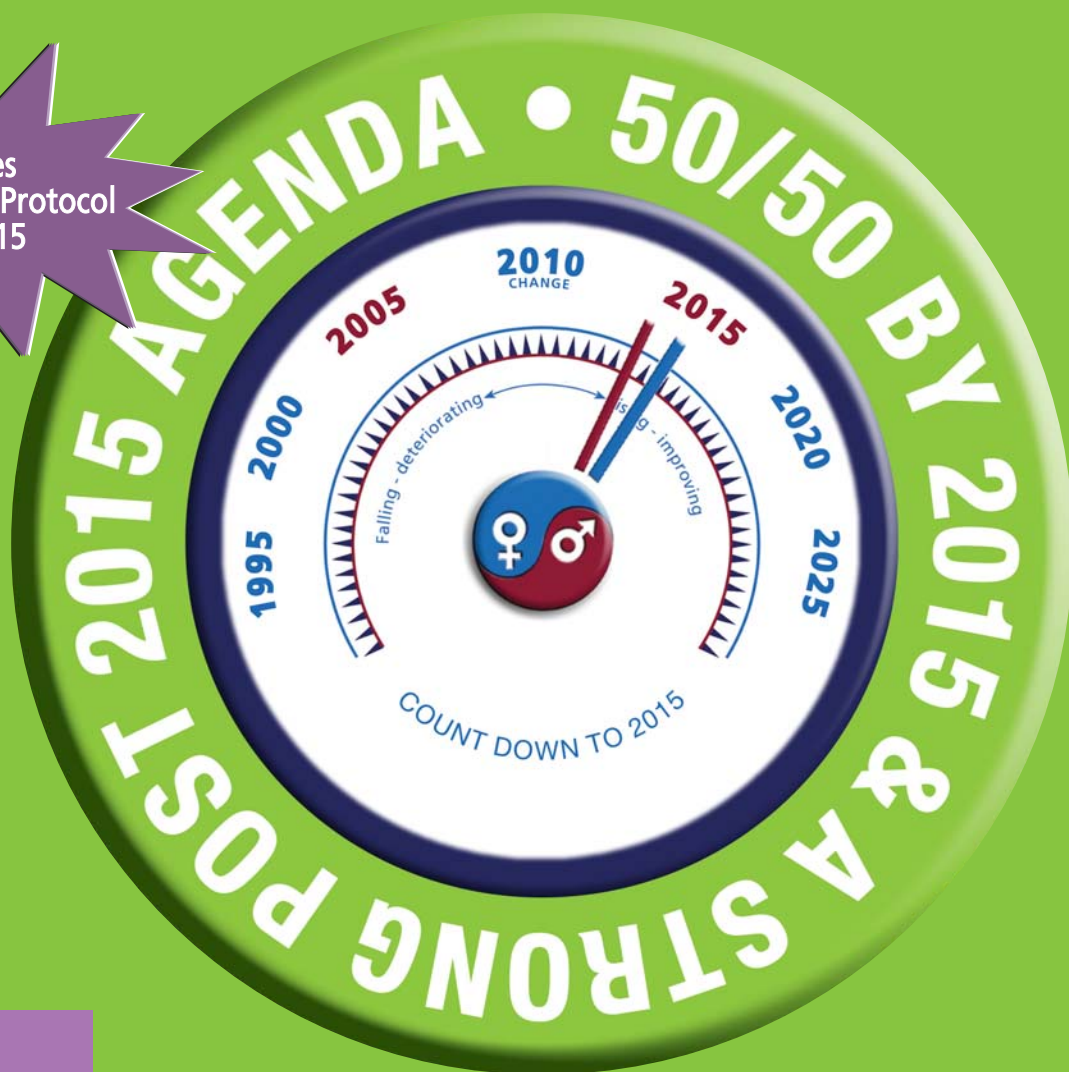


SADC GENDER PROTOCOL **2015**

BAROMETER

BOTSWANA

includes
SADC Gender Protocol
Post 2015



Compiled and written by Botswana Council of
NGOs (BOCONGO)
Edited by Danny Glenwright



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Women and Law in Southern Africa – Zambia

Zimbabwe

Women's Coalition of Zimbabwe

Faith Based Organisations

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Men's Groups

Sonke Gender Justice Climate Change, Gender CC

The Southern African Gender Protocol Alliance vision is of a region in which women and men are equal in all spheres. The Alliance promotes and facilitates the creation of gender equity and equality through lobbying and advocacy towards the achievement of the 28 targets of the SADC Protocol on Gender and Development by 2015. Gender Links coordinates the work of the Alliance.

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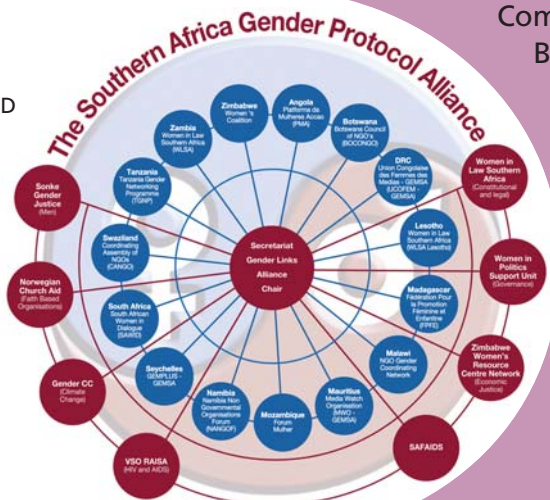
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Sifiso Dube, Alliance and Partnerships Manager at GL, managed the project with the assistance of Lucia Makamure, the Alliance Officer. Nomthandazo Mankazana, the South Africa Alliance Coordinator, assisted the team with editing. Danny Glenwright edited the report. Gender Links Chief Executive Officer Colleen Lowe Morna provided oversight for the entire project.

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Key stakeholders from different government and local government institutions in Botswana.

Photo: Vincent Onthusitse

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Executive summary

Botswana has made remarkable progress against the targets of the Southern African Development Community (SADC) Protocol on Gender and Development set for 2015. While Botswana has not yet signed the SADC Gender Protocol, legislators in the country remain committed to its ideals and targets. Botswana did make a commitment to the attainment of the Millennium Development Goals (MDGs) in 2015. The SADC Gender Protocol goes a step further in setting out a detailed roadmap for the achievement of the MDGs. However, President Ian Khama of the Republic of Botswana said that Botswana would not sign the SADC Gender Protocol because the government considers some its time frames unrealistic, “and some of the measures have serious resource implications that we cannot guarantee.”¹

The Botswana 2015 Gender Protocol Barometer is the fifth annual tracking report of the country's performance against the 28 targets of the SGP set for 2015. The Botswana Council of NGOs (BOCONGO), in its capacity as the country focal network of the Southern Africa Gender Protocol Alliance, led the research effort and will disseminate the report. The Southern Africa Gender Protocol Alliance uses two measures to rate each SADC state's performance towards meeting the 28 targets: the SADC Gender and Development Index (SGDI), introduced in the 2011 regional barometer, and the complementary Citizen Score Card (CSC), which has been running for three years. This 2014 edition further draws on case studies submitted for the SADC Protocol@Work summit. The case studies illustrate how individuals and organisations have been making the provisions of the Protocol a reality.

Botswana held its summit from 14-17 April 2014 at Boipuso Hall in Gaborone. Stakeholders, including local government, media and individuals, submitted approximately 32 case studies to the summit: 78% (39) women and 22% (11) men in 16 different categories. Sixteen winners emerged from the Botswana summit: 88% (14) women and 12% (2) men. The winners went on to compete at the regional summit in Johannesburg, South Africa.

There is notable progress towards the attainment of the Protocol targets in the country. In tertiary education, women outnumber men. Girls have been outperforming boys in all levels of schooling. Moreover, Botswana has

a pregnancy policy to reintegrate girls who become pregnant back into the education system. All schools have a life-skills programme that includes gender and HIV and AIDS. In addition, 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.

In the health sector, trained personnel deliver more than 90% of births and 84% of the population live within five kilometres of a quality health facility (WHO, 2010). However, the maternal mortality rate has increased to as high as 160 per 100 000 from 139.8 in 2006, mostly due to deaths resulting from the HIV pandemic (CSO 2009, MDG report 2010). Stakeholders also need to scale up efforts on reproductive health; for example, only 44% of the population access contraception. In the economic sector, although women remain predominately in the low paid and precarious informal sector, Botswana continues to have the highest proportion of women in economic decision-making positions within the public sector at 43%.

Although Botswana has one of the world's highest HIV and AIDS prevalence rates at almost 18.5%, today more than 95% of HIV-positive pregnant women access the prevention of mother-to-child transmission programme (UNAIDS, 2010). Despite this, many challenges to addressing HIV and AIDS remain.

In spite of these achievements, this report also reveals tremendous obstacles for the country on the road to gender equality. For example, although Botswana has a relatively progressive constitution, it fails to address contradictions between formal and customary laws. BOCONGO points out that most citizens continue to adhere to customary laws. Some of these customary laws discriminate against women, especially widows and divorced women. These laws remain largely unwritten, vary depending on the ethnic group and tolerate unequal power and gender relations.

However, Botswana High Court Judge Key Dingake made a landmark ruling related to customary law in 2012, striking down a discriminatory customary law that allowed only men to inherit the family home. The High Court ruled that the customary inheritance law discriminates against women and is therefore unconstitutional.

¹ Speech by His Excellency President Ian Khama during the Botswana Democratic Party (BDP) Women's Wing Congress in 2009.



Lucia Makamure Alliance and Partnership Senior Programme Officer during the Barometer Validation at Falcon Cresta, Botswana. Photo: Keletso Metsing

Although progressive amendments to formal laws have been put in place, gender activists argue that laws regarding gender issues have been carried out in a piecemeal way instead of addressing the legal system holistically, amending all laws that discriminate against women and girls (BOCONGO, 2010). The majority of women and men remain unaware of many laws, women fear using laws such as the Domestic Violence Act, and many lack access to legal aid.

The Botswana Constitution offers no legal provision for affirmative action to place women in decision-making positions despite the fact women remain under-represented, particularly in politics. The representation of women in cabinet and parliament is insignificant. Women comprise only 8.2% of parliamentarians. The ruling Botswana Democratic Party (BDP) does not support quotas, whereas the Botswana Congress Party (BCP) and the Botswana National Front (BNF) have voluntary quotas that have so far been ineffective. Moreover, Botswana uses the First Past the Post (FPTP) electoral system, which does not favour women.

Although lack of accurate statistics means Botswana has no SADC Gender Development Index (SGDI) scores on gender-based violence (GBV), media reports, anecdotal evidence, police reports and a GBV Baseline Study, suggest that GBV is widespread in the home and schools. Teachers have some responsibility for the abuse and GBV in schools as they often resort to corporal punishment for poor grades and bad behaviour. Male teachers have also been responsible for getting pupils pregnant.

In 2011, the Gender Affairs Department in the Ministry of Labour and Gender Links carried out a survey to find out the lifetime prevalence of GBV. The survey revealed that 60% of women interviewed reported experiencing

intimate partner violence, and 11% experienced rape, in their lifetime. GBV also contributes to a higher HIV prevalence rate among women. They lack equal rights within relationships, and marital rape is not criminalised.

Botswana is relatively well resourced and democratic, with strong leadership. Its continued progress towards gender equality in many spheres of life contribute to a strong argument for the country to sign the SADC Gender Protocol. Mauritius is the only other SADC country that has not signed and its leaders will probably do so shortly. When

that happens, Botswana will be the only country in the region that has not signed.

Key successes

- Higher proportions of women study in tertiary institutions.
- Botswana ranks highest in the region in terms of women in economic decision-making.
- Coverage of antiretroviral therapy (ARTs) for preventing mother-to-child transmission of HIV (PMTCT) is higher than 80%.
- The media in Botswana adopted a national gender policy to guide gender-sensitive content and practice in media houses.

Key challenges

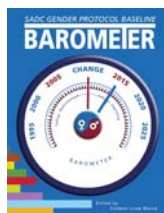
- Botswana remains one of the countries with the highest adult HIV prevalence rate, at 18.5%.
- Females had a relatively higher prevalence rate of 20.8% compared to 15.6% for males.
- Gender violence remains a challenge with 67% of women admitting to experiencing some form of violence in their lifetime, while 44% of men admitted to perpetrating some form of violence against women in their lifetime.

Key priorities

- Advocacy work to get the country's legislators to agree to sign the SADC Gender Protocol.
- Revise the national gender policy framework to keep up with emerging issues.
- Develop a costed gender action plan that aligns to key gender instruments to facilitate informed gender responsive resource allocations from the national treasury for all line ministries.

SADC GENDER PROTOCOL MILESTONES

- **2005:** Audit of achievements against the SADC Declaration on Gender and Development leads to a paper - *“Rationale for the Elevation of the SADC Declaration on Gender and Development to a Protocol”* - the most legally binding of SADC instruments. Civil society organisations for the Southern African Gender Protocol Alliance.
- **2005-2008:** Alliance members form part of a Task Team constituted by the SADC Gender Unit to prepare drafting notes for a legal team, comment on and canvass seven drafts of the Protocol before its final presentation to Heads of State.
- **August 2008:** 13 out of 15 HOS Sign the SADC Gender Protocol, a unique sub regional instrument that brings together and enhances existing commitments to gender equality through 28, time bound targets aligned to the 2015 deadline for MDG 3. Alliance members launch a campaign to get Mauritius and Botswana to sign.
- **August 2009:** The Alliance launches the SADC Gender Protocol Baseline Barometer - a key tracking tool assessing progress of 15 countries against the 28 targets of the Protocol - <http://www.genderlinks.org.za/page/sadc-research>.
- **August 2009:** Alliance launches the “Roadmap to Equality” - strategies and lessons learned in the campaign; key provisions of the Protocol in 23 languages; radio spots; a DVD; knowledge and attitude quiz; village level meetings to popularise the Protocol that have since reached 15,000 citizens directly and thousands more indirectly.
- **2009/2010:** Alliance devises a Citizen Score Card that is used to gauge citizen perceptions of government progress and is administered at village meetings.
- **August 2010:** Progress Barometer and Alliance annual meeting. Alliance gets better organised into country and theme clusters, each leading on a key issue, e.g. gender-based violence, economic justice, health.
- **September 2012:** SADC Gender Protocol goes into force with South Africa becoming the ninth country to ratify the Protocol giving the two thirds critical mass required. With data from 15 countries on 23 indicators,



the 2011 Barometer introduces the SADC Gender and Development Index - see <http://www.genderlinks.org.za/page/sadc-sgdi>. Alliance forms a Think Tank to guide the work of the Alliance in between annual meetings.

- **September 2011:** The Alliance collaborates with the SADC Gender Unit on a tool and process for aligning national gender action plans to the targets of the SADC Gender Protocol, and costing their implementation. Namibia pilots this process - see <http://www.genderlinks.org.za/page/implementation>.
- **November 2011:** Intense lobbying for an Addendum to the Protocol on Gender and Climate Change linked to Conference of the Parties 17 (COP-17) to the United Nations Framework Convention on Climate Change.
- **2011/2012:** Alliance networks in-country identify champions for the 28 targets of the Protocol, begin to collect case studies of the Protocol@work - see <http://www.genderlinks.org.za/page/protocol-work>.
- **February 2013:** Gender ministers meeting in Maputo ahead of the 57th meeting of the Commission on the Status of Women (CSW) commit to take forward the Addendum. Alliance releases a progressive statement on gender justice concerns in the region. Mounts a presence at the CSW and produces a daily newsletter; generates debate on the post-2015 agenda.
- **March-April 2013:** Twelve country summits and a regional summit lead to 672 case studies being gathered on the SADC Protocol@Work from NGOs, CSO, Faith-Based Organisations and government ministries.
- **By June 2013:** Lesotho, DRC, Malawi, Mozambique, Tanzania, Zambia and Zimbabwe learn from Seychelles, Namibia, Zambia and Swaziland on aligning their policies and action plans to the SADC Protocol and costing implementation.
- **August 2013:** Alliance annual meeting ahead of the SADC Heads of State Summit in Malawi with a key focus on implementation, the 50/50 campaign, gender and climate change and Coalition Building. Round table meeting with the new Southern African head of UNWOMEN, Phumzile Mlambo-Ngcuka. Study visit to the Gauteng *Women Demand Action Now* Alliance networking meeting sparks ideas for strengthening country, provincial and district-level networking.

Methodology in measuring progress against the SGDI and CSC

The Alliance uses two measures to rate each SADC state's performance against the 28 targets - the SADC Gender and Development Index (SGDI), introduced in the 2011 regional barometer, and the complementary Citizen Score Card (CSC), which has been in use for three years. The SGDI is an empirical measure based on 23 indicators for the six sectors that have accurate data in the 15 countries (see Annex C for details on the SGDI gender and related indicators). These are:

1. Governance (three indicators);
2. Education (three indicators);
3. Economy (five indicators);
4. Sexual and Reproductive Health (three indicators);
5. HIV and AIDS (three indicators);
6. Media (six indicators).

In order to create a composite index, researchers gave each group equal weight by calculating the average

score across the indicators in that category. Table 2 later in the chapter provides a summary of key indicators for women in SADC. Annex A at the end of the report explains how the SGDI works in detail, as well as compares this with the other gender-related indicators. Unlike the SGDI, the CSC is based on perceptions. It captures nuances that research does not incorporate in the empirical data. For example, while the SGDI records enrolment levels for boys and girls, the CSC includes qualitative aspects like safety in schools and gender biases in curriculum. The CSC also covers the four sectors for which no SGDI scores exist because researchers have

difficulty measuring these sectors: constitutional and legal rights, GBV, peace building, and implementation.

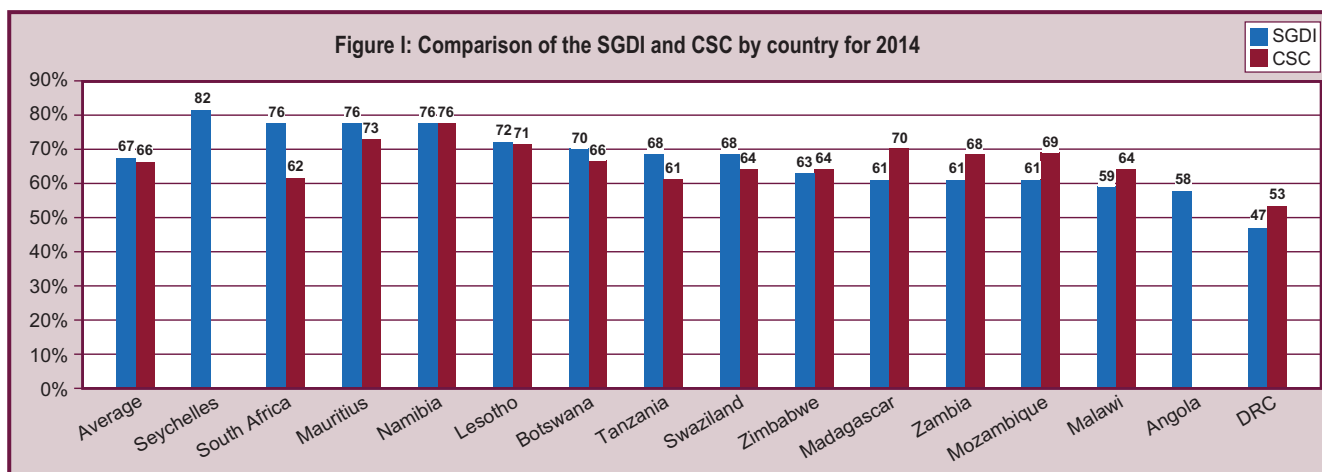
There is optimism that women and men have begun to feel that gender concerns are on the agenda, even if their objective realities have not changed much. By contrast to the SGDI, the CSC gauges the perceptions of citizens who have been part of reference group meetings, village workshops and other Protocol-related activities, who rate the achievements of the country across all the sectors. The total sample size for the CSC in 2014 in Botswana is 101, 74 % women (75) and 26% men (26).



Council candidate Rhoda Sekgororoane gives a presentation on campaigns at a 2014 workshop at the Maharajah Conference Centre in Gaborone. Photo: Mboy Maswabi

SADC Gender Protocol Sector	SGDI	CSC
Constitutional and legal rights		✗
Governance	✗	✗
Education	✗	✗
Economy, productive resources & employment	✗	✗
Gender based violence		✗
Health	✗	✗
HIV and AIDS	✗	
Peace building and conflict resolution		✗
Media, information and communication	✗	✗
Implementation		✗

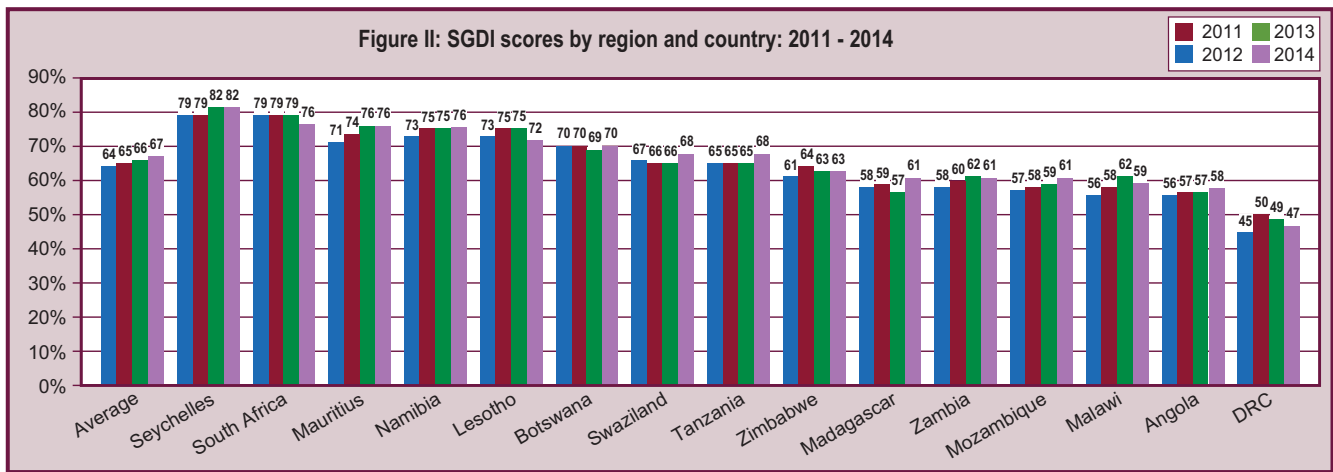
Table 1 shows the areas in which researchers measure the SGDI and CSC.



Source: SADC Gender Protocol Barometer 2014.

Figure 1 shows that, in 2014, Botswana achieved an SGDI score of 70%, the same score as 2013. The country ranks sixth out of the 15 SADC countries, and it is above the regional average of 67%. However, citizens gave

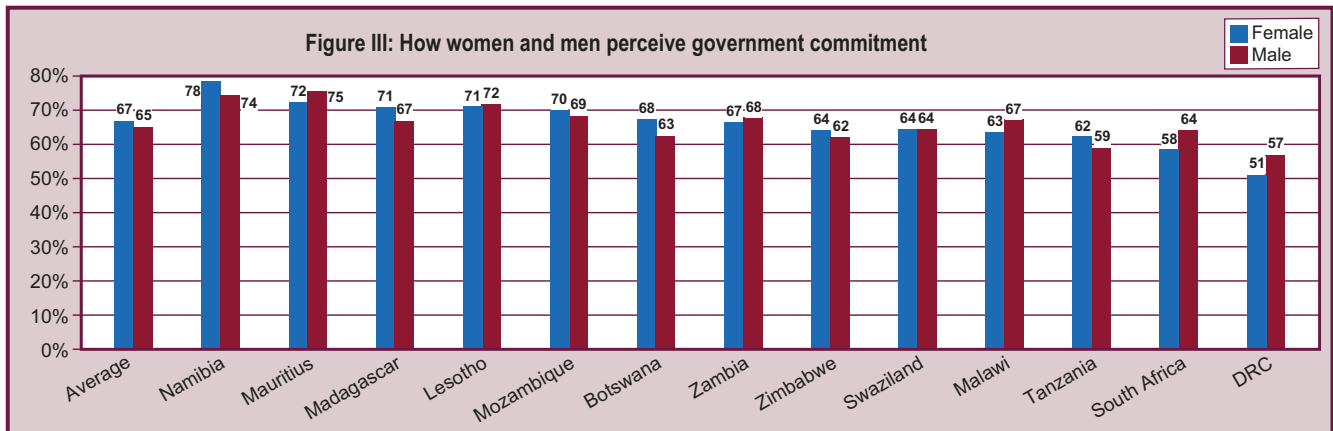
their country a lower score of 66%. The score is a drop of two percentage points from the 68% CSC rating in 2013. Overall, there is no significant gender gap in the scores of women and men.



Source: SADC Gender Protocol Barometer 2014.

Figure 2 compares the regional SGDI scores from 2011 to 2014. The regional average has gone up by three percentage points since 2011, from 64% to 67%. Botswana has remained at 70% in this category for several years. However, this score remains less than

other countries in the region such as South Africa, Namibia and Lesotho, which have consistently scored higher than Botswana since researchers first used this index to measure progress.



Source: SADC Gender Protocol Barometer 2014.

Figure 3 shows that in Botswana, however, citizens gave their country a reduced score in 2014 - down to 66% from 68% in 2013. Sectors covered by the CSC include constitutional and legal rights; governance; education; economy, productive resources and employment; gender-based violence; health; peace building and conflict resolution; media, information and communication; and implementation of the SADC Gender Protocol.

Accountability, gender-responsive governance and strong gender management and monitoring mechanisms must become the driving forces of Botswana's development agenda in order to ensure sustainable development and transformation. The issues highlighted in this report point to the need for vigilance, as well as for both choice-based (supply) and voice-based (demand) approaches.² These must become integral components of policies and frameworks to achieve gender equality, women's empowerment and the full recognition and protection of women's rights moving forward.

² Who Answers to Women, Progress of the World Women 2008/09 Report, UNIFEM/UN Women.

Table II: Key indicators of the status of women in SADC countries

% Women	ANGOLA	BOTSWANA	DRC	LESOTHO	MADAGASCAR	MALAWI	MAURITIUS	MOZAMBIQUE	NAMIBIA	SEYCHELLES	SOUTH AFRICA	SWAZILAND	TANZANIA	ZAMBIA	ZIMBABWE
GOVERNANCE															
Parliament	33	8	10	27	23	17	19	39	25	44	40	18	36	12	34
Local government	n/a	19	6	46	6	11	26	36	42	n/a	38	22	34	6	16
Cabinet	29	17	14	37	19	15	8	28	23	27	41	25	28	11	12
EDUCATION															
Primary School	46	50	46	49	50	50	49	47	49	50	50	48	52	49	50
Secondary School	44	52	36	57	50	45	52	44	53	50	55	50	46	45	50
Tertiary level	40	53	32	61	48	40	61	38	53	n/a	58	51	40	52	42
ECONOMY															
Economic decision-making	29	29	21	21	17	27	33	25	25	33	23	30	28	23	23
Labour force participation - Women	64	75	70	60	62	85	48	87	61	68	47	55	90	74	85
Labour force participation - Men	78	83	72	75	65	80	81	83	72	79	63	59	91	86	90
Unemployment - Women	n/a	20	36	28	4	10	12	1	43	5	28	46	6	11	15
Unemployment - Men	n/a	15	n/a	23	2	5	5	3	33	4	22	34	3	14	7
Women in non-agricultural paid labour (% of labour force)	24	43	26	63	38	11	38	11	41	54	45	30	43	22	12
Length of maternity leave (weeks)	12	12	12	12	14	8	12	12	12	14	16	12	12	12	14
Maternity leave benefits (% of wages paid)	100	50	67	0	100	100	100	100	100	100	60	16	100	100	100
SEXUAL AND REPRODUCTIVE HEALTH															
Maternal mortality rate (out of 100,000)	450	160	549	620	240	460	37	490	200	0	145	320	440	440	960
Using contraception	6	53	18	47	40	46	76	12	55	41	60	65	34	41	59
Births attended by skilled personnel	49	99	74	62	44	71	100	54	81	99	90	82	49	47	66
HIV and AIDS															
Comprehensive knowledge on HIV and AIDS women	25	40	15	39	23	42	80	36	65	67	20	58	44	38	52
Living with HIV as proportion of total	59	55	59	59	46	59	28	58	60	42	60	58	61	52	58
HIV positive pregnant women receiving PMTCT	14	95	6	62	3	73	96	51	85	95	95	95	77	86	82
MEDIA															
Overall	n/a	46	22	73	33	23	33	27	40	n/a	50	40	36	33	13
Board of directors	n/a	24	18	47	10	27	36	25	39	n/a	38	33	22	27	38
Management	n/a	37	10	52	19	24	23	32	37	na	34	29	27	28	11
Female staff in institutions of higher learning	n/a	37	18	67	44	29	79	28	47	n/a	50	33	28	29	25
Proportion of students in institutions of higher learning	n/a	54	77	73	71	50	82	26	60	n/a	64	37	60	61	57
News sources	n/a	18	17	20	46	15	15	45	20	31	23	24	19	18	22

Acronyms

AIDS	Acquired Immune Deficiency Syndrome	HAART	Highly Active Antiretroviral Therapy
ART	Antiretroviral Therapy	HIV	Human Immunodeficiency Virus
BAIS	Botswana AIDS Impact Survey	IEC	Independent Electoral Commission
BOCAIP	Botswana Christian AIDS Intervention Programme	ICCPR	International Convention on Civil and Political Rights
BCP	Botswana Congress Party	LEA	Local Enterprise Authority
BOCONGO	Botswana Council For Non-Government Organisations	MSM	Men who have sex with men
BDP	Botswana Democratic Party	MoH	Ministry of Health
BEC	Botswana Education Council	NAP	National Alcohol Policy
BAIS III	Botswana HIV/AIDS Impact Survey III (2009)	NACA	National AIDS Coordinating Agency
BALA	Botswana Local Authorities Association	NDP	National Development Plan
BNF	Botswana National Front	NDP	National Development Plan
BONASO	Botswana Network of AIDS Service Organizations	NGO	Non-Governmental Organization
BONEPWA	Botswana Network of People Living with HIV	OVC	Orphans and Vulnerable Children
CSO	Central Statistics Office	PLHIV	People Living with HIV and AIDS
CEDA	Citizen Entrepreneurial Development Agency	PDL	Poverty Datum Line
CSC	Citizen Score Card	PMTCT	Prevention of Mother to Child Transmission of HIV
CSO	Civil Society Organizations	SGP	SADC Gender Protocol
CBNRMP	Community Based Natural Resource Management Programme	SGDI	SADC Gender and Development Index
CBO	Community Based Organizations	STI	Sexual Transmitted Infection
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women	SADC	Southern African Development Community
CRC	Convention on the Rights of the Child	SARDC	Southern African Research and Documentation Centre
DSP	Department of Social Protection	UN	United Nations
DMSAC	District Multi-Sectoral AIDS Committee	UNDP	United Nations Development Fund
FBOs	Faith-Based Organisations	UNECA	United Nations Economic Commission for Africa
FHI	Family Health International	USAID	United States Agency for International Development
FPTP	First Past the Post	VCT	Voluntary Counselling and Testing
GeAD	Gender Affairs Department	WAR	Women Against Rape
GFP	Gender Focal Point	WIBA	Women in Business Association
GMS	Gender Management System	WIDSAA	Women in Development Southern Africa Awareness
GBV	Gender-Based Violence	WAD	Women's Affairs Department
		WFHB	Women's Finance House Botswana
		WHO	World Health Organisation

Country context



Botswana is one of the world's most sparsely populated countries, with just two million people.³ Landlocked, with a surface area of 582 000 square kilometres, Botswana is surrounded by South Africa in the south, Namibia in the west, Zambia in the north and Zimbabwe in the northeast. The population growth rate, at approximately 1%, has been dropping, mainly due to the impact of HIV and AIDS and decreasing fertility rates, (NDP 10).

According to the 2011 census, the population constitutes 48.85% males and 51.15% females with an estimated 555 395 households. Botswana has one of the highest numbers of female-headed households in the SADC region. Women head 46% of the country's households. More female-headed households live in poverty than male-headed households: 33% and 27% respectively. Compared to male-headed households, they have less access to land and control of productive resources, such as cattle and boreholes. Most women heading households live in rural areas, where social and economic opportunities remain limited as compared to urban areas.⁴

The official language of Botswana is English, and the local language is Setswana. Botswana has numerous ethnic groups: Bangwato, Bakgatla, Balete, Bangwaketse, Bakwena, Batawana, Barolong and Batlokwa, which comprise of the Tswana. Other ethnic groups include Bakalanga, Basarwa, Bakgalagadi, BaTswapong, BaNdebele, Shona, and other subgroups of the same. A referendum brought about an amendment to the Constitution, Section 77, 78 and 79, giving recognition to other ethnic groups, which the Ntlo Ya Dikgosi (House of Chiefs) represents.

Botswana has a three-tier settlement system. Large centres with high populations fall under tier one, smaller communities between 10 000 and 19 999 people register under tier two and tier three comprises small villages, cattle posts and uninhabited land. Traditional gender division of labour prevails with women farming crops and most men involved in livestock production.

Since independence from Britain in 1966, Botswana has been hailed as one of the most stable democracies in the SADC region. Successive governments have prioritised the people's access to health and education. The country has also had one of the world's fastest growing economies. Economic growth has averaged at 8.7% per year since independence. Rapid urbanisation has resulted in about 60% of the population concentrated in the capital, Gaborone, and the three urban areas of Francistown, Selebi-Phikwe and Lobatse.

Botswana is classified as an upper-middle-income and medium human development country by international organisations such as the World Bank and the International Monetary Fund (IMF).⁵ Production and export of diamonds have bolstered the economy, leading to high rates of economic growth and per capita incomes.⁶ The government has invested the revenue from the mining industry into social services, such as education, health, water and sanitation. However, recently the global economic recession has drastically reduced revenue from the mineral sector, notably, diamonds, affecting negatively on economic growth and investment in key social development areas.

Aware of the dangers of being too dependent on diamonds, the government has diversified the economy

³ CSO 2011.

⁴ (NDP 10, UN 2010).

⁵ UN 2010.

⁶ UN/CCA2007, NDP 10.

over the past ten years, promoting tourism, the manufacturing industry, financial services and other sectors. However, diamonds remain the primary source of foreign exchange, constituting 50% of government revenue, 33% of Gross Domestic Product (GDP) and 70% of foreign exchange.⁷

Botswana's macroeconomic policy has maintained manageable inflation and exchange rates, which should improve Botswana's competitiveness in international markets and contribute to the national objective of achieving diversified and sustainable economic growth.⁸

The 2014 Human Development Index 2014 ranks Botswana 109th in the world, measuring average achievement in three basic dimensions of human development: a long and healthy life, knowledge, and a decent standard of living. Its ranking is better than most SADC countries, even surpassing South Africa in recent years, which is ranked 118. Only Seychelles and Mauritius rank higher than Botswana (UNDP 2014).

Despite economic success, Botswana faces significant development challenges. The country suffers relatively high levels of poverty and social inequality, unemployment, increasing incidence of HIV and AIDS and gender-

based violence (GBV). Studies see the high levels of poverty and inequality as a result of a dominant mining economy that is capital-intensive, as well as the relative poor performance of the agriculture sector and limited success in economic diversification (UN 2010, CCA 2007). Women particularly tend to experience higher levels of unemployment and poverty than men. They have unequal access to economic opportunities. Men dominate the formal sector and more than 60% of women work in the informal sector.

Botswana has addressed gender inequality with some positive results. Notably, more women have taken up administrative decision-making posts in the public and private sector, about 55% and 40% respectively. However, Botswana's performance in the political arena is poor compared to the other SADC states, for example, women comprise only 8% of Members of Parliament. In terms of women in parliament worldwide, Botswana comes in at 129th place, lower than all other SADC countries except Swaziland.⁹ Gender-based violence, HIV, and AIDS remain big challenges. Several factors place women at risk of both GBV and HIV and AIDS. Women and girls remain vulnerable to human rights abuses due to some socio-cultural practices and customary laws that discriminate against them.

⁷ www.botswanadirect.co.bw

⁸ BEDIA 2008.

⁹ IPU 2014.