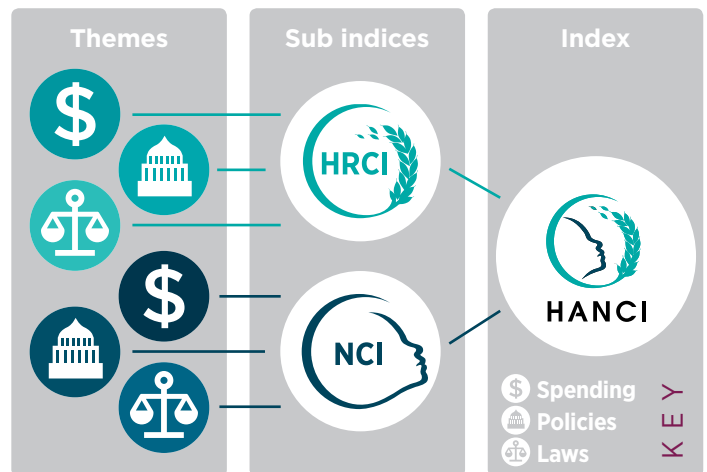
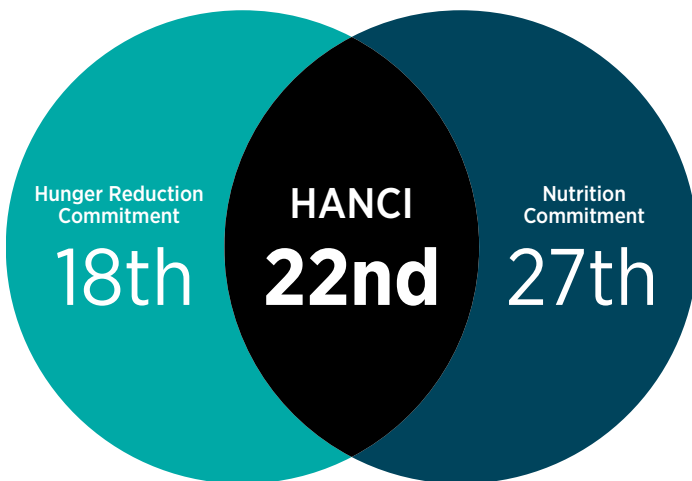


Key data for Botswana



Existing rates of: **Wasting: 7.2%** **Stunting: 31.4%** **Proportion of population underweight: 11.2%**

Source: Government of Botswana (BFHS IV, 2007-08)

Strong Performance

- The Government of Botswana has ensured tenure security for rural populations. Land titling is common and land markets function well. Policy promotes equitable access to common property resources.
- Policymakers in Botswana benefit from regular nutrition surveys that are statistically representative at national level. The last survey was published in 2015-2016.
- The Government has fully enshrined the International Code of Marketing of Breastmilk Substitutes into domestic law.
- The Government of Botswana promotes complementary feeding practices.
- 96.8% of the population of Botswana in 2015 has access to an improved drinking water source.
- In Botswana 94.1% of women aged 15-49 were visited at least once during pregnancy by skilled health personnel in 2007.
- Botswana's social safety nets are well developed, but do not cover all risks for all of the population.

Areas for improvement

- Spending on agriculture (3% of public spending in 2016), does not meet government commitments set out in the African Union's Maputo Declaration (10% of public spending).
- Botswana's spending in its health sector (8.8% of public spending in 2015) does not fully meet (15%) commitments set out in the Abuja Declaration.
- Extension services are the preserve of government and poor farmers have no say in setting policy priorities. The agricultural research and extension system is not properly reaching out to poor farmers. There is no policy promoting gender equity in access to extension services.
- In Botswana, the law gives women and men equal economic rights and equal legal access to agricultural land. However, these laws are not effectively enforced and discriminatory practices against women continue, increasing their vulnerability to hunger and undernutrition.
- Botswana does not have a separate budget line for nutrition; this prevents transparency and accountability for spending.
- Botswana does not yet have a National Nutrition Policy/Strategy.
- Botswana has not introduced a multisectoral and multistakeholder policy coordination mechanism to support delivery of the National Nutrition Policy/Strategy.
- The Government of Botswana has achieved two high doses of vitamin A supplementation for only 57% of children in 2015.
- Weak access to improved sanitation facilities (60% in 2015) obstructs better hunger and nutrition outcomes.
- In Botswana, constitutional protection of the right to social security is weak.

Key data for Botswana

Hunger Reduction Commitment Index (HRCI)

Public spending	Score*	Year	HRCI Rank of 45
Public spending on agriculture as share of total public spending ¹	3%	2016	Joint 34th
Public spending on health as share of total public spending ²	8.8%	2015	15th
Policies			
Access to land (security of tenure) ³	Strong	2016	Joint 4th
Access to agricultural research and extension services ³	Weak	2007	Joint 42nd
Civil registration system — coverage of live births	76.6%	2012	18th
Functioning of social protection systems ³	Strong	2016	Joint 1st
Laws			
Level of constitutional protection of the right to food ³	Moderate	2017	Joint 8th
Equality of women's access to agricultural land (property rights) ⁴	In Law, not in Practice	2014	Joint 1st
Equality of women's economic rights ⁴	In Law, not in Practice	2014	Joint 1st
Constitutional right to social security (yes/no)	No	2017	Joint 29th

¹ Possible scores are: ● <75% of agri. spending pledges (AU commitments set out in the Maputo Declaration) ● >=75% & <100% ● >=100%

² Possible scores are: ● <75% of health spending pledges (AU commitments set out in the Abuja Declaration) ● >=75% & <100% ● >=100%

³ Possible scores are: ● Very Weak/Weak ● Moderate ● Strong/Very Strong

⁴ Possible scores are: ● Not in Law ● In Law Not in Practice ● In Law & Practice

Nutrition Commitment Index (NCI)

Public spending	Score*	Year	NCI Rank of 45
Separate budget for nutrition (No/Sectoral only/Yes)	No	2017	Joint 33rd
Policies			
Vitamin A supplementation coverage for children	57%	2015	32nd
Government promotes complementary feeding (yes/no)	Yes	2010	Joint 1st
Population with access to an improved water source	96.8%	2015	4th
Population with access to improved sanitation	60%	2015	9th
Health care visits for pregnant women	94.1%	2007	16th
Nutrition features in national development policy ¹	Moderate	2017-2023	29th
National nutrition policy/strategy (yes/no)	No	2017	Joint 40th
Multisector and multistakeholder policy coordination (yes/no)	No	2017	Joint 35th
Time bound nutrition targets (yes/no)	Yes	2017	Joint 1st
National nutrition survey in last 3 years (yes/no)	Yes	2015-2016	Joint 1st
Laws			
ICMBS [^] Enshrined in domestic law ²	Fully Enshrined	2016	Joint 1st

¹ Possible scores are: ● Very Weak/Weak ● Moderate ● Strong/Very Strong (Note: Performance relative to other countries).

² Possible scores are: ● Not Enshrined in Law ● Few/Many Aspects Enshrined ● Fully enshrined.

[^] International Code of Marketing of Breastmilk Substitutes