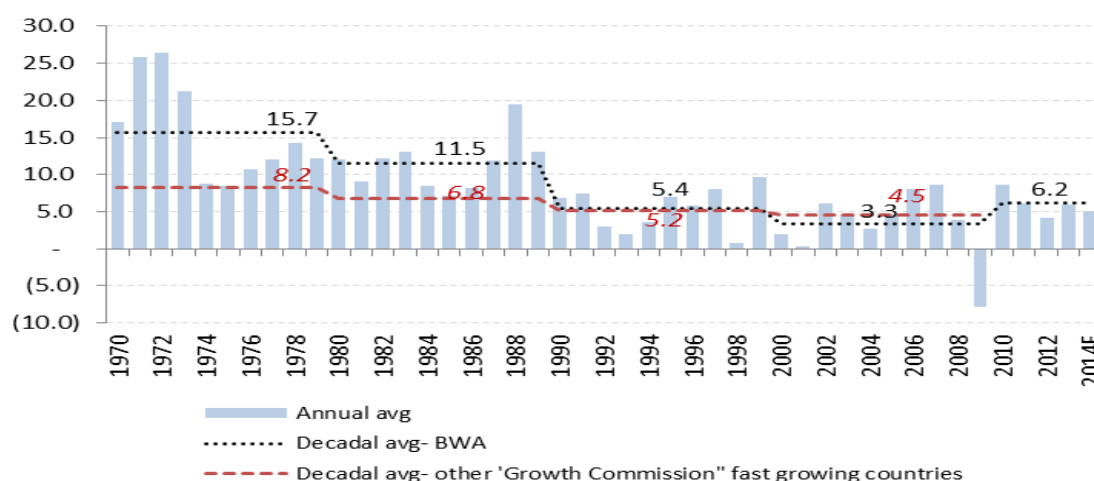
adapting to unexpected responses^{ix,x}. Emerging evidence indicates that where the parents participate actively in their children's education, educational outcomes improve^{xi}. Thus while altering provider behaviour is important, increasing "client power" can contribute significantly to ensuring that newly implemented reforms are sustained.

5 EXPORT-LED DIVERSIFIED GROWTH AND EMPLOYMENT

As reported in the 2015 SCD:

In the context of declining diamonds revenues and [Southern African Customs Union] SACU revenue vulnerabilities, fiscal prudence and rebuilding fiscal and external buffers will be critical for sustainability. This will require not only broadening the tax base, but also consolidating spending, particularly given the continued high fiscal burden from HIV/AIDS. Both will be a challenge. In terms of consolidation, reform and downsizing of the public sector will need to be part of the answer. Stepping up the pace of outsourcing and privatization will face many political hurdles, but it will be critical to achieve these aims and to support private sector development.

Botswana has enjoyed long periods of continued economic growth with only the 2008/09 global financial crisis and consequent slow down blighting her performance. Considering ten-year periods, Botswana's economy grew the fastest (15.7 percent) during the 1970-79 period (see Figure 13 below). Since then, average growth rates have declined as has the country's performance compared to other fast growing countries.



• Figure 10: Botswana Economic Growth Trends

Botswana remains reliant on a diamond and a public sector driven model making it vulnerable both to short term shocks and structural changes. Declines in diamond revenues will raise fiscal and external vulnerabilities. The Economy and Employment Thematic Working Group (TWG) identified six national strategic factors to drive growth: economic diversification; ease of doing business; infrastructure; information, communication and technology; competitive and productive human resources; and employment^{xii}.

The 2015 World Bank SCD has observed the following:

- Botswana has achieved substantial diversification over the past decade with the services sector and household consumption becoming the largest contributors to GDP.
- Sustainability of diversification and of growth is of concern for three reasons:
 - Maintaining the pace of consumption growth will become increasingly difficult in an environment of weak job creation, slow wage growth, and growing household debt;
 - Growth will continue to be constrained by fiscal tightening, low productivity, and poor returns on public investment; and
 - Failure to diversify exports will restrain growth, perhaps even triggering a GDP contraction.
- While total factor productivity has been a drag on growth over the past 15 years, evidence suggests non-mining (labor) productivity, particularly in the services sector, is increasingly contributing to growth.
- Diversification in the mining sector is not the solution to sustainable poverty reduction due to its limited job creation potential. Instead, what is required is the development of a more competitive, outward-oriented private sector, particularly in employment intensive services sectors (such as nature-based tourism or high value-added business services).
- With a small domestic economy, successful development of the private sector will depend crucially on export markets. This requires addressing the trade policy and trade facilitation barriers to regional trade and investment.

In 2011, Botswana had an unemployment rate of 17.8 percent. Women were disproportionately represented among the unemployed (21.4 percent compared to 14.4 percent among men) despite a lower working participation rate than men (71.6 percent versus 81.5 percent). When the number of working aged people that have given up hope and are no longer actively looking for employment is taken into account, the number of people in need of income earning opportunities increases to nearly 30 percent. Young people aged 15 to 29 are estimated to comprise 73 percent of those that are unemployed^{xiii}. Formal job creation has been slower than the growth in jobseekers. The mining sector creates few jobs. Although there is evidence of diversification away from mining this has yet to create enough employment opportunities to reduce unemployment. Despite the growth of other sectors, the close link between the economy's health and the mining sector was evident in 2008/09 when the global financial crisis caused demand for diamonds to decline resulting in GDP declining by 8 percent.

Government was the largest employer in Botswana, employing 192,598 employees or 51 percent. In the informal sector, agriculture is the single largest employer (47percent) with about 70 percent of rural households dependent in part on agriculture for their livelihoods. However, productivity and wages in the agriculture sector are low resulting in a substantial population of working poor. About 65 percent of poor households are headed by a working adult, 80 percent of whom are self-employed, – half of which in agriculture.

The high numbers of unemployed youth face many challenges. With the formal private sector estimated to create one job for every six new entrants, the prospects

of finding a job are low for many young people. The ILO Global Employment Trends for Youth 2013 Report notes that prolonged periods of unemployment result in young people being discouraged from seeking employment, losing skills, engaging in risky behavior, and taking jobs that are beneath their skill levels.

The ILO World Employment and Social Outlook 2015 notes that the world of work is changing in fundamental ways. Own-account (or self-employed) work and other forms of employment outside the scope of the traditional employer–employee arrangement are on the rise; the historical trend towards more wage and salaried employment is slowing down; and amount of unpaid family work remains stubbornly high. In this context, the report calls for greater innovation that is in keeping with the new reality. The SCD suggests that inclusiveness will require broad-based job creation, enhanced productivity, and changing the structure of growth – a fundamental shift in Botswana’s growth model, from one dependent on extractives and the public sector to one based on a diversified, competitive private sector.

Bringing about the changes that must take place in order for Botswana to provide greater employment opportunities will take 10-20 years. For this reason, the World Bank 2015 SCD recommends a mix of measures including:

- Improving connectivity: helping to close Botswana’s trade connectivity gap will help increase market access and lower costs which is critical to competitiveness. This will require a focus on:
 - i) improving national and regional trade;
 - ii) improving air connectivity to open up opportunities in key sectors; and
 - iii) improving the speed, quality, and cost effectiveness of ICT infrastructure (especially broadband).
- Focusing on increasing opportunities for self-employment by raising the productivity of smallholders and microenterprises. Increasing smallholder productivity should focus on establishing the right incentives for smallholders to adopt more appropriate technologies and methods to improve yields and mitigate risks and strengthen the extension system.
- Improving productivity and increasing agricultural incomes is the key to reducing vulnerability and developing a more vibrant rural economy. Outside of agriculture, interventions should promote a more dynamic sector, both in rural and urban areas, through capacity building and access to services.

6 MANAGING THE TRADE-OFF BETWEEN INCOME GENERATION AND ENVIRONMENTAL SUSTAINABILITY

Natural resources wealth has been and remains the foundation for growth and inclusion in Botswana. The NDP10 Midterm Review (MTR) which was released in June 2013, placed emphasis on the need for greater public awareness of important issues including: causes and impacts of habitat destruction and over-consumption of natural resources; encroachment into agricultural land use areas; management of water; and climate change. The key concerns for Botswana in this area are that:

- Despite rich endowments, tough trade-offs exist between income generation and environmental sustainability that must be recognized and managed.
- Water and food:
 - Water use of irrigated agriculture of 1439 hectares in 2010/11: 13141 m³/hectare; water use of livestock in 2010/11: 55.6 million m³.
 - Increasing irrigated agriculture by 10k hectare and livestock by 50 percent => increasing total water use by 158 m³ (more than double current national total).
 - The forest area will be reduced by 18 percent from 2010 to 2030.
 - Annual emission of SO₂, NO₂, PM and greenhouse gas emissions (GHG) will increase to 2.0 to 2.4 times of 2012 levels.
 - Coal mining and environment:
 - An approximate increase in areas mined of 12 time to 27 time from 2013 levels;
 - An increase in emissions from the coal mining sector from 0.30m Mts of CO₂e in 2010 to 27.2 in 2030.

Botswana earns a significant and growing share (12 percent) of its GDP from the tourism sector. Land use is divided into Protected Areas, Wildlife Management Areas, Pastoral Residential Areas, Farms and Mining Concessions. Protected and wildlife management areas cover over 45 percent of the country. Plant species are estimated at between 2,150 and 3,000, of which 15 are endemic and 43 are on the International Union for Conservation of Nature (IUCN) Red List of threatened species. There is a rich and diverse number of fauna with 150 identified species of mammals, of which three are endemic and 112 are red-listed; 570 species of birds with one near endemic species and 15 red-listed; 131 species of reptile with two red-listed; 34 species of amphibian and 99 species of freshwater fish. Major threats to Botswana's diverse flora and fauna arise from cattle grazing, fires, mining, increased water abstraction, disrupted migration routes caused by fencing, poaching, inadequately regulated tourist activities, and climate change.

As Botswana pursues its economic goals, the demand for water is increasing and water abstraction is having negative effects on some environments. Water use in Botswana increased from 150 million cubic metres per year in 1995 to 200 million cubic metres per year in 2010/11. Improvements in water efficiency have seen a reduction in per capita usage by 12 percent. While agriculture is the largest user of water, it yields the lowest return per unit of water used (based on contribution to GDP). Mining follows as the second worst performer. Recycled water is only 1 percent of water used and does not feature prominently among water sources.

The NDP10 MTR committed Botswana to safeguarding its national interests on shared water resources and encouraging water reuse, recycling and harvesting.

The World Bank's SCD Report highlights the urgent need to ensure that development decisions take into account water resources and their alternative uses, that further sources are pursued, that efficient technologies are invested in, and that water pricing adequately reflects scarcity and opportunity costs.

Data on water pollution is not readily available and a significant amount of data is needed, particularly in areas such as: the contributions of various sectors/industries to Organic Water Pollutant Emissions levels and trends; the effects of waste disposal sites and methods on ground water quality; and the choice of water disposal systems and associated risk on different soil/drainage types.

Air quality is not considered an issue in Botswana, which may be a reflection of the lack of availability of data. Use of fuel wood and kerosene pose air quality threats to households without access to clean energy. Mining, industrial activity, seasonal winds bearing dust, increasing traffic volumes, and coal-fired electricity generation contribute to high levels of particulates in the air posing health risks.

Scarcity of water and land has a direct impact on agricultural productivity for large numbers of farmers in areas such as western Botswana.

A diagnostic study commissioned for the Vision Beyond 2016 recommends that Botswana's National Vision Beyond 2016 should:

- include the maintenance of Botswana's environmental endowment as a goal;
- use the green economy conceptual framework to guide planning; and
- create a central ecological-economic planning and monitoring facility.

In addition, the study recommended that Botswana consider the following recommendations specific to the green economy conceptual framework:

- To achieve water, energy and food security:
 - Enhance water security through improved water efficiency, restoration and conservation efforts;
 - Enhance energy security by fully developing renewable energy potential at all levels; and
 - Enhance food security through closing the yield gap – the gap between actual and potential crop production – among smallholder farmers.
- To maintain the environmental endowment:
 - Conduct detailed national environmental policy planning assessments to inform specific development policies;
 - Establish wildlife corridors and restore natural capital; and
 - Continue planning and implementing climate change adaptation strategies, especially ecosystem-based adaptation.
- To improve institutions:
 - Financially incentivize the transition to a green economy;
 - Invest in implementing the climate change policy framework; and
 - Increase outreach and engagement of the public.

Due to the concentration of pockets of high poverty on the outskirts of wildlife areas, it is also important that Botswana continues to implement a Community Based Management of Natural Resources approach, a commitment made in the NDP10 MTR.

Against a backdrop of the need to use the country's natural endowment for the long-term economic prosperity of the country and the well-being of its people, the Sustainable Environment Diagnostic Study also calls for harvesting rates that do not exceed regeneration rates and waste generation that remains within the assimilative capacities of the natural environment.

The study also encourages Botswana, as one of the leading economies in the region, to provide a roadmap for sustainable development in Southern Africa by adopting a bold NDP that adequately balances the exploitation of natural capital with the preservation and restoration of ecosystems.

In operationalising the various recommendations, three key challenges arise:

- how to ensure comprehensive goals, indicators and processes so that trade-offs represent informed choice;
- how to direct the discussion so that ordinary citizens can understand the goal and his/her role in their achievement; and
- how to engage citizens (both individually and collectively) as active agents in sustainable development.

Strategies for improving citizen engagement and action will need to straddle two streams:

- Strategies intended to encourage citizens to take positive actions within their own spaces; and
- Strategies intended to build citizens' engagement in policy development, monitoring and accountability processes.

7 DEEPENING DEMOCRACY OUTCOMES AND STRENGTHENING GOVERNANCE INSTITUTIONS

According to the Botswana National Vision 2016 Review

Botswana remains a cohesive society, with a strong democratic and consultative tradition. However, some groups – most notably women, some ethnic groups, and possibly youth – face limitations on their voice and participation in society, and especially in the policy environment. Civil society remains overly-reliant on government, particularly in the context of declining donor funding. Together, these dynamics point to an environment where the poor and vulnerable are highly dependent not just on the benevolence of a centralized government, but also on its effectiveness.

7.1 Governance

The Vision Beyond 2016 process identified the following issues as key concerns in the area of democracy and governance:

- The need to deepen democratic outcomes for citizens;
- The need for increased effectiveness and efficiency of the public sector;
- Further reductions in the crime rate; and
- The need to scale up anti-corruption efforts.

Cheema and Maguire (2004) provide useful insights that are important when assessing democracy and good governance. Their analysis of democratic governance and its relationship to development outcomes has led them to conclude that:

- When governance is democratic—that is, infused with the principles of participation, rule of law, transparency and accountability—it goes a long way toward improving the quality of life and development of all citizens.
- Development is not sustainable without transparent and accountable institutions (electoral bodies, parliaments, human rights institutions and the judiciary), national and local capacity to formulate people centered policies, and legal and regulatory frameworks.
- Free, fair and regular elections are the basis of political legitimacy and lead to the incorporation of people's development needs in public policies.
- Transparent legal and regulatory frameworks are necessary conditions for promoting foreign investments and enable developing countries to benefit from globalization.

In 2013, Botswana was ranked third (after Mauritius and Seychelles) out of 52 African countries included in the Ibrahim Index of African Governance (IIAG). Based on 133 indicators derived from 32 independent sources, the IIAG measures performance in four pillars, namely: Safety and Rule of Law; Participation and Human Rights; Sustainable Economic Opportunity; and Human Development. Botswana on Safety and Rule of Law ranks first; falls to eighth position on Participation and Human Rights; comes fourth on Sustainable Economic Opportunity; and ranks fifth on Human Development behind both Mauritius and Seychelles.

The Table below identifies the specific areas in which Botswana does not score well. These are presented in. By far the worst rank for Botswana relates to international human rights conventions, followed by statistical capacity, agricultural research and extension, and undernourishment.

Pillar	Weakest component	Rank (out of 52)	Score (Max=100)	Main Negative Factor in Rank
Safety and Rule of Law	Personal Safety	3	68.7	Violent crime (14)
Participation and Human Rights	Participation	7	78.5	Free and Fair Executive Elections (12) Political Rights (10)
	Rights	8	68.5	International Human Rights Conventions (41) Human Rights (11)
Sustainable Economic Opportunity	Rural Sector	14	62.9	Land and Water for low income rural populations (13) Agricultural Research and Extension (33)
	Infrastructure	7	58.4	Electricity (19) Air Transport (24)
	Public Management	3	69.5	Statistical Capacity (36)
Human Development	Education	6	75.0	Tertiary Enrolment (26) System Quality (11) despite ranking 1 st on provision
	Health	9	86.9	MMR (10) Malaria/TB (19) Undernourishment (30)

The NDP10 MTR noted that despite concerted efforts by Government, service delivery by the public service had not yet reached satisfactory levels, and in 2011, Botswana rated unfavourably on work ethics. The MTR also recognised the shortcomings in law reform caused by a scarcity of resources. A decrease in the representation of women in political decision from 11 percent in the 1999-2004 Parliament, to 8 percent was also noted.

The Diagnostic Study commissioned for the review of the Democracy and Governance sector made observations and recommendations designed to deepen democracy, governance and State effectiveness in policy implementation. These recommendations included:

- A number of Vision 2016 pillars directly address the fulfilment of the constitutional rights of Botswana, as well as other socio economic, cultural, human and political rights enshrined in international conventions and protocols. It is important to note however, that the Constitution of Botswana does not incorporate social, economic, cultural development and environmental rights, and there is no legal framework to support the enforcement of rights that are contained in the Vision 2016 goals.
- Although Botswana has made progress in ratifying some international conventions and domesticated a number of international instruments such as the Convention on the Rights of the Child (Children's Act 2009), it has not ratified some key conventions including the International Covenant on Economic, Social and Cultural Rights, the International Convention of the Protection of the Rights of All Migrant Workers and Members of their Families, the Southern African Development Community (SADC) Gender Protocol and the UN Convention on nationality, Statelessness, and the Rights of Aliens among others (Annex 1 – Status of Ratification of International Instruments by Botswana). Consequently, there are inadequate laws, policies and strategies in place for the domestication of

international and regional instruments and for the promotion and protection of rights of some vulnerable groups including women, the disabled, refugees, migrants, and sexual minorities.

- In cases where the government has ratified international instruments, governance and accountability mechanisms for compliance and delivery of appropriate interventions and reporting mechanisms are either weak or non-existent. Botswana has not reported on the Convention on the Elimination of Discrimination Against Women (CEDAW) since 2008, and on the Convention of the Rights of the Child (CRC) since 2007. There are also overdue reports on two Optional Protocols to the CRC dating back to 2006 and 2005 respectively. The lack of reporting and compliance to international instruments impacts negatively on the capacity to develop appropriate sector intervention strategies, and affects Botswana's performance in areas such as technological development, skills and innovation, and human rights indices such as gender equality, disability, the death penalty and Gay, Lesbian, Transsexual and Bisexual groups (GLTB).

The recommendations of the Diagnostic Study are presented in the Tables below.

Objective	Challenges	Proposed Recommendations
Effect of executive governance on the accountability, efficiency, effectiveness and transparency of public servants.	<ol style="list-style-type: none"> 1. Implementation gap between service delivery and quality of service demanded. 2. Implementation gap between decision making arms of governance and operational agencies. 3. Identification of the focus point for the remedial action unclear 4. Parastatals operate as silos with little collaboration on overarching developmental goals. 	<ol style="list-style-type: none"> 1. More frequent assessment of the needs of service and utilization of technology. 2. Exploit the confidence that seems to reside in the transparency process especially as leverage for combating corruption. 3. Create an oversight body for parastatals for better coordination, communication and accountability
Readiness of governance for improving national and international competitiveness	<ol style="list-style-type: none"> 1. Prevalence of corruption and economic crime 2. Constraints affecting the effectiveness of the institutions charged with curbing corruption 3. Investors need assurance of the integrity of legal system. 4. Insufficient accessible information and entrepreneurial support. 	<ol style="list-style-type: none"> 1. Institute clear policies as defined in the 1994 Corruption and economic Crime Act and provide widespread training on recognition of corruption. 2. Adopt anonymous whistle blower technology. 3. Speedier resolution of claims and reduction of bureaucratic delays through the use of e-technology and 4.
Role of higher education as catalyst for governance impact on competitiveness	<ol style="list-style-type: none"> 1. Emphasis on research and innovation not a priority 2. Relevant technologies for diversification of economy not developed, 	<ol style="list-style-type: none"> 1. Apply incentives and reward systems for faculty research and innovation, 2. Create environment for public and private sector partnerships

Key in discussions of accountability is the examination of institutions to include the decentralisation of governance where State functions are executed by autonomous bodies accountable to the centre.,

Decentralisation is a national priority in Botswana (Karlsson, et al (1993). Botswana is divided into districts (sub-districts) and villages. These decentralised structures are coordinated at the central government level by the Ministry of Local Government. The Figure below presents an overview of the decentralised structures.

Botswana does not have a decentralisation policy and the extent to which decentralised structures influence central level planning remains unclear. Tshukudu (2014) suggests that there are numerous challenges around decentralisation that limit the effectiveness of decentralised structures. These challenges include: inadequate division of roles; inadequately skilled personnel; lack of data and utilization capacities; and weak processes of citizens' engagement. While the *kgotla* system – large public meetings to discuss important matters and citizens' concerns, -- is said to be used for citizen's engagement, questions have been raised on their contribution with suggestions that made bureaucrats use the structure and process for tokenistic engagement. The extent to which local government achieves the dual aims of facilitating information flows between citizens and the State and undertaking local responsive actions is an important issue.

Structures within Botswana's Decentralised Governance Framework

<p>District Administration: Led by a District Commissioner appointed by the President, its function is to coordinate both local and central government activities in the area.</p>	<p>District Council (Town and City Councils): Composed of democratically elected officials and led by a Council Secretary, it exists to perform certain statutory functions in the areas of primary education, primary health care, construction and maintenance of rural roads, village water supply, sanitation services, social and community development, and housing among other areas.</p>	<p>Land Boards: Composed of mixed membership of 12 people (five elected through the <i>kgotla</i> and five appointed by the Minister in charge of Land matters, with two ex-officio members representing the Ministry of Agriculture, and the Ministry of Commerce and Industry), its function is to control the allocation and use of land hitherto exercised by the Chiefs.</p>	<p>Tribal Administration: Led by the Chiefs, its functions are to administer justice through the traditional or customary courts, maintain the customs and traditions of their people, settle local disputes, perform ceremonial activities, and serve as spokesmen on customary matters.</p>	<p><i>Kgotla</i>: The <i>kgotla</i> serves as the village public forum which exercises important functions such as the election of members of the Land Boards.</p>	<p>The Village Development Committee (VDC): 'the primary institution to promote and coordinate development at the village level. The committee is a development sub-committee of the <i>kgotla</i>' (Karlsson, et al, 1993). The VDCs are forums for (a) initiating, planning, and implementing small village development projects; (b) grassroots level consultation concerning development; and (c) raising funds for the general development and benefit of the people (Karlsson, et al, 1993).</p>
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The growth in Information and Communications Technologies (ICT) has created new potential for citizen engagement. Each platform for citizen engagement has characteristic methods and tools such as:

Consultation Form	Examples of tools/methods
Information Provision	news leaflets; meetings; radio/television broadcasts
Consultation	consultation documents; cooption to committees; question and answer session; service satisfaction surveys; complaints/suggestions schemes
Active Participation	interactive websites; citizens' panels; focus groups; referenda

Social Accountability	citizen report cards; scorecards; community monitoring; participatory planning tools; social audits; participatory budgeting; public expenditure tracking; gender budgeting; citizen juries and other forms of public hearings; reporting to international treaty-monitoring bodies
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An analysis of citizen engagement in Botswana identified the following as currently used forms of engagement:^{xiv}

- A government newspaper (Daily News) is distributed free of charge to citizens as part of their rights to be informed;
- Public meetings: these are held either at the *kgotla* or at other places to explain public policies and their stage of implementation;
- Question and answer sessions: This may be held at *kgotla* or other places at which ministers, members of Parliament and top public servants interact with the public;
- Committees and other tools of the consultative process being made available to the public;
-
- Mechanisms for long term deliberation of strategic issues such as the Visioning Exercise that produced Vision 2016.

There are several possible barriers to inclusion that should be addressed to ensure the participation and perspectives of the most vulnerable (see Table below).

Categories of Exclusion	Barriers to Participation
Cross cutting barriers: can be applied to all of the following categories	Sense of worth: People living in poverty or with disabilities, women, sexual minorities, and people from ethnic minorities may have been stigmatized, belittled and marginalized, for some, much of their lives.
Economic: Poverty is by far, the most pervasive and cross-cutting issue that excludes people from society.	Timing of an event may make participation almost out of the question.
	Social and cultural access: People from different classes inhabit different spaces in society and those with lower socioeconomic status are less likely to have experienced civic participation.
	Economic access: High cost of an event or having to leave work (and thus take an economic hit) to participate can be barriers to inclusion.
Ethnic minorities and newly arrived persons: many of the barriers mentioned in the economic category also apply to these groups as they are generally more at risk of living in poverty.	Citizenship: By virtue of the phrase “citizen engagement” members of communities who are not yet full citizens are excluded.
	Language: The language in use may not be well known to prospective participants
	Social and cultural barriers: People of different cultural backgrounds inhabit their own unique space in communities.
Age discrimination	Legitimacy: Youth are stigmatized as being naïve and the elderly as being out of touch with contemporary times. Thus both of these groups are often excluded from discussions and decision-making.

Ability: The needs of people living with disabilities are often overlooked, which consequently excludes them.	Physical access: accommodation of wheelchairs and other access needs.
	Transportation: Getting to and from events poses unique challenges to people living with disabilities.
	Communication: Depending on the person's disability, they may need assistance communicating with a group of people.
Gender: While 50 percent of the population is female, women are still underrepresented in positions of power, and policies do not necessarily reflect their needs. Regarding lesbians, gays, trans/bi-sexuals, and others, their rights and freedoms may not be recognised or be under negotiation	Parenting: Women still carry a disproportionate responsibility for childcare and parent care, placing a greater burden on their time.
	Legitimacy: People who do not fit the dominant model of "male" or "female" are stigmatized and generally face problems of legitimacy in the face of authority.

7.2 Gender Equality and Women's Empowerment

Key Indicators

Indicator	Botswana	Average for UMICs
Proportion of seats held by women in national parliaments (%)	10 percent (2015)	??
Share of women employed in the non-agricultural sector (% of total non-agricultural employment)	41 percent (2010)	??
Ratio of female to male labor force participation (in %)	88 percent in 1990	84.2 percent
Primary school completion rate	99.2 percent	102.9 percent
Maternal Mortality Ratio (MMR)	170	57
Number of weeks of maternity leave	12 (2009)	??
Fertility rate, total (births per woman)	2.6 (2013)	??
Adolescent fertility rate (births per 1,000 women ages 15-19)	33.6	??
Gender Inequality Index (GII) value	0.486 (100 of 149 countries) (2013)	??
Human Development Index (HDI) value	0.683	??
Gender policy adopted	1996	??
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) ratification	1996	??

Botswana's Constitution guarantees equality before the law and prohibits discrimination based on sex or gender. The country has displayed a commitment to reducing gender inequalities and improving the status of women through the enactment of laws and amending some of those that are discriminatory on the basis of sex. Botswana's response has included passing the Domestic Violence Act in 2008. The SADC Gender Barometer of 2015 notes that the majority of women and men remain unaware of laws that provide, access to the justice system for women and girls due to poor legal education, lack of a national legal aid service and poor knowledge about their rights.

An initiative to make legal aid services available was piloted in 2011 in Gaborone and Francistown and is expected to improve access to justice for girls and women. The use of both common and customary laws in the country is a challenge for women as the customary law continues to perpetuate discriminatory practices in the area of marriage under customary law.

The representation of women in cabinet, Parliament and local government (8 percent, 10 percent and 18 percent respectively) remains low despite women making up 56 percent of registered voters. Botswana has achieved gender parity at primary, secondary and tertiary levels with more women than men studying at the tertiary level. The UN MDGs Report 2010 states that women constituted 52 percent of students at the University of Botswana, 68 percent at teacher training colleges, 58 percent at colleges of education, 38 percent at vocational training centres, and about 28 percent at the Botswana College of Agriculture. However, men still dominate the science and technical professions such as mining, architecture, engineering, ICT and medicine. Botswana is part of a network called Women Engineers and Girl Scientists in Africa (WEGSA) that is addressing gender inequalities in science-based education and careers.

Botswana has made significant strides in women's rights, women's empowerment and the advancement of gender equality. Women make up 41 percent of those in paid employment and there are 85 women for every 100 males in decision-making positions within the public sector. Women account for more than one fifth (21.3 percent) of decision-making positions in the private sector. Women also account for 74 percent of the jobs in hotels and restaurants and 71 percent of domestic work in private households (MDGs 2010). Women also own and operate about 70 percent of informal sector businesses. More females even own arable land than males, 57.6 percent and 41.6 percent respectively. Despite these positive trends, the proportion of female-headed households living in poverty is higher than that of male headed households, on average 33 percent and 27 percent respectively.

Despite Botswana's commitment to addressing gender inequality, few ministries have mainstreamed gender and youth in their policies. The Ministry of Agriculture stands out for having reviewed the 1991 Agricultural Policy which was created to promote diversification of the sector, mainstream the needs of women and youth, increase productivity levels through the commercialization of agriculture, improve support to farmers, and develop infrastructure. Gender budgeting, the process of analysing the impact of policies and budgets on women and girls as compared to men and boys, is not used, including in the national development plans and annual ministry budgeting processes. In 2000, the NGO Coalition piloted a gender-responsive budget analysis project in the Ministries of Labour and Home Affairs and Local Government. In 2010, the Botswana Council of Non-Governmental Organisations (BOCONGO) Gender Sector commissioned a consultancy to develop a gender budget strategy. Despite this, stakeholders have not developed a gender-specific implementation plan.

Gender-based violence (GBV) is a serious problem in Botswana. The Gender Based Violence Indicators Study (2012) found that 67 percent of women in Botswana had experienced some form of gender violence in their lifetime including partner and non-partner violence. Nearly one third of women (29 percent) experienced Intimate Partner Violence (IPV) in the 12 months prior to the study. Only 1.2 percent of women in Botswana reported cases of GBV to the police. The proportion of men admitting to having perpetrated violence on women was 44 percent. Almost equal proportions of women (11 percent) and men (10.7 percent) reported experiencing and perpetrating rape respectively in their lifetime. Almost a quarter (23 percent) of all the women interviewed said that they had experienced sexual harassment at school, work, in public transport or at the healers. Women who have higher education or are employed were 1.4 times more likely to experience GBV. Statistics from the Botswana Police Service reflect that the reported cases of GBV have been

escalating at an alarming rate over the years, with a total of 412 rape cases reported in 1984 compared to 2073 in 2012.

Botswana's response has included passing the Domestic Violence Act in 2008, but the country does not, as yet, have a specific law that deals with sexual offences and has not yet criminalized marital rape.

HIV/AIDS continues to be a major challenge for women and girls with women making up 55 percent of those living with HIV in Botswana and bearing the greatest burden of care. HIV prevalence for females (estimated at 19.4 percent) is higher than that of their male counterparts (estimated at 14.2 percent). A major trend that has emerged is the growth in non-communicable diseases, particularly cardiovascular diseases and cancers, among the leading causes of mortality among women.

An area that remains underexplored is how climate change is affecting women and its anticipated long term effects and mitigation strategies in Botswana. Other areas in need of strengthened responses include:

- Adopting gender-responsive budgeting as part of costing, budgeting and resource allocation in all line ministries;
- Support to women in the informal sector;
- Strengthening economic programmes to help women venture into non-traditional and economically viable businesses;
- Improving cross-border trade conditions to promote fairer and more transparent trade within the region; and
- Improving women's confidence in and use of legal protection mechanisms

The response to gender equality and women's empowerment issues in Botswana still faces challenges of completeness and coordination. A strategic approach based on a sound theory that recognizes and addresses various gender-specific challenges is required. Such an approach would make the roles and relationships between various actors clearer and facilitate effective gender mainstreaming including a gender budgeting mechanism. Strategic areas of intervention for an integrated gender initiative would include:

- Formal institution focused interventions such as sex disaggregated data; State capacity on gender mainstreaming; and analysis on implementation of gender responsive interventions;
- Focused support on women and women's rights activists; and,
- A transforming community attitudes initiative based on learning and scaling effective interventions to build community support for women's empowerment and zero tolerance for GBV.

7.3 Policy Implementation and Programming Effectiveness

A quote from the 2015 SCD notes that:

Above all, improving outcomes in Botswana will require a significant reform and modernization of the public sector, which is increasingly seen as a source of weakness rather than strength. Poor outcomes in public investment have been most visible, but the problems appear to run across the board. Reforms will require improvements in planning, procurement, and management processes. They will also require far greater attention to monitoring and evaluation. But more than anything, they will require a new approach to government – a mindset that focuses on efficiency and accountability. This, in turn, will require improvements in capacity (human capital), as well as an adoption of modern technologies and techniques.

Although Botswana has policies in place to further the country's development agenda, the threat of slow and/or incomplete implementation is still a key concern. Lack of or inadequate implementation can arise from a number of challenges.

A review of Vision 2016 implementation identified both potential strengths and weaknesses to implementing the Vision's chief goals.

Strengths	Weaknesses
Vision 2016 is highly relevant to Botswana's social, economic, cultural and political development. The Vision has provided an overarching programme of action, and a framework for development interventions and resource mobilisation by a range of stakeholders including government, citizens, professional bodies, the private sector and development partners.	Effective implementation of Vision 2016 is constrained by the lack of a constitutional and legal framework for implementation, weakness of leadership and governance and inadequate policies and implementation plans. The Constitution of Botswana (1965) does not include the protection of social, economic, cultural, development and environmental rights. As a result, citizen rights embodied in Vision 2016 are not underpinned by legal frameworks for the protection and promotion of rights or redress in the event of non-compliance.
At district levels, Vision 2016 includes a number of socio-economic and cultural rights under the Universal Declaration of Rights and other international instruments that Botswana has acceded to.	Implementation of Vision 2016 is too centralised and there is limited scope for the articulation of local priorities in strategic policy making.
Generally, civil society organisations (CSOs) and the private sector have aligned their policies with Vision 2016 targets. Botswana's main development partners have also aligned their strategic plans with Vision 2016	Vision 2016 targets have not been reviewed to take account of changing socio-economic conditions. Consequently, there is a disjuncture between some Vision 2016 targets, and the socio-economic, cultural and political realities in Botswana.
Vision 2016 has been effective as a guiding framework for successive NDPs in Botswana since 1996.	
Non-State actors have contributed to monitoring Vision 2016 targets, through studies and assessments by development partners including the UN (MDG report) and data collection (Statistics Botswana) by academic institutions, programme reviews (development partners) and think-tanks including the University of Botswana (UB), the Botswana Institute for Development Policy Analysis (BIDPA), private sector i.e. the Botswana Confederation of Commerce,	In general, policy development is fragmented and scattered across several institutions including Thematic Working Groups (TWGs), sector ministries, local government administrations, the Office of the President (OP) and the National Strategy Office, (NSO). An Integrated Results Based Management programme (IRBM) approach was proposed as part of NDP 10 for strategic planning, coordination and implementation of government policies and strategies. This framework is not currently functional across government and sector

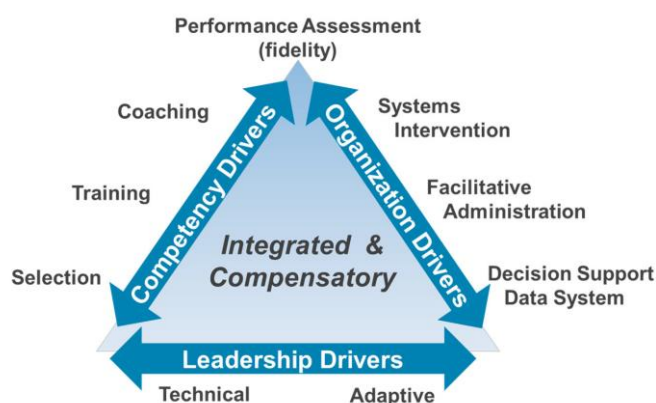
Industry and Manpower (BOCCIM) and civil society organizations such as BOCONGO.	ministries are yet to receive relevant training and institutional support. The NSO is currently developing an IRBM training plan for sector ministries and TWGs. TWGs were established in 2008 to address policy fragmentation across government. Progress has been slow due to capacity constraints and delays in developing operational modalities for monitoring and evaluation (M&E). There is no representation from districts and no mechanism for direct inputs from districts into national policy discussions.
Implementation of Vision 2016 has yielded valuable lessons for future development planning in Botswana. Sustainability of the benefits gained from implementation will be determined by the extent to which government and other stakeholders translate the lessons learned into concrete action to inform future policy making and development planning.	There is a lack of implementation plans and strategies in some key sectors including education, agriculture and gender. Strategies and implementation plans exist for health, mining, water and energy sectors and are aligned to Vision 2016 targets. Policy implementation poses particular challenges across all government sectors. Key challenges identified include weaknesses in institutional processes, and poor policy coordination, coherence and alignment with Vision 2016. These weaknesses are exacerbated by the lack of effective macro level mechanisms for collecting, monitoring, evaluating and disseminating evidence based data for policy making.

Area	Recommendation
	The Vision Council should on the basis of the lessons learned and recommendations made in this report, determine these next steps in the evaluation process:
Institutional	a) Consider an impact evaluation of key sectors of Vision 2016/NDP 10 to inform future development plans.
	b) Enhance publicity of Vision 2016 and its targets.
	c) Initiate an effective process to address policy gaps in key sectors, and review all existing policies for alignment and coherence with Vision 2016 goals.
	d) Underpin Vision 2016 pillars with a rights based approach.
	e) Capacitate all key stakeholders including civil society, private sector, professional organizations and local authorities in the delivery of Vision 2016 targets.
	f) Improve coordination mechanisms at central and local levels and across sectors and stakeholder institutions to support the delivery of Vision 2016. Existing mechanisms such as TWGs should be decentralised to the district level to facilitate wider national participation.
	g) Strengthen M&E systems at the Vision Secretariat and at central and local government levels. Any M&E framework should pay particular attention to statistical and other evidence based data collection methods and should incorporate strategies for capturing the contribution of non-State actors and development partners to Vision 2016 targets.
	h) Review the mandate, governance, membership and functions of the Vision Council as well as the functions and staffing structure of the Vision Secretariat as part of broader institutional reforms for the delivery of Vision 2016/NDP 10 targets.
	i) Introduce performance agreements and outcome monitoring for Vision Council and Secretariat and institutionalise a performance based culture across Vision 2016 institutions.
	j) Encourage greater synergy between the Vision 2016 Council and Secretariat and other government institutions such as the NSO and sector ministries and civil society and private sector organizations.

Political	k) Develop broad and inclusive national consultations on next steps post 2016.
	l) The Vision Council and Secretariat should remain autonomous and independent agencies funded by the state but governed by legal statute.
	m) Strengthen the capacity of the Vision Council and Secretariat to deliver a mandate for effective governance and performance monitoring.
	n) Develop a new Vision for Botswana post-2016 building on lessons learned from the implementation of Vision 2016. New Vision should be underpinned by statutory law as envisaged in the founding document for Vision 2016.
	o) Develop cross-party political support for a new Vision and maintain political support at the highest levels to maintain momentum.
Social and Economic	p) Vision targets should be realistic, attainable and within available resources.
	q) Review Vision targets against the outcomes of the MTR for NDP 10.
	r) Resource allocation to programmes should be based on sound assessments and evidence based data.
	s) Social safety net programme targets should be based on evidence based data to address vulnerability and poverty reduction

A major impediment to programme implementation is ineffective technical implementation capacity^{xv}: Technical implementation affects the quality of results achieved by proven interventions. Variations may arise owing to differences in context, lack of fidelity in implementation, or weaknesses in any one of the three categories of drivers.

Competency Drivers – mechanisms to develop, improve and sustain one’s ability to implement an intervention as intended;



• Figure154: Drivers of technical implementation

Organization Drivers – processes that create and sustain hospitable organizational and system environments for effective services

Leadership Drivers – individuals or processes that provide the right leadership strategies for the types of leadership challenges.

Looking forward, Botswana will need to revisit and address design and management issues for complex interventions drawing on the growing literature, and expertise on collective impact initiatives and implementation. The operationalization of an IRBM that includes Programme Based Budgeting (PBB) will be a major enabler for the

achievement of Vision 2016 objectives as well as objectives in other challenges.

8 OPPORTUNITIES FOR DEVELOPMENT PARTNERSHIPS TO ENHANCE NATIONAL OUTCOMES

This section presents issues to consider when creating partnerships to support Botswana's development aspirations. The section is presented in three parts covering: a synthesis analysis of the challenges facing Botswana; solutions to the challenges; and some ways of addressing gaps and/or strengthening already planned actions. The possible areas of cooperation are not intended to be an exclusive list, rather, it is intended to reflect the issues and opportunities that arise from the CA and to offer a starting point for reflection on what shared objectives between partners could focus on.

8.1 Synthesis of Key Issues

The CA shows that Botswana has the right policies and investments in place to address the human rights and wellbeing of its people. Substantial improvements have been made in the living conditions of the country's population, but challenges still remain. Six such challenges are discussed below.

Challenge 1: Reaching excluded populations (the extreme poor, women, youth, remote area populations, people with disabilities, sexual minorities, and others)

There are sections of the population that, for various reasons, do not share in the country's improvements and continue to live lives that lag behind the rest of the country's. In many instances, exclusion does not arise out of neglect but from limitations in the strategies being used to reach the population. In many instances Botswana is close to universal coverage of services meaning that the excluded represent the sections of society for whom 'standard' interventions targeting the general population are inadequate.

Exclusion may be explained by a single factor or multiple factors such as geography, ethnicity, gender, poverty, age and disability. Where there are multiple factors driving exclusion, addressing one factor in the absence of approaches that are sensitive to the other factors is unlikely to yield sustained improvements. This is aptly illustrated in initiatives to reduce poverty that succeed in the short-run but in the end have 20-60 percent of their beneficiaries falling back into poverty. The call here is for better understanding of the excluded/marginalized and developing programming that is sensitive to all of the drivers of their exclusion and a deliberate focus on equity in both opportunities and outcomes.

Challenge 2: Improving equality of services

While service coverage is high, in some instances, the outcomes of this interaction do not deliver the desired outcomes. This is reflected in differences in outcomes by location for particular services, most notably health care where despite high utilization of health services across the country, some parts experience neonatal mortality rates that are nearly five times those of the best performing parts. These differences point to bottlenecks in the delivery of the service and/or limitations in the extent to which users can achieve the desired and expected results. Similar observations can be made across all basic services. It is, for example, inconceivable that all public schools in Botswana experience similarly low pass rates. There is much to be gained through better understanding of schools that achieve high pass rates and what it is that sets them apart from those with low pass rates. Such analysis helps to pinpoint specific interventions that could make reduce the

discrepancies between different locations working within the same resource constraints.

Challenge 3: Increasing investment in behavioural services

While Botswana has done well in addressing those issues for which standard solutions are known and accepted, success in behavioural issues, those that relate to attitudes and practices, has been elusive and requires additional investment. Issues in this category include GBV, child labour, child sexual abuse, and other issues in which success requires a change in social attitudes in addition to laws, regulations and implementing institutions. Taking GBV as an example, enacting laws is proving to be just one pillar required for an effective response. Public knowledge about legal provisions, rights and redress are other pillars. However, these pillars alone are not enough to encourage more victims to utilize the legal system for protection. Accepting attitudes towards GBV mean that the victims may find limited support and encouragement from family and the community to utilize legal systems or find the social consequences of using these systems unbearable. Another related category is HIV prevention where knowledge does not necessarily translate into behavioural change. Social realities and context lead to behaviour that is inconsistent with knowledge. These barriers around social norms and similar issues require different strategies in different contexts.

Challenge 4: Sustaining services coverage, quality and utilisation during budgetary constraints

While Botswana has achieved remarkable successes across a number of areas, the success has been underpinned by high levels of investment that may prove difficult to sustain in the future given anticipated revenue trends and the desire to reduce the size of government relative to the country's GDP. Having in most sectors, reached what can be considered a stable State, Botswana has the opportunity to re-examine models of service and identify opportunities for efficiency gains that could reduce costs and free resources. Across sectors, discovering such areas of efficiency would provide actors in each sector with opportunities to question the costs and models at their own operational level, flexibility to experiment with adjustments and platforms to exchange lessons and experiences.

Challenge 5: Improving citizens' engagement and ownership of the sustainable development process

It is the duty of citizens to be actively engaged in the search and selection of solutions that further the collective wellbeing of society. As the choices Botswana makes today have implications for the future of its citizens, it is imperative that all citizens get to participate, understand, identify with and co-own, the decisions and choices that further the collective good. The country needs to strengthen spaces for participation beyond elections and consultations to include citizens' voices in the execution of State responsibilities at national and decentralised levels and by sector ministries. Transforming services to be citizen-centric will not only assist the State with improving accountability for outcomes at the level of delivery, but also improve citizen ownership of outcomes.

Challenge 6: Moving beyond planning to effective implementation

Across nearly all areas considered in the country analysis, implementation arises as a major challenge. Botswana needs to develop an effective implementation model

that can become the standard operating procedure for complex challenges. The search for an effective implementation model is more than merely copying implementation models that are effective in other countries. While lessons can be drawn from other settings, the implementation model has to be responsive to the local context – taking into account both constraints and opportunities unique to Botswana. A key feature of the model would be how it manages the implementation process to ensure timely decisions, frequent assessment of delivery, and utilizes accountability systems that are effective.

8.2 Enablers for Intervention

Tackling these challenges calls for the GoB and partners to focus on a number of ‘enablers’ that can be leveraged across intervention areas. These enablers would include the following:

1. Better and more frequent data: In many areas of work, the data used for planning purposes is old, collected at long intervals, and not sufficient to meet programming needs. Multiple levels of data are needed including population level status data, service input-output data, service utilization data, and services outcome data. With the expansion in tools and analytical possibilities, there is little justification if any, for programming and reporting that is based on outdated data or data that fails to identify specific sub-groups to be addressed. With improvements in data, tools such as bottlenecks analyses can be used to assist actors at various levels to better identify and resolve barriers to achieving better outcomes while atlases/maps built on social issues can help to improve targeting of programmes.
2. Citizens engagement and social accountability: Ensuring that citizens are effectively engaged in identifying and addressing issues that affect their lives (in keeping with the letter and spirit of international norms and standards) is not just a governance issue but also a means of strengthening social cohesion and co-defining and co-shaping a future for the country. It is a building block towards responsible citizenship and improving service delivery.
3. Local capacities for delivery: The interaction of the State (through local government or service institutions) and its citizens presents an area for creativity and innovation in operationalising otherwise generic policies, guidelines and programme approaches. Thus, ensuring that there is capacity to meet expected delivery standards at the local level is a key step in the journey to improved implementation. Closely related to local capacity for delivery is clarity of the implementation process including roles, accountabilities, procedures and decision-making authority (including well-defined parameters for flexibility and adaptation). Combining local capacity with data and citizen engagement can drive adaptation, innovation and accountability necessary for effective responses.
4. Capacities to work across departments/sectors: Improving the capacity and adaptability of sectors to work towards the delivery of common objectives is key. In some instances, a sector, e.g. health may be the coordinator. In others, the same sector becomes a player under the coordination of others (e.g. health in social protection).

5. Partnerships with the private sector and civil society: Creating spaces for civil society and the private sector to partner and address economic and social development challenges calls for proven working models.
6. Quality improvement and quality assurance: Making quality improvement a core concern is central to not just improving service outcomes but also containing service costs.
7. Monitoring and evaluation (M&E): Strengthening delivery and results calls for regular questioning of the effectiveness and value of interventions. Limited investment in M&E often means that initiatives are implemented in particular ways because 'that is the way it is or has always been done'. The absence of M&E does not only deny practitioners information that could lead to different programme choices or refinements, but it also removes formal platforms for engaging in debate on the merits of interventions, thus denying stakeholders the opportunity to influence practice.
8. Learning through research and documentation: Inadequate investment in research and documentation is a major deterrent to effective implementation. Quite often while the standard operation procedures may be the most appropriate, their interpretation and application may be less than ideas. Turning relevant research into knowledge that is available for use across systems must occur if costs are to be reduced and service outcomes improved. Beyond operational and implementation research, there is also a need for research that allows for systems renewal.
9. Linking outcomes and budgets: Linking budgets and outcomes enables an assessment of the resources available to achieve defined outcomes. It also enables the tracking of expenditures to be related back to results. The shift from budgeting for inputs to budgeting for results is a key component of results-based management. It can be operationalised through a shift to programme based budgeting or through variants that enable achievement of the same objectives.

ANNEX 1: VISION BEYOND 2016 PRIORITIES AND INDICATORS

Priority Area	Indicators	Outcome Statements	Situation Overview/ Concerns
u	Poverty Datum Line (PDL)	By 2041, Botswana will have eradicated extreme poverty, so that no part of the country will have people living below the international poverty line of \$1.25/day (purchase power parity), the Food Poverty Line and the Poverty Datum Line	<p>Despite remarkable achievement, the poverty and inequality level remain too high. 19.3 percent live are below the PDL and 16 percent below the Food Poverty Line: Vision 2016 goal of eradicating extreme poverty unlikely to be met.</p> <p>Gini coefficient of consumption inequality is 60.5 percent, making Botswana one of the most unequal in the world.</p> <p>Rural areas, female-headed households, and households headed by those with no formal training are hit hardest by poverty.</p> <p>Around 20 percent of Botswana children under the age of 14 live in extreme poverty, higher than any other age group.</p> <p>Childhood malnutrition far in excess of global peers.</p>
	Multidimensional poverty index (MPI)	By 2041, extreme poverty will have been eradicated not only in terms of income, but also in terms of non-income dimensions including access of the poor to health, education, electricity, sanitation, water, shelter, cooking fuel, as well as assets ownership	
	Rate of increase of the income of the bottom 40 percent at a rate higher than the national average	By 2041, Botswana will have become one of the most equal nations in the world with substantially reduced level of inequality of income and consumption.	
	Citizen's well-being index	Every citizen of Botswana will live a dignified life characterized by fulfilment in their political, cultural, personal and spiritual wellbeing. Botswana will be tolerant all citizens regardless of gender, age, religion or creed, color, ethnic origin, language or political opinion.	
Healthy and educated citizens, highly productive workforce that excels in entrepreneurship, learning and innovation.	Life expectancy at birth (LEB)	By 2041, Botswana will have achieved a fundamental turnaround in terms of health outcomes, with substantial impact on quality of citizens' life and population growth.	<p>Despite high spending, quality and outcomes are below potential. Botswana is 109th out of 185 countries in UN HDI statistics regarding life expectancy, education and income 70 places below its per capita GDP rank of 54.</p> <p>Gross enrollment for senior secondary (tertiary) education is only about 62 percent.</p>
	HIV incidence rate	By 2041, the spread of the HIV virus that causes AIDS will have been stopped, so that there will be no new infections.	
	Botswana's result in the Trends in International	By 2041, Botswana will have become a nation of excellence in quality of education of mathematics and science.	

	Mathematics and Science Study (TIMSS)		<p>In international tests of mathematics and science, Botswana's 9th grade achieved 20 percent less than the international average of 8th grade, and 18 percent less than, e.g., Kazakhstan's 8th grade.</p> <p>Vision 2016's goal of "no new infection" of HIV unlikely to be met. BAIS IV (2013) unadjusted HIV incidence rate: 2.41 percent. Botswana's LEB was 65.3 in 1991, dropped to 55.6 in 2001 and recovered to 68 in 2011, compared with 79 in high income countries.</p>
	Share of skilled workers in the workforce	By 2041, Botswana will have succeeded in developing a highly skilled workforce capable of sustaining the competitiveness of Botswana's export clusters.	
Robust export-led, job-creating growth based on competitiveness driven by a vibrant private sector in close collaboration with R&D community.	Annual average rate of growth of real GDP	By 2041, we will have achieved excellence in economic growth, leading to a per capita income in par with high income countries.	<p>Declining Trend of GDP Growth Calls for Alternative Growth Sources</p> <p>Some economic diversification but no export diversification</p> <p>New jobs concentrated in non-tradable sectors and agriculture</p>
	Annual average rate of growth of non-diamond real GDP	By 2041, Botswana will have succeeded in economic diversification with the establishment of non-diamond clusters as pillars of our national economy in the global market, underpinned by a private sector that will become the main driver of future economic growth and job creation	
	Non-diamond export as a percentage of GDP	By 2041, Botswana will be established as a competitive player in the international market for products and services of our priority clusters to ensure export-led economic growth and job creation.	
	Unemployment rate	By 2041, export-led economic growth will have created a sufficient number of productive jobs to bring down unemployment and offer opportunities to all citizens who are able to work.	
Optimized balance between income generation and	Annual grain import as a share of annual grain consumption	By 2041, we will have maintained food security through an appropriate level of grain import as a share of consumption	

maintenance of natural endowments, including food, water, energy security, and environmental sustainability.	Annual water abstraction as a share of physical stocks of surface water and groundwater	By 2041, Botswana will be a country where all services and communities have access to sufficient water of adequate quality, and economic production and growth is not curtailed by water shortages.	Despite rich endowments, tough trade-offs exist between income generation and environmental sustainability that must be recognized and managed.
	Annual energy imports as a share of annual energy consumption	By 2041, Botswana will have achieved energy security. In addition, the potential of energy exports on the country will have been fully realized in an environmentally sustainable manner.	
	Emission of green-house gas	By 2041, Botswana will have secured a level of green-house gas emission that is in line with international obligations as well as sustainability of development.	
	Biodiversity (tbd with inputs from MEWT)	By 2041, Botswana will have become a country where ecosystems and genetic diversity is valued, protected, and used sustainably and equitably.	
Nation of excellence in governing with major success in enhancing effectiveness and efficiency of the public sector	Ranking of Botswana in the Worldwide Governance Indicators	By 2041, the Botswana will have maintained and advanced excellence in governing.	Democratic outcomes must be further deepened for citizens. Effectiveness and efficiency of the public sector must be further strengthened: Decrease of the implementation bottleneck; Increase in the efficiency of public investment; Anti-corruption efforts must be scaled up.
	Incidence of offences against morality and against person per 10,000 populations.	By 2041, Botswana will have substantially reduced serious and violent crimes to make Botswana one of the safest places to live in the world.	

**ANNEX 2: RATIFICATION OF INTERNATIONAL HUMAN RIGHTS TREATIES-
BOTSWANA**

InternationalL Bill Of Human Rights	Signature	Ratification	Accession
International Covenant on Economic, Social and Cultural Rights	Not signed		
International Covenant on Civil and Political Rights	08 Sep 2000	8 Sep 2000	
Optional Protocol to the International Covenant on Civil and Political Rights	Not signed		
Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of death Penalty	Not signed		
International Convention on the Elimination of All forms of Racial Discrimination			20 Feb 1974
Convention on the Elimination of All Forms of Discrimination against Women			13 Aug 1996
Optional Protocol to the Convention on the Elimination of discrimination Against Women	Not signed		
United Nations Convention against Transnational Organized Crime	10 Apr 2002	29 Aug 2002	
Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime	10 Apr 2002	29 Aug 2002	
Preamble, supplementing the United Nations Convention against Transnational Organized Crime.			
Protocol against the Smuggling of Migrants by Land, Sea and Air, supplementing the United Nations Convention against Transnational Organized Crime	10 Apr 2002	29 Aug 2002	
Slavery Convention	Not signed		
Protocol amending the Slavery Convention	Not signed		
Supplementary Convention on the Abolition of Slavery, the slave trade and institutions and practices similar to slavery	Not signed		
Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others	Not signed		
European Convention for the Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment	Not signed		
Protocol No. 1 to the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment	Not signed		
Geneva Convention for the Amelioration of the Condition of the Wounded, Sick and Shipwrecked Members of the Armed Forces at the Sea		29 Mar 1968	29 Mar 1968
Geneva Convention relative to the treatment of Prisoners of war		29 Mar 1968	29 Mar 1968
Geneva Convention relative to the Protection of Civilian Persons in Time of War		29 Mar 1968	29 Mar 1968
Additional Protocol to the Geneva Convention of 12 August 1949 and relating to the protection of victims on the Non-international Armed Conflicts (Protocol I)		23 May 1979	23 May 1979
Additional protocol to the Geneva Convention of 12 August 1949 and relating to the Protection of Victims on the Non-international Armed Conflicts (Protocol II)		23 May 1979	23 May 1979
International Convention against taking of hostages			8 Sep 2000
International Convrntion for the Suppression of Terrorist Bombings			8 Sep 2000
International Convention for the Suppression of the Financing of Terrorism	8 Sep 2000	8 Sep 2000	
International Convention for the Suppresion of the Unlawful Seizure of Aircraft			20 Dec 1978

International Convention on the Prevention and Punishment of Crimes against International Protected Persons including Diplomatic Agents			25 Oct 2000
Convention on the Privileges and Immunities of the United Nations	Not signed		
Convention on the Safety of United Nations and Associated Personnel			1 Mar 2000
African [Banjul] Charter on Human and People's Rights		17 Jul 1986	17 Jul 1986
Convention Governing the Specific Aspects of Refugee Problems in Africa	10 Sep 1969	4 May 1995	
Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa *	Not signed		
Protocol to the African Charter on Human and People's rights on the Establishment of the African court on Human and People's Rights*	9 June 1998		
African Charter on the Rights and the Welfare of the Child*	10 Jul 2001	10 Jul 2001	10 Jul 2001

***No ratification information available**

REFERENCES

- ⁱ Statistics Botswana/UNFPA (2015): Botswana Population Projections (2011-2026)
- ⁱⁱ Statistics Botswana cited in UNICEF Annual Report 2012
- ⁱⁱⁱ Botswana Family Health Survey, 2007
- ^{iv} Ibid
- ^v Independent Expert Advisory Group on a Data Revolution for Sustainable Development. 2014. A World that Counts: Mobilising the Data Revolution for Sustainable Development <http://www.undatarevolution.org/wp-content/uploads/2014/11/A-World-That-Counts.pdf>
- ^{vi} BOB Annual Report 2014
- ^{vii} Marumo D.S., Tselaesele N.M., Batlang U., Nthoiwa G and Jansen, R. (2014), Poverty and Social Impact Analysis of the Integrated Support Programme for Arable Agriculture Development in Botswana, UNDP-UNEP-GoB Poverty-Environment Initiative (PEI) Working Paper No. 2, Gaborone, Botswana
- ^{viii} BOB Annual Report 2012
- ^{ix} Reich, M. 2002. The politics of reforming health policies. IUHPE – Promotion & Education Vol. IX/4.
- ^x Fox, A. M. and Reich, M. R. (2013). Political Economy of Reform. In Scaling Up Affordable Health Insurance, edited by Preker, A.S. et al, Washington, DC: World Bank, 2013.
- ^{xi} Aziz M., D. E. Bloom, S. Humair, E. Jimenez, L. Rosenberg and Z. Sathar (2014). Education System Reform in Pakistan: Why, When, and How? IZA Policy Paper No. 76. January 2014
- ^{xii} NDP10 MTR
- ^{xiii} <http://www.oecd.org/countries/botswana/49712253.pdf> p16
- Cheema, S. G. and Maguire, L. "Democracy, Governance and Development: A Conceptual Framework". (New York United Nations Development Programme. (2004).
- ^{xiv} Isaac N. Obasi, Mogopodi H. Lekorwe **Citizen Engagement in Public Policy Making Process in Africa: The Case of Botswana Public Policy and Administration Research** www.iiste.org ISSN 2224-5731(Paper) ISSN 2225-0972(Online) Vol.3, No.4, 2014
- ^{xv} Dean L. Fixsen, Karen A. Blase, Sandra F. Naoom and Michelle A. Duda