



**WHY ARE THE SUSTAINABLE
DEVELOPMENT GOALS RELEVANT
FOR BOTSWANA?**

Botswana's Children and the SDGs at a glance



26% of children in Botswana live in Poverty



44% of children are missing key factors for their well-being



In 2007 31.2 % of kids were stunted



Adolescents and young adults are at high risk of being infected with HIV



Girls and boys drop out of school and miss opportunities



Girls are more likely to be exploited, catch HIV, or drop out of school



96% have access to clean water, but only 63% to safe sanitation



Poor access to affordable energy affects the health and the education of children



There are few opportunities for adolescents



Climate change affects children's Nutrition



Violence against children is still common

WHY ARE THE SUSTAINABLE DEVELOPMENT GOALS RELEVANT FOR BOTSWANA?

The Sustainable Development Goals (SDGs) are the new compact for international development for the coming fifteen years. They are based on consensus, and aim to be universal. At the same time, they have enough depth to allow setting individual targets for each country context. There are a total of 17 goals and 169 targets, substantially more than for the Millennium Development Goals (MDGs) which were demarcated by only 8 goals and 21 targets.

The SDGs, in addition to having more detail, also reflect the experience of implementing the MDG framework. Examples are the introduction of the concepts of multi-dimensional child poverty, resilience, and a clearer conceptualisation of how to address the consequences of climate change.

Country ownership is an important difference to the MDGs. The SDGs are intended to be fully owned

by each country. Botswana is exemplary in this regard. It is one of only seven African states in the Inter-Agency and Expert Group on Sustainable Development Goal Indicators (IAEG-SDG), and therefore instrumental in defining the scope of the SDGs in detail.

This allows it to influence a global agenda that will significantly affect the approach to its further development, and demonstrates interest

and political will to drive such development. The government of Botswana is positively invested in development that benefits all people, and stands out in the region for the high levels of expenditure in the social sector. It is ready to work towards achieving the SDGs.

Botswana is classified as an upper middle income country, but inequality remains a major concern as shown by a Gini coefficient of 0.61.

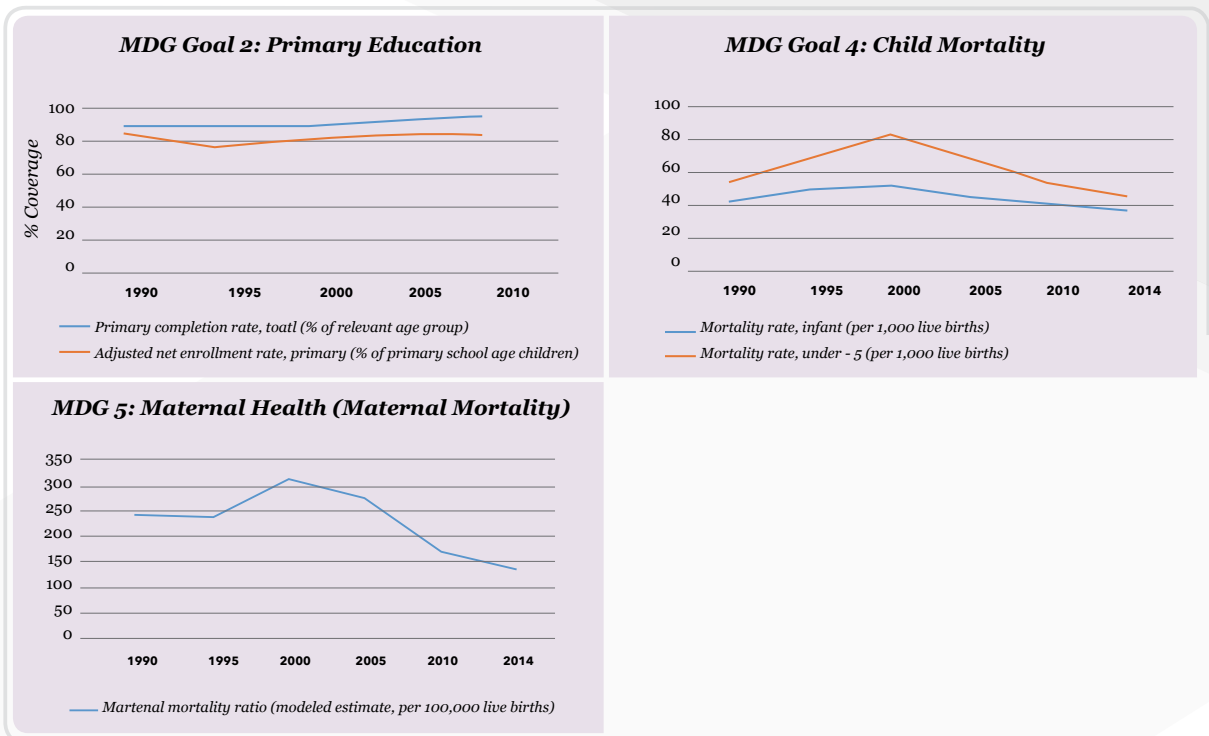
Inequalities are manifested in Botswana by significant variations in achievement of development results between urban and rural areas, and especially in remote and hard to reach areas in the

Western and Northern parts of the country. In these areas, progress in education and nutrition, as well as access to basic service such as water and sanitation, constantly fall below national averages. Despite these problems, Botswana at the end of 2015 had made significant progress against the MDGs.

The performance against key MDG indicators confirm that Botswana has made good progress against key indicators. Maternal and child mortality, after a peak at the height of the

HIV/AIDS epidemic in the country in the late 1990s, have steadily reduced. Although maternal mortality remains relatively high, the trend is encouraging. Botswana had for a long time achieved high enrolment rates in primary education, but continues to need better retention and completion rates. The almost universal coverage with safe water sources is remarkable, while sanitation coverage lags behind and continues to be a barrier to better public health and nutrition.

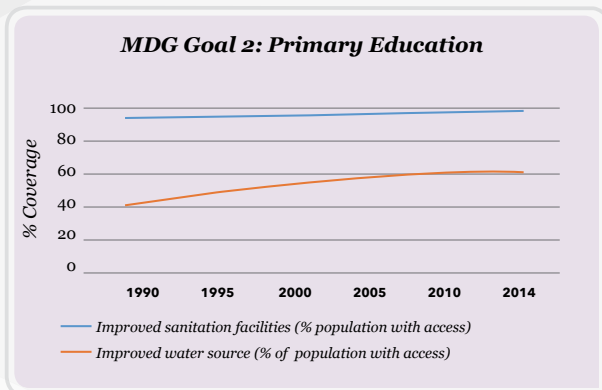
Figure 1: Provides a snapshot of progress on key MDGs over the past 15 years





The SDGs are highly relevant for Botswana. It has demonstrated that it can achieve progress against global targets, and it has the political will and the engagement to make achieve the SDGs for its citizens work equally well for the country.

Source: World Development Indicators (last updated 12th November 2015)



“What the Sustainable Development Goals mean for Botswanas children”



“ [T]he SDGs reflect the fact that an investment in children is an investment in their ability to sustain development tomorrow and build our common future ”

*Anthony Lake,
UNICEF Executive Director*

WHICH SDGs ARE PARTICULARLY IMPORTANT FOR BOTSWANA'S CHILDREN?

For Botswana, the SDGs present an opportunity to position its development efforts within a global framework that it and other nations designed. The SDGs align with national development frameworks, expressed in the Botswana Vision 2036 and the 11th National Development Plan.

This means that achieving the goals and targets outlined in the SDGs are fully integrated into national efforts toward developing Botswana citizens and the country as a whole.

At the level of the 17 goals, with the exception of Goal 14 on the marine

environment, all are relevant for Botswana.

When looking at which goals are particularly critical for Botswana's children, a narrower focus can be applied. UNICEF globally has identified 11 Goals as priorities for children. All of these are applicable to Botswana.



Baselines on the situation of children against each goal and target are available in a separate file, Botswana SDG for Children Database.xlsx
 Goal 10 on Equality is not separately discussed, rather equality principles are cutting across all work towards achieving the SDGs for children

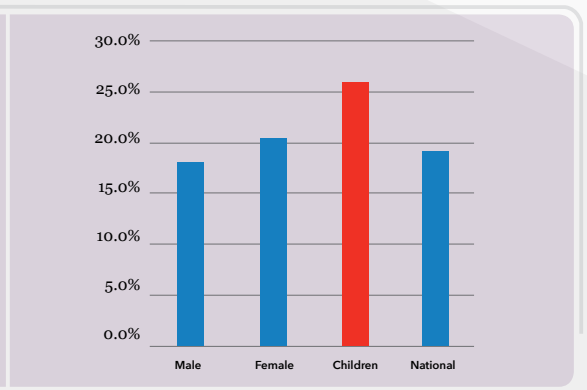
Goal 1. End poverty in all its forms everywhere.

Goal 1 is a key priority for Botswana, as seen by the country's ambitious goal to eradicate poverty. Poverty prevails particularly in rural areas (Figure 2), and a greater percentage of children are affected than adults (Figure 3). Continued poverty contributes to Botswana's low score on the Human Development Index.

Figure 2: Levels of monetary poverty in Botswana (BCWIS 2009/10)



Figure 3: Distribution of monetary poverty in Botswana (BCWIS 2009/10)



When looking beyond monetary poverty, it becomes clear that children suffer many more deprivations than just a family income below the national poverty line. In fact, being poor in monetary terms does not necessarily overlap with being deprived in a

number of key areas such as access to health care, access to education, decent housing, good nutrition, etc. Figure 4 shows that more children suffer deprivations in these areas than are poor in terms of limited family income. Furthermore, Figure 5 shows

that children in families with the lowest income can have fewer deprivations than families that are not seen as economically poor. This multi-dimensional poverty is clustered in a few geographical areas of the country.

Figure 4: More children are multiple deprived than are monetary poor

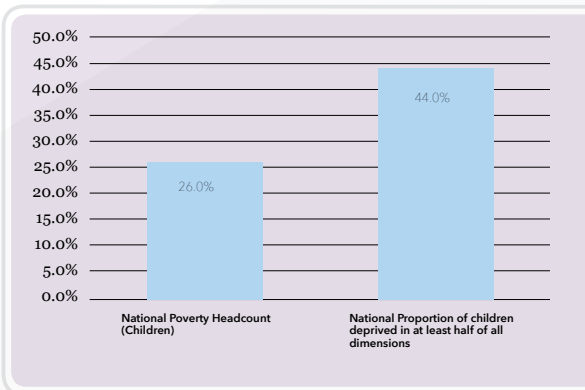
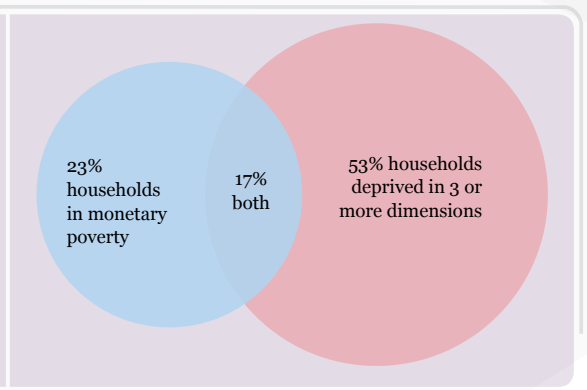


Figure 5: There is little overlap between monetary poverty and multiple deprivations



The reduction of multi-dimensional poverty, especially in the most deprived areas, is a high priority for Botswana, making Goal 1 one of the most prominent among

the SDGs. This is evident in poverty reduction as a well-established government priority. A significant proportion of its revenues (4.4% of the GDP in 2012/13) is invested in social

protection programmes. Table 2 provides an overview of the social protection programmes most relevant for children.

Table 2 – Expenditure on relevant social protection by programme (2012/13)

Programme Title	Programme Type	Expenditure 2012/13 (Million Pula)	% of GDP	Number of Beneficiaries
Orphan Care	Cash	301	0.25	40,030
Vulnerable Group Feeding Programme	In-kind	166	0.14	383,392
Primary School Feeding Programme	In-kind	275	0.22	268,761
Ipelegeng (public works)	Public Works	409	0.33	55,000
Poverty Eradication Initiative (APP)	Other Transfers	106	0.09	3,586
Youth Development Fund	Labour market programme	97	0.08	1,088
Youth Empowerment Scheme	Labour market programme	24	0.02	n.a.
	Total	1,378	1.13	n.a.

While around 50% of the population benefit from social protection, these programmes are unnecessarily fragmented. While little evidence is generated on their effectiveness, the available data indicate that the actual impact of these programmes is less than expected, considering the substantial expenditure. To increase efficiency and effectiveness, recommendations include a more comprehensive child / family grant programme that targets the neediest children and families.

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture

Goal 13. Take urgent action to combat climate change and its impacts.

As a semi-arid country in southern Africa, Botswana is increasingly affected by the effects of climate change. For a country that has limited agriculture production, and even in productive years is highly dependent on imported food, SDGs 2 and 13 are very relevant. For children, Goal 2 is particularly crucial. Stunting levels across the country remain high (31.2 % of children under 5 were stunted in 2007), and poor eating and feeding practices are perpetuating a general problem of malnutrition . The children growing up in the most

destitute districts are most affected by under-nutrition and stunting. Stunting reduces cognitive ability and decreases the chances of these children to achieve fully productive lives and to contribute to economic growth.

Goal 3. Ensure healthy lives and promote well-being for all at all ages

Goal 5. Achieve gender equality and empower all women and girls

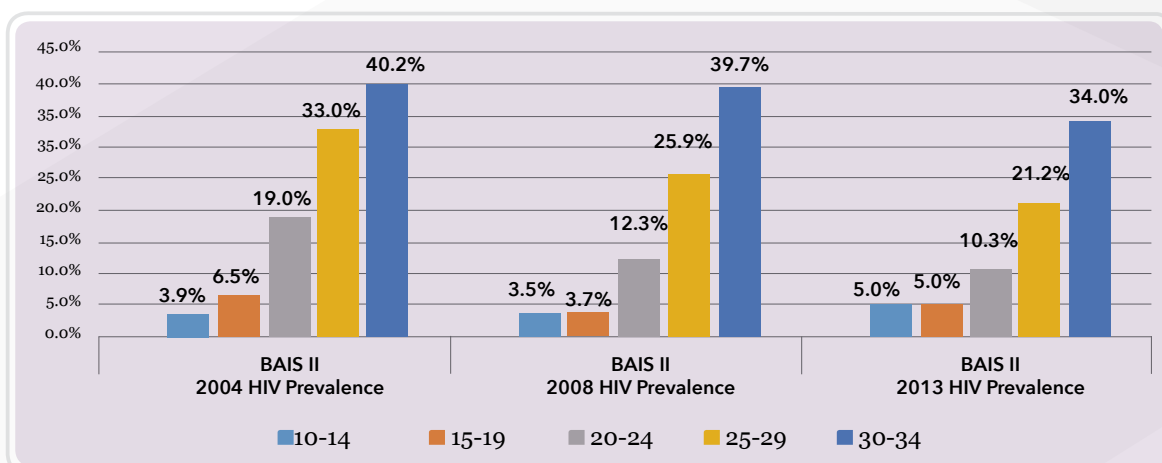
Goal 3 is very important for Botswana. The government has invested in facilities and health workers, providing access to health services virtually everywhere in the country. However, maternal and infant mortality, despite such good health service coverage, remain high for an upper middle income country. Evidence shows that poor quality ante-natal care combined with

insufficient health-seeking behaviour are significant challenges to improving maternal and child health.

The overall prevalence of HIV/AIDS has stabilised over recent years. However, the fact that HIV/AIDS infections go up when adolescents mature into adulthood (Figure 6), points to a significant prevention gap that urgently needs to be closed to end the epidemic in Botswana by 2030. Drivers of the epidemic include decreasing levels of condom use (from 78.4% in 2008 to 65.2% in 2013); low levels of comprehensive knowledge of HIV (24% and 22% for girls/ boys 10-14 years, respectively) ; high rates of multiple partner relationships among males (48.7%); and inter-generational and transactional sex. Girls are disproportionately affected by HIV and harmful social norms and beliefs have not been adequately addressed.

Figure 6: Prevalence rate by age cohort over time

Source: BAIS II, III, and IV



High impact interventions have fallen well below target among adolescents with 64% in the 15-19 age group reporting that they accessed testing and counselling and only 22% accessed voluntary male medical circumcision. Risk factors for girls are teen pregnancy, early marriage, and exposure to sexual violence. HIV/AIDS is therefore very much a crisis of adolescents and young adults, making Goal 3, in its sub-dimension on ending AIDS by 2030, priority for Botswana.

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Goal 5. Achieve gender equality and empower all women and girls

Goal 8. Promote sustained, inclusive

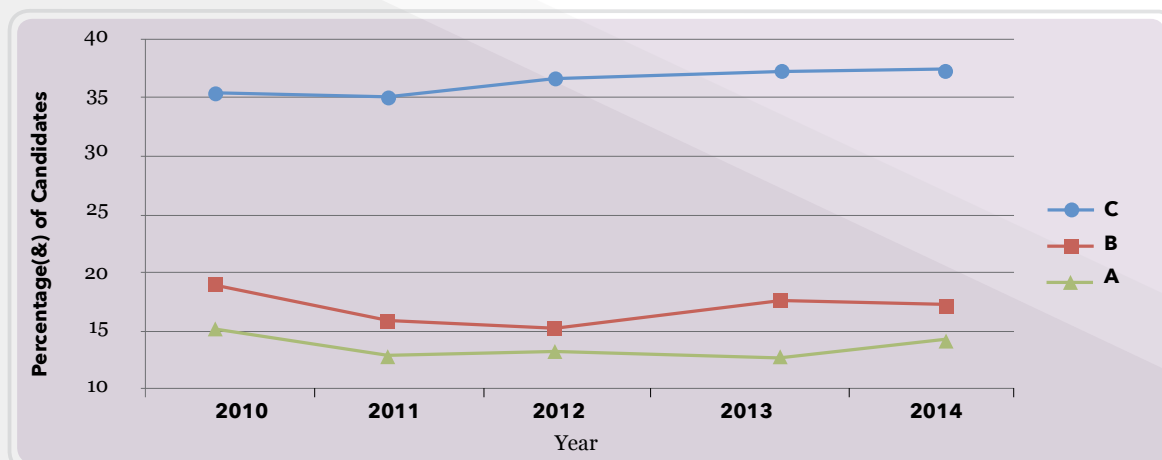
and sustainable economic growth, full and productive employment and decent work for all

Goals 4, 5, and 8 for Botswana are inextricably linked. Primary enrolment rates and gender parity in primary schools are relatively high. The government has decided to invest more in early childhood education, aiming to strengthen school completion rates in subsequent primary years.

Dropout rates are high, and completion rates are lower than in other upper MICs. Passing rates for secondary school remain low (figure 7). This contributes to a significant crisis for adolescents in Botswana that is perpetuated by the limited availability of employment. Botswana, having grown its GDP and achieved middle-income status, is struggling

to create sustainable employment for its youth. Having invested heavily in tertiary education, it has not yet converted its wealth into a diversified economy that creates enough jobs for those that complete school or succeed in further education. The 2006 Botswana Labour Force Survey established the proportion of children involved in child labour as 9%.

Gender inequality adds another dimension to this generational problem. Girls are more likely to drop out of school, are less likely to find employment, and are more likely to engage in transactional sex to earn money. This in turn affects their exposure to HIV/AIDS. Addressing the quality gaps in education, and providing more opportunities for adolescents, will contribute to progress against all these goals.

Figure 7: Trends on percentage of Candidates obtaining overall grades A, B, C in PSLE

Source: Statistics Botswana: Pre and Primary Education 2013 Stats Brief

Goal 6. Ensure availability and sustainable management of water and sanitation for all

Botswana has performed well in providing safe water to virtually all its citizens, currently at 96% coverage. However, only 63% of the population use improved sanitation facilities. Low sanitation coverage, especially in the rural and the most deprived communities, remains an impediment to development. Proper sanitation is closely linked to reducing transmission of disease and to improving nutrition in the country. Goal 6, in its sanitation dimension is of high relevance to

Botswana's children.

Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all

In 2015, the coverage of electricity in Botswana was estimated at 53.2%. According to the latest poverty assessment, this general figure hides severe inequities. 74.1% of the richest decile had an electricity connection, while only 19.5% of the poorest decile enjoyed the same. Electrification is much higher in towns and cities, where it reaches an average of 68%, and only 9.9% in rural areas. As a

consequence, the poorest continue to rely on unclean, often solid fuels for cooking and lighting. Pollution from cooking fuels is one of the key deprivations identified in the recent multiple overlapping deprivations analysis conducted by the government with existing survey data. Electrification is also vital for lighting at night, affecting opportunities for children studying at home, and is vital for small businesses to develop. This makes access to clean energy an essential factor in addressing multi-dimensional poverty in the country.

*World Bank (2015) Botswana Poverty Assessment
ibid.*

Botswana Multiple Overlapping Deprivations Analysis MODA (2015)

Botswana Youth Risk Behavioural Surveillance Survey (2010)

ibid.

In Botswana, the term orphan refers to a child below 18 years who has lost one (single parent) or two (married couples) biological or adoptive parents

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Harmful practices against children of all ages make Goal 16 highly relevant for Botswana's children. Violence against children and sexual exploitation are common. Children experience bullying, being threatened, or injured with a weapon. When surveyed, 13% of sexually experienced students stated they had been raped the first time they had sexual

intercourse, and 12.8% of sexually experienced students were forced to have sexual intercourse during the 12 months prior to the survey. The majority of the perpetrators of violence against children are people who are known to them or authority figures in their own communities. This points to deeply rooted harmful behaviours in communities, and the need to fundamentally address social norms around children.

Birth registration is not universal, and especially remote and already deprived communities have not yet been able to consistently obtain birth certificates

for their new-borns. The government has made a clear commitment to provide universal birth registration and has commenced developed targeted interventions, such as mobile registration, in remote rural communities. Some children remain marginalized. Orphans, who constitute 16.2% of children, those living with disabilities, children in remote areas, and children belonging to certain ethnic groups are the most disadvantaged. Helping these children out of poverty requires inclusive programmes that leave no one behind.

How do the SDGs relate to existing national policies and programmes?

Botswana has established a significant number of policies and strategies in the social sector since the inception of the Millennium Development Goals. Some are foundational, such as the Children's Act, and others are specifically targeting certain sectors or sub-sectors. An annex to this document provides an overview of relevant policy

frameworks and strategies. While the policy environment in Botswana is comprehensive, policies are not necessarily fully operationalised. Lack of skilled staff, poor record keeping, and limited M&E prevent policies from being fully implemented.

Decreases in fiscal space due to falling diamond revenues and lower income from the South African Customs Union may force Botswana to make hard budgetary choices. In a tight fiscal environment, the country

is encouraged to carefully analyse programmes' impact, invest in those interventions with proven results and which target the poorest, and identify efficiency gains to reduce costs.

Goal	Relevant Policy, Act, or other national instrument	Status
<i>Goal 1. End poverty in all its forms everywhere</i>	Social Protection Programmes (see Table 2) Children's Act (2009) Botswana Poverty Eradication Strategy (draft) Plan of Action for OVC (2010-2016)	Concerns about targeting and effectiveness: Fragmentation of social protection windows, overlaps and gaps . Little evidence on effectiveness available; available data indicating that effect is not commensurate with expenditure. Recommendations for a more focused social protection programme that focuses on the most needy families and children without aiming to target too many different groups
<i>Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture</i>	Children's Act (2009) Nutrition Strategy (2015-2020) IYCF Policy (Draft 2015)	Nutrition is a sub-sector to health. Total nutrition expenditure is not reported, total spending on health was 6.3% of GDP in 2012. General spending on health is not always benefitting those most in need of basic services .
<i>Goal 3. Ensure healthy lives and promote well-being for all at all ages</i>	Children's Act (2009) National Health Policy (1995, revised Dec 2011) ACSD Strategy (2009-2016) Maternal and Newborn Mortality Reduction road map 2016-2020 (Draft 2015) National Policy on HIV/AIDS (draft)	Total spending on health was 6.3% of GDP in 2012. General spending on health is not always benefitting those most in need of basic services . The government has a strong programme for preventing communicable diseases, but increasingly faces challenges from non-communicable diseases. Due to virtually full coverage of ARV treatment HIV/AIDS has effectively become a chronic disease. A 2015 investment case for HIV/AIDS in Botswana urges government to invest more in prevention .
<i>Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</i>	Education Act (1967, last revised 2004) Education and Training Sector Strategic Plan (ETSSP: 2015-2020) National ECD Policy (Draft 2015), succeeding the Early Childhood Care and Education (ECCE) Policy (2001)	Total spending on education was 6.8% of GDP in 2013/14. General spending on education is not always benefitting those most in need Botswana invests a significant proportion of its budget (16.9% in 2013/14) in the education sector.
<i>Goal 5. Achieve gender equality and empower all women and girls</i>	Children's Act (2009) Gender Equality Policy (1996) National Gender Programme Framework (1998)	No evidence of submitted CEDAW reports

World Bank (2013) *Botswana Social Protection Assessment*

ibid. p68

ibid.

World Bank (2015) *Botswana Poverty Assessment*

ibid.

ibid.

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

ibid.

According to data from the Committee on the Elimination of Discrimination against Women accessed at <http://www.un.org/womenwatch/daw/cedaw/reports.htm>

<p><i>Goal 6. Ensure availability and sustainable management of water and sanitation for all</i></p>	<p>Children’s Act (2009) Botswana National Water Policy (2012)</p>	<p>There is no dedicated sanitation policy, National legislation addresses sanitation in a number of instruments, in relation to public health, housing, waste management, and local government .</p>
<p><i>Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all</i></p>	<p>Children’s Act (2009) National Energy Policy (2009)</p>	<p>The national energy policy of 2009 aims to expand electrification, while diversifying the sources of power. It aimed to increased an equitable access to affordable energy services, in particular the low income and marginalized, and that energy would contribute to socio-economic development and social wellbeing of the whole population .</p>
<p><i>Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</i></p>	<p>Children’s Act (2009) Botswana Employment Act (1982)</p>	<p>Botswana has ratified all key international conventions concerning child labour , and in the 2009 Children’s act specifically outlaws child labour albeit without setting explicit age limits . In practice, the proportion of children exposed to harmful labour practices remains a concern despite the clear legislation.</p>
<p><i>Goal 10. Reduce inequality within and among countries</i></p>	<p>Children’s Act (2009) National Policy on care for people with disabilities (1996)</p>	<p>Botswana is in the process of finalising a new Poverty reduction policy framework. The framework explicitly touches on inequalities, the need to target poverty reduction measures to those that are most affected, and explicitly incorporates child poverty as well as a multi-dimensional understanding of poverty.</p>
<p><i>Goal 13. Take urgent action to combat climate change and its impacts</i></p>	<p>Children’s Act (2009) National policy on disaster management (1996)</p>	<p>Botswana is behind in establishing relevant policy to deal with the issue of climate change. By 2015 disaster risk reduction was not explicitly incorporated into key policies or plans . The post-2015 framework for disaster risk reduction coincides with national planning, which may address these gaps. The draft poverty reduction framework will support climate change resilience by reducing poverty</p>
<p><i>Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</i></p>	<p>Children’s Act (2009) National Policy on care for people with disabilities (1996) Plan of Action for Orphans and Vulnerable Children (2010-2016)</p>	<p>The Botswana Children’s Act, and specific policies and strategies on vulnerable children and those with disabilities form the basis for building an inclusive society in Botswana. CRC reporting is current. Clear commitment to universal birth registration .</p>

search of legislation on <http://www.elaws.gov.bw/lawhome.php>
 Government of Botswana (March 2009) National Energy Policy Final Draft. Accessed at http://pdf.usaid.gov/pdf_docs/PNADU385.pdf
 including the CRC and relevant International Labour Organization sponsored conventions
 Botswana Children’s Act (2009), Article 24: Right to protection against harmful labour practices
 Government of Botswana (April 2015) National progress report on the implementation of the Hyogo Framework for Action (2013-2015)
 United Nations. (2015). Sendai Framework for Disaster Risk Reduction 2015 - 2030.
 Explicit attention to child poverty as key to an equitable reduction of multi-dimensional is also a theme in the latest poverty assessment (World Bank (2015) Botswana Poverty Assessment)
 The Government of Botswana has recently established a system for mobile birth registration to reach previously under-served remote communities.

