



Social Protection In Botswana: Socio-Economic And Legal Perspectives

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About the Authors

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Preface

The Friedrich-Ebert-Stiftung is a social democratic organization which means that the full attainment of democracy is measured by the economic, social and political inclusion of all citizens. Therefore if other sections of society are excluded by poverty, unemployment or other socio-economic conditions then democracy is defeated. It is in that context that social protection is at the core of our mandate. FES has a long history of assisting in social protection. At sub-regional FES played a crucial role since 2001 to develop and strengthen social protection systems in SADC, through the SADC CORE Group in Social Protection, now called Southern African Social Protection Experts Network (SASPEN). The SADC CODE on Social Protection was developed and popularized amongst SADC nations. FES sponsored trainings on social protection for trade union members and provided funding for policy engagement, conferences and research activities regionally and locally.

FES Botswana supported the publication of this very book in 2007. To date, the book is on sale in various book stores in Botswana as well as online on Amazon. The book is a useful resource for trade union practitioners and as comparative material for academics in the region. Currently, it is recommended text for law students in their fourth year and for postgraduates doing Advanced Social Security law at the University of Botswana. Social work students taking social policy courses also use it as one of their required texts. In 2021 when the authors came again with a request to revise the book in light of the many changes that have since happened in the social protection landscape, FES Botswana once again leapt at the offer to partner.

In any country, social protection schemes evolve as society changes and as new problems emerge. Since 2007 when this book was published, notable reforms have taken place in this field in Botswana. New challenges have also emerged in our communities calling for strategic intervention by key stakeholders. These include the following;

- Growing inequalities, poverty and unemployment
- The NGO landscape has shifted due to diminishing funding sources
- The informal sector continues to grow and yet workers are not protected
- Botswana is battling with food insecurity due to drought and other natural disasters
- Lack of coordinated and harmonised administration and Institutional framework of social protection delivery.
- Innovative HIV and AIDS programs are needed to address current challenges
- Benefits for families and children have increased in size and scope
- The COVID-19 pandemic has put a strain on the economy and household incomes.

The new edition offers a comprehensive review of the history of social protection and clearly analyses the current changes that have since happened in light of national as well as international challenges.

It is due to the reasons shared above that FES Botswana is pleased to once again partner with the learned Profs. Dolly Ntseane and Kholisani Solo.

Thilo Schöne
Resident Representative
Friedrich-Ebert-Stiftung Botswana

Foreword

At independence in 1966 Botswana was classified as one of the poorest countries in the world. Mineral discovery, particularly diamond mining, coupled with prudent management of the resource saw the country graduating to middle-income status in 1986 and to the current status of upper-middle-income in 2005. Due to the growth in the economy, the government intensified efforts to improve the general welfare of people who during this period were experiencing high unemployment and extreme poverty. Unlike in many countries in the region and in the world, Botswana's social protection programmes are mainly fully funded by the government primarily through tax and non-tax revenue. The intensification of social protection in Botswana was a response to poverty and other vulnerabilities such as frequent drought.

Prior to independence in 1966, Botswana relied heavily on informal social protection arrangements to address issues of risks and vulnerabilities. Traditional ceremonies such as "motshelo" or "molaletsa" were conducted so as to assist homeless people to construct houses. At the family level, the extended family system was seen as a social security regime when individuals went through life cycle crises. The family provided a window of support during hard times and children were seen as a social safety net when parents became sick, disabled or old. Sometimes, wealthier families fostered or formally adopted struggling family members. At the community level, this principle of solidarity and reciprocity was also reinforced through practices such as "mafisa", "majako", and "go tshwara teu". The "mafisa" system allowed able-bodied destitute persons to have access to cattle from wealthy households in return for looking after the livestock. Such cattle provided destitute persons with draft power, milk, means of transportation and carrying of water and firewood.

Over time socio-economic development as well as frequent drought necessitated the introduction and entrenchment of several social protection schemes. Over the years this has grown both in terms of coverage and value. The latest figures from the 2015/16 Household Income and expenditure survey data indicate that about 4.4 percent of gross domestic product is allocated to social protection. This overall spending is considered reasonably high by international standards.

This book is the first of its kind to bring together a comprehensive analysis of social protection from socio-economic and legal perspectives. The authors bring out the history of social protection in Botswana up to its current state. It provides a holistic treatment of all key elements of social protection. This covers its history in Botswana, the context, defining the concept of social protection, and providing an analysis of the legal and policy issues as well as the administrative and institutional framework. The book then provides an analysis of the various social protection programmes covering a person's life cycle and the different vulnerabilities. This covers those dealing with children and youth, families and communities, social and legal assistance, disaster, work place vulnerabilities, disability, informal sector and motor vehicle accidents. This book provides critical policy issues in terms of social protection impact in relation to their intended objectives. Key among those issues is relevance, which the book concludes has been achieved. The second issue is that of effectiveness which the book rates at modest achievement. There is an acknowledgement of key issues with poor targeting of some of the social protection programmes. Poor targeting also affects programme effectiveness as many beneficiaries enrolled in most of the programmes are non-poor and many poor households do not receive benefits.

The book concludes that financing of the social protection sector is becoming increasingly difficult given resource constraints especially since it is solely financed by government revenue. This does not only affect the efficiency but also affects the sustainability of the social protection programmes. While good impact is being made from the social protection (though based on a relatively weak monitoring and evaluation system), there are critical areas of change that will need to be considered to deal with issues of targeting, efficiency, effectiveness and sustainability of these programmes. This book provides an extensive set of recommendations that should guide the government and other stakeholders in dealing with the key challenges of social protection in Botswana. There is generally a need to balance these against other objectives. Key amongst those is to ensure that social protection programmes are delivered with impact and in the least costly way in terms of budget while also achieving their intended purpose of for instance alleviating extreme poverty. Those with an impact on the labour market should for instance have their value set at a level that does not reduce the incentives for participation in the labour market and tilting the incentives towards opting for the programme. Such balances are often quite difficult to achieve and require some very delicate considerations guided by evidence-based research.

Professor Happy Siphambe (PhD)
Professor of Economics, University of Botswana.

Acronyms

BIDPA	Botswana Institute for Development Policy Analysis
BOCONGO	Botswana Council of Non-Governmental Organisation
BONASO	Botswana Network of AIDS Service Organizations
CBOs	Community Based Organisations
DPP	Destitute Persons Programme
EPA	Emergency Powers Act
FAO	Food and Agriculture Organisation
FBOs	Faith Based Organisations
FGDs	Focus Group Discussions
GDP	Gross Domestic Product
GoB	Government of Botswana
HFA	Hyogo Framework for Action
ICT	Information and Communication Technology
LIMID	Livestock Management and Infrastructure Development
MLGRD	Ministry of Local Government and Rural Development
M&E	Monitoring & Evaluation
MFED	Ministry of Finance and Economic Development
MoA	Ministry of Agriculture
MPI	Multidimensional Poverty Index
NDP	National Development Plan
NGOs	Non-Governmental Organisations
NDR	National Disaster Relief Fund
NPDP	National Policy on Destitute Persons

NPDM	National Policy on Disaster Management
NSPR	National Strategy for Poverty Reduction
OCHA	Office for the Coordination of Humanitarian Affairs
OP	Office of the President
PECU	Poverty Eradication Coordinating Unit
PDL	Poverty Datum Line
PEP	Poverty Eradication Programme
RADP	Remote Area Development Programme
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SMMEs	Small, Micro and Medium-Enterprises
SSI	Stepping Stones International
SWOT	Strengths Weaknesses Opportunities Threats
UNDAC	The United Nations Disaster Assessment
UNDP	United Nations Development Programme
UNDRR	United Nations Office for Disaster Risk Reduction
VDC	Village Development Committee
WHO	World Health Organization

OVERVIEW: DESCRIPTION OF CHAPTERS

Chapter 1: History of Social Protection in Botswana

When Botswana attained independence in 1966, it was classified as one of the poorest countries in the world. However, the country experienced rapid economic growth and structural transformation following the discovery of diamonds in the 1970s. Due to the growth in the economy, the government intensified efforts to improve the general welfare of people who during this period were ravaged by high unemployment and extreme poverty. This chapter examines the history of social protection and its role in improving the quality of life of Botswana. The chapter specifically explores various government policies and evaluation reports that have led to the introduction of social protection programmes in Botswana.

Chapter 2: Context of Social Protection in Botswana

The provision of social protection in any country is largely influenced by the prevailing socio-economic, political and cultural environment. It is therefore important to explore the context within which social protection is rolled out in Botswana. This chapter begins by describing the demographic features of the population of Botswana, with a particular focus on population size, population growth, distribution and household characteristics. A brief overview is then given of the structure and rates of economic growth and an overview of the country's macro-economic performance. The nature, causes, and extent of poverty are discussed as well as the groups that are most vulnerable to poverty. The chapter concludes by exploring the human development outcomes and the link between Botswana's Vision 2036, National Development Plan 11 and Sustainable Development Goals.

Chapter 3: The Concept of Social Protection

There is no universally accepted definition of the term social protection. Experts and researchers contend that the concept of social protection is not static, as such; it evolves with social change. In addition, the functions of social protection tend to reflect historical differences amongst countries as well as their level of economic and political development. This chapter provides an overview of the evolution of the term social protection within the context of socio-cultural, economic and political contexts, and considers definitions of the concept by various international and regional bodies. The chapter concludes by demonstrating how the term social protection is defined and contextualized in the case of Botswana. A clear distinction is made between social security, social safety nets and social protection.

Chapter 4: Legal Instruments and Policies Relating to Social Protection in Botswana

The Chapter examines the relevance of international legal instruments and policies relating to social security and social protection and discusses their relevance and applicability to Botswana. Most of these have been crafted by the United Nations and are open for ratification and adaptation by member countries around the world. What is striking is that the policy instruments set up by the United Nations echo what the local instruments provide in terms of policy guidance in the country

Chapter 5: Administrative and Institutional Framework

Social protection in Botswana is administered and delivered through three levels of government, namely national (central); district, towns or cities (local authorities); and the village level (village authorities). The non-state actors also play a critical role in the administration of social protection schemes. This chapter provides a detailed account of the functions played by various government institutions. As will be illustrated in this chapter, social protection provisions are fragmented and scattered over several government ministries and departments. The National Social Protection Framework that was adopted by the government in 2018 recommends the establishment of a comprehensive and well-coordinated social protection system that is efficient, effective and sustainable.

Chapter 6: Benefits for Children and Youth

The government provides child-focused social protection to address risks and vulnerabilities such as stunting, impaired cognitive development, malnutrition, school dropouts, child labour, illnesses, abuse, late school entry, and orphan hood to mention but a few. This chapter provides a comprehensive description of three key social protection programmes targeting children namely: the Vulnerable Group Feeding Programme, the School Feeding Programme and the Orphan Care Programme. The chapter discusses the institutional arrangements for each programme, targeting and eligibility criteria, geographic distribution as well as funding and types of assistance. The chapter concludes by presenting the strengths, weaknesses, threats and opportunities of each programme based on available literature and evaluation studies.

Chapter 7: Benefits for Families and Communities

The Government of Botswana provides a range of social protection services for families and communities. These services are aimed at providing social safety nets for beneficiaries with the ultimate aim of reducing poverty. Other risks addressed include unemployment, loss of income due to retirement, chronic health, accidents and disability. The chapter specifically reviews the following programmes: Destitute Persons Programme; Universal Old Age Pension; World War II Veterans Allowance (WW II); Community Home-Based Care (CHBC); Programme for Remote Area Dwellers; Ipelegeng (Public Works Programme) and Poverty Eradication Programme (PEP). The chapter concludes by presenting a SWOT analysis of each programme.

Chapter 8: Social Assistance and Legal Aid in Botswana

Legal Aid denotes a situation where indigent persons are provided with legal assistance for free. It is a means of providing legal services to persons who are unable to pay fees for legal services. It is a form of social assistance. This chapter reviews the role of Legal Aid Botswana and the extent to which it is committed to providing legal services to indigent members of Botswana society. The chapter also explores the extent to which the University of Botswana Legal Clinic fills the gap left by Legal Aid Botswana in the provision of Legal Services in the country. An attempt is made in this chapter to explore other methods by which indigent persons may be assisted which include the Judicare System, the Salaried Employees System and the part played by non-governmental organizations in the country.

Chapter 9: Disaster-Responsive Social Protection in Botswana

Social protection interventions consist of policies and programmes that are intended to reduce poverty, inequality and vulnerability caused by disasters and other shocks. These policies and programmes are backed by relevant legislation. Effective disaster-responsive social protection is therefore critical to provide humanitarian relief and timely support to victims of various disasters. This chapter presents an analysis of disaster-responsive social protection in Botswana. It begins by describing major disasters prevalent in Botswana. This is followed by an analysis of the policies and the legal framework developed to address disasters. A brief description is then provided on the institutional framework that spearheads the Disaster Risk Management Implementation Plan, followed by a review of the guiding principles of the Botswana National Disaster Risk Management Plan. The chapter then presents the role played by international non-state actors in disaster mitigation. Finally, an analysis is presented on the key tenets of disaster –responsive social protection and the principles which must be applied when the country encounters disaster of any form and magnitude.

Chapter 10: Employment Injuries, Diseases and Disability

The employer has a common law duty to assess the work place in order to provide a safe working environment for the employees. Where an employee is injured at work and institutes a delictual claim against the employer, the employee will succeed if he or she can prove intent or negligence on the part of the employer or of a co-employee if the employer was to be found vicariously liable. Similarly, if an employee contracts a disease and it can be proved that the disease arose out of or in the course of his employment due to the nature of the work, he is engaged in, the employer has a common law duty to compensate the employee for damages suffered in consequence of the disease. These actions were available at common law but now the state has intervened and passed legislation to enable persons who suffer from employment injuries and occupational diseases to be compensated by the employer. In Botswana, employment injuries and occupational diseases are compensated through the Workmen's Compensation Act scheme.

Chapter 11: Motor Vehicle Accidents

Motor Vehicle accidents, occupational diseases and employment injuries are areas of the law where state intervention in the form of social labour legislation is very important. Generally, the state seeks to fill the void in common law where victims would be left without any compensation in cases where a private individual is not able to provide the necessary compensation. In order to address the situation, the state commonly establishes a fund in relation to motor vehicle accidents, where the main objective is the payment of compensation for loss or damage caused by the wrongful driving of a motor vehicle. The Motor Vehicle Accident Fund (MVA) in Botswana becomes a substitute for the common law wrongdoer and is obliged to compensate any third party (person) for any loss or damage which the third party has suffered as a result of any bodily injury or death to any other person.

Chapter 12: Social Protection for Workers in the Informal Sector

The need to extend social protection coverage for workers in the informal sector is increasingly receiving attention in many African countries. This chapter provides an analysis of how comprehensive social protection coverage can be extended to workers in the informal sector in Botswana. The chapter begins by examining the concept of the informal sector and the characteristics of the informal sector workers in Botswana. Risks and vulnerabilities facing workers in the informal sector are then discussed. The chapter further explores the response by the Botswana government concerning existing social protection provisions for workers in the informal sector. An analysis is then provided of the current social protection coverage for workers in the informal sector. The chapter concludes by presenting recommendations on various measures that can be adopted to facilitate the extension of social protection coverage for workers in the informal sector. Best practices and lessons learnt from other countries are also examined

Chapter 13: The role of Non-State Actors in Social Protection

This chapter presents the role of Non-State Actors (NSA) in social protection provisions. It begins by describing the concept of NSA. This is followed by an analysis of the different types of NSAs and their typical roles. An analysis is then provided on the role of international, regional and local NSA in promoting social protection in Botswana. The chapter concludes by presenting critical issues facing local NSAs and ways in which a multi-sectoral response in the social protection sector could be promoted.

Chapter 14: Human Rights Approach to Social Protection

A clear gap in the debate on social protection in Botswana has been the lack of a thorough analysis of the human rights-based framework. The aim of this chapter is to consider the current state of social protection in the country and to explore the feasibility to introduce a rights-based approach to social protection. Through this analysis, it will be clearly shown that although Botswana is officially committed to providing social safety nets to the poor and vulnerable, social protection is not yet entrenched in the legal framework. A thorough analysis is made using the Human Rights-Based framework for social protection developed by the United Nations General Assembly and the Human Rights Council.

Chapter 15: Conclusion and Recommendations

The Government of Botswana provides a wide range of social protection (SP) schemes for families and children. These services are aimed at reducing poverty as well as providing a social safety net for individuals, families and groups. This chapter provides a synthesis of the social protection sector in Botswana by examining critical broad issues of relevance, effectiveness, efficiency, sustainability and social inclusion. The analysis reveals areas where there are strengths as well as weaknesses in the system and proceed to provide recommendations on possible remedies in each area.

CHAPTER

ONE

**HISTORY OF SOCIAL PROTECTION
IN BOTSWANA**

1.1 Introduction

When Botswana attained independence in 1966, it was classified as one of the poorest countries in the world. However, the country experienced rapid economic growth and structural transformation following the discovery of diamonds in the 1970s. Due to the growth in the economy, the government intensified efforts to improve the general welfare of people who during this period were ravaged by high unemployment and extreme poverty. This chapter examines the history of social protection and its role in improving the quality of life of Botswana. The chapter specifically explores various government policies and evaluation reports that have led to the introduction of social protection programmes in Botswana.

Botswana, like many African countries, has developed a number of social protection schemes to address income poverty. Unlike in the developed world, formal social protection schemes in Botswana were only fully developed from the 1980s with the formulation of the National Policy on Destitute Persons. Before then, only informal and piecemeal arrangements were in place. Informal social protection schemes are those self-organised informal safety nets that are based on membership of a particular social group or community including, but not limited to family, kinship, age group, neighbourhood or ethnic group¹. These are discussed below:

1.2 The Informal Social Protection Era

Prior to independence in 1966, Botswana relied heavily on informal social protection arrangements to address issues of risks and vulnerabilities. Most lived in simple mud huts which were built using natural resources such as thatch, cow dung, soil, and water. Traditional ceremonies such as “motshelo” or “molaletsa” were conducted so as to assist homeless people to construct houses.² At the family level, the extended family system was seen as a social security regime when individuals went through life cycle crises. Invariably, the family provided a window of support during hard times and children were seen as a social safety net when parents became sick, disabled or old. Sometimes, wealthier families fostered or formally adopted struggling family members. Although the concept of “mothoki” or a destitute person existed in the Setswana vocabulary, the family provided the needed support and care. The society during this time relied on subsistence economy and was guided by the principles of solidarity and reciprocity. These principles emphasized shared responsibility and a sense of unity with other family members and an obligation to support each other in times of need. On the other hand, generalized reciprocity was exercised whereby each member of the family or kinship group provided assistance without expecting anything in return. Although we have witnessed the erosion of the extended family system, generalized reciprocity is still practised in most parts of the country.

At the community level, this principle of solidarity and reciprocity was also reinforced through practices such as “mafisa”, “majako”, and “go tshwara teu”. The “mafisa” system allowed able-bodied destitute persons to have access to cattle from wealthy households in return for looking after the livestock. Such cattle provided destitute persons with draft power, milk, means of transportation and carrying of water and firewood. The “majako” system, on the other hand, allowed poor people to sell their labour to work in the fields of wealthy people in return for a share of the harvest. Finally, “go tshwara teu or bodisa”, provided able bodied poor people with an opportunity to break the cycle of poverty by looking after cattle and, in return, receiving payment in the form of a cow each year.³

Besides community services, traditional leaders summoned mephato (groups arranged by age) to participate in ploughing massive fields on behalf of the community. These fields were called masotla (tribal fields). Produce from masotla (including sorghum, maize, millet, cowpeas, groundnuts etc) were then stored in the granaries (difalana) and were distributed to the vulnerable members of the community during difficult times such as drought and other natural disasters.⁴

Although some of these informal arrangements may have diminished, the core values of Botho (humanness) and kutlwelo botlhoko (feeling of compassion) for the poor and disadvantaged continue to influence social protection policies and interventions. The next sections provide a brief overview of the emergence of state social protection interventions from 1966 to the present.

¹ Another term for informal social protection is non-formal social protection. See Mupedsizwa & Ntseane (2013) *The Contribution of Non Formal Social Protection to Social Development*. Development Southern Africa, 30, 84-97

² Botswana Institute Policy Analysis (BIDPA) (1997) *A Study of Poverty and Poverty Alleviation in Botswana*, MFDP

³ Ibid

⁴ See Tesliuc, Marques, Mookodi, Braithwaite, Sharma & Ntseane (2013) *Botswana Social Protection*, World Bank

1.3 The Emergence of State Intervention in Social Protection: 1966-1980

When Botswana attained independence from the British in 1966, the government's major challenge was to ensure that the benefits coming from rapid economic growth accrued to all Batswana, whether they lived in urban or rural areas.⁵ The devastating drought of the mid-sixties necessitated government intervention as people could no longer rely on a subsistence economy. It is estimated that the national herd declined by 400,000 and that the entire vegetation had been wiped out due to the devastating drought. The first formal social protection scheme was launched in 1966 to counteract the effects of the drought. With generous assistance from the World Food Programme, vulnerable groups such as lactating mothers, pregnant women, pre-school children and those aged 6-10, tuberculosis patients, malnourished children, and primary school children were assisted. The rest of the community benefitted from this programme through what was called "food-for-work" (Ipelegeng). People were provided with food in return for work on community projects such as the dumping of lands; the building of teachers' quarters, the construction of classrooms and small dams; and the repair and construction of rural roads. Heavy expenditure of over P2 million or 20% of the total recurrent budget went to drought relief measures. By 1970, over 2,000 projects had been undertaken involving 46,000 workers out of a population of 648,000.⁶

When the government initiated the "food-for-work" projects as outlined in the foregoing paragraph, the idea was to provide temporary relief from the devastating effects of drought and to improve the standard of living of people through their own efforts. This programme was, therefore, never intended to be a poverty alleviation strategy. However, it can be argued still that, through self-help projects, many households were relieved of hunger and starvation. Attention was also focused on improving nutritional standards and making use of better food resources. To this end, rural women were trained in more constructive methods of food production, utilization and storage. Furthermore, through the various projects that were implemented, many people improved their artisan and other employment skills which they later used to enhance their lifestyles while making a positive contribution to the formal employment sector. Finally, remarkable rural construction took place through self-help initiatives which enhanced community participation in infrastructural development. As summed up by Wass:

"no one in his right mind would deny the immediate value of the World Food Programme project: it provided desperately needed food, it was operated in such a way as to disrupt family patterns as little as possible, it was the means of accomplishing very considerable additions to the local infrastructure (e.g. schools, roads, water supplies); it involved large numbers of villagers and gave an opportunity for some of these participants to get some understanding of participation in national development".⁷

The government's determination to achieve rural development was strongly articulated by His Excellency the President, Sir Seretse Khama in his address to the nation on the fifth anniversary of independence -30th September, 1971. Concerning social justice and rural development he made these remarks:

"Unless we introduce clear and consistent policies which provide for social justice, development will enrich a minority of our citizens and leave the lives of majority practically untouched. Our development must be planned so that the people of Botswana- and I mean all the people of Botswana –benefit from it. They must benefit from the creation of jobs, from the reinvestment of revenues in rural areas, and from policies which ensure that development benefits the least privileged".⁸

It is against this background that during the second National Development Plan 1970-1975, the government articulated for the first time the need to promote social protection through the principles of social justice and equality of opportunity.⁹ Secondly, the national planning principles of democracy, development, self-reliance, and unity were introduced. Key goals for this plan period were to secure the fastest possible rate of economic growth in a manner designed to raise the living standard of the great mass of the inhabitants of Botswana; to maximize the number of new job opportunities; and, finally, to promote equitable distribution of income, particularly by reducing income differentials between urban and rural sectors through rural development.¹⁰ By this time, the country's population stood at 543,105 and a majority of the people relied on the subsistence economy to sustain their livelihood. For example, over 80% of those in some form of economic activity were employed in traditional agriculture; and this sector contributed 40% of GDP.¹¹

5 Republic of Botswana (1997) National Development Plan 1997/98-2002/03. Gaborone

6 Schapera, I (1947) Migrant Labour and Tribal Life, Oxford: OUP

7 See Wass P (1972) The History of Community Development in Botswana in the 1960's. Botswana Notes and Records Vol 4 page 91

8 See Republic of Botswana (1972) Government Paper no 2: Rural Development in Botswana, Gaborone, page 2

9 Republic of Botswana (1970) National Development Plan 1970-1975, Gaborone, Government Printer

10 See Ibid

11 See Ibid

The government's determination to achieve social justice was again strongly reinforced in the 1973-1978 National Development Plan. Further, with insight provided from the recommendations of the report on rural development by Chambers and Feldman in 1973,¹² the findings from the Rural Incomes Distribution Survey¹³ and the report on Botswana's Accelerated Rural Development Programme,¹⁴ the state was now in a better position to acknowledge the needs of the rural poor. To this end, the government was convinced that, if rural development was to be beneficial, it had to "contain measures that are specifically tailored to reach out beyond the large villages".¹⁵ Invariably, the objectives of government rural development policies as outlined in the National Development Plan 1991-1997 included a) improvement of marketing and credit facilities in the rural areas; b) creation of productive employment opportunities; and c) facilitation of access to social services such as water, education, health care in order to foster healthier and better-fed families.¹⁶ With a view to kick start the implementation of these challenges, the Accelerated Rural Development Programme (ARDP) was launched towards the end of 1973. The ARDP was primarily focused on visible projects such as the construction of buildings in larger and smaller villages, roads and water supplies.¹⁷ Hence by the end of this project in March 1976, social services such as schools, health facilities, staff housing, village water supplies, agriculture supplies and other rural infrastructural projects had been completed. In addition, the project generated employment for semi-skilled and unskilled labour of about close to 3000 persons.¹⁸ However, the evaluation of this project by Chambers in 1977 revealed that ARDP was not primarily designed to confront the central issue of poorer people in the rural areas, but "its aftermath were a step towards reducing the imbalance in service and access to services between the urban areas, the larger villages, the smaller villages, and remoter areas".¹⁹ The section that follows traces developments in social protection from the 1980s onwards.

1.4 Developments in Social Protection: 1980s Onwards

Trends indicate that from the 1980s onwards, considerable efforts were made by the government to promote rural development. Beside interventions described in the foregoing paragraphs, a number of other policies promoting productive employment and income generating activities were also put in place. A few examples are the Financial Assistance Policy, the Arable Lands Development Programme, and the Communal Development Areas Development Programme. However, a number of social and economic challenges surfaced in the late 80s through to the early 90s which inhibited progress. These included: drought, high unemployment rates (particularly amongst the youth) poverty; crime; HIV and AIDS, high population growth and some environmental concerns.²⁰ Drastic actions had to be taken by the government and other key stakeholders to respond to these challenges. A major milestone was the development of the Long Term Vision for Botswana. The strong articulation of social protection as one of the pillars of Vision 2016 marked a major shift in social protection reforms. The government through this Vision sent a clear message that urgent interventions had to be put in place to cushion vulnerable groups against contingencies such as hunger, unemployment, old age, sickness, poverty and death. Consequently, evaluation studies were conducted to review existing social protection programmes and to introduce new ones. These programmes are discussed in detail in latter chapters.

¹² Chambers, R & Feldman, D (1973) National Policy on Rural Development: Report on Rural Development. Government Printer, Gaborone

¹³ See Republic of Botswana (1975) The Rural Income Distribution Survey in Botswana 1974/1975. Ministry of Finance and Development Planning, Gaborone

¹⁴ See Chambers, R. (1977) Botswana's Accelerated Rural Development Programme 1973-6. Experiences and Lessons, Government Printer, Gaborone

¹⁵ Chambers, R. (1977) Botswana's Accelerated Rural Development Programme 1973-6. Experiences and Lessons, Government Printer, Gaborone page 67

¹⁶ Republic of Botswana (1997) National Development Plan 1997/98- 2002/03. Gaborone. Page 87

¹⁷ Chambers, R. (1977) Botswana's Accelerated Rural Development Programme 1973-6. Experiences and Lessons, Government Printer, Gaborone

¹⁸ Ibid page xiii

¹⁹ See Ibid page 38.

²⁰ See Opacity

1.5 Other Policy Reforms

A number of policy measures have been put in place to reduce poverty and promote social protection. The Revised Policy for Rural Development proposes mechanisms to increase economic empowerment and self-reliance in the provision of social protection schemes.²¹ Regarding security and social protection, the Revised Rural Development Policy seeks to improve the coverage, targeting, adequacy, efficiency, and effectiveness of social security programmes. On the other hand, The National Strategy for Poverty Reduction of 2003 (NSPR) is amongst the latest poverty reduction strategy that aims at harmonising and coordinating various poverty reduction initiatives. The unique feature of NSPR is to improve the coordination and implementation of existing poverty alleviation policies and programmes.²² Another thrust of this strategy is to stimulate economic growth and expand employment opportunities, either through the creation of jobs or by facilitating self-employment. The NSPR recognizes the need for government to continue providing social security programmes to the most vulnerable members of society. Specific areas of focus of this strategy address sustaining the livelihoods of the poor by enhancing their income-earning opportunities and providing economically sustainable employment opportunities; enhancing human capabilities by giving the poor access to information; and enhancing the participation of those who are beneficiaries of the Remote Area Development Programme by empowering them towards self-sufficiency.

1.6 Conclusion

This chapter has examined the history of social protection in Botswana. The chapter began by exploring the informal social protection programmes and how these were used in the pre-independence era to cushion families and communities against risks and vulnerabilities.²³ Although many of these schemes have diminished due to modernization and other sources of social change, some rural communities in Botswana still heavily rely on them. The chapter further traced the origins of formal social protection since 1966 when Botswana attained independence from the British rule. A detailed review was made of various policy actions that were adopted by the government to address the plight of the poor and vulnerable members of society. Specific reflection was made on various pronouncements in the National Development Plans as well as related policy documents. The chapter concluded by examining new policy reforms. A critical analysis of these policies is provided in subsequent chapters.

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²¹ Republic of Botswana (2002) Revised National Policy for Rural Development, Government Paper No: 3 of 2002. Ministry of Finance and Development Planning, Gaborone

²² See Ministry of Finance and Development Planning (2003) National Strategy for Poverty Reduction 2003, Gaborone

²³ This discussion is continued in Chapter 5 in much more detail.

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CHAPTER

TWO

**CONTEXT OF SOCIAL PROTECTION
IN BOTSWANA**

2.1 Introduction

The provision of social protection in any country is largely influenced by the prevailing socio-economic, political and cultural environment. It is therefore important to explore the context within which social protection is rolled out in Botswana. This chapter begins by describing the demographic features of the population of Botswana, with a particular focus on population size, population growth, distribution and household characteristics. A brief overview is then given of the structure and rates of economic growth and an overview of the country's macro-economic performance. The nature, causes, and extent of poverty are discussed as well as the groups that are most vulnerable to poverty. The chapter concludes by exploring the human development outcomes and the link between Vision 2036, National Development Plan 11 and Sustainable Development Goals.

2.2 Demographic Composition of Botswana Population

Botswana is a landlocked, semi-arid country covering 582, 000 square kilometres. The country attained independence in 1966 after 80 years of operating as a British Protectorate. Botswana's population increased from 2,024,904 in 2011 to 2,346,179 according to the 2022 Population and Housing Census. This constitutes an increase of 15.9 percent over the period of 10 years.²⁴ The census results further indicate that the country had 1,150,698 males and 1,209,001 females at the time. Due to improvements in the performance of the economy and health facilities, life expectancy rose steadily from 46 years in 1965 to 56 in 1981, 62.5 in 1991 and 68 years in 2022. Other important features of Botswana's current population to emerge from the census data included that:²⁵

- There is a high preponderance of youth in the population, for example, more than two-thirds (70%) of the population is under the age of 35 years. About 33.5% of the population is aged 10-24 years.
- The family structure is changing towards smaller families and an increase in female-headed households.
- The national average household size is estimated to be 3.3 persons per household as opposed to 3.7 persons per household during the 2011 census. Selibe-Pikwe and Francistown regions have larger average households; whilst Orapa and Jwaneng tend to have smaller households with 2.8 persons per household.
- The percentage of married households decreased from 26.9% in 2009/10 to 25.3% while the percentage of "living together" increased from 20.4% to 27.3%. Never married household heads is at 33.1% whilst 2% of households are divorced.²⁶
- A total of 56,555 (2.7 percent) people had a disability; the most common being eyesight (37%) followed by a defect in hearing at 24.5%. Of this cohort of the population, 20,382 were males, while 36,173 were females.²⁷
- Settlement patterns have altered significantly over time, due to the growth of the urban economy, increase in access to education and the unattractiveness of the rural livelihoods.
- Whilst the majority of citizens preferred to reside in cities and light towns, the 2022 census showed a slight decline in the total population living in urban centres such as Gaborone, Lobatse, Selibe-Pikwe, Orapa, Jwaneng and Sowa.
- In terms of population density, increases were recorded in South East, Kgatleng, North East and Kweneng; with Mogoditshane being the most populated village (88,098) followed by Maun (85,293) and Molepolole (74,719).

²⁴ Statistics Botswana (2022) 2022 Population and Housing Census- Preliminary Results, Gaborone

²⁵ See Ibid pages 1-3

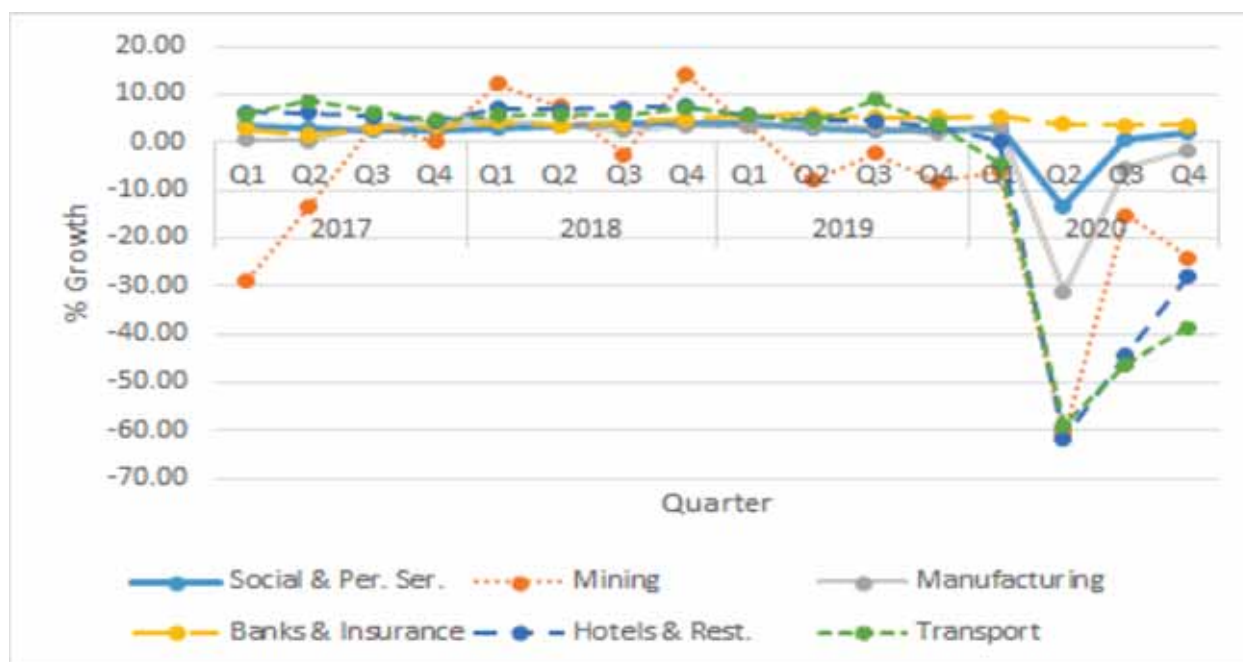
²⁶ See Statistics Botswana (2018) Botswana Multi-Topic Household Survey Report 2015/16. Gaborone pg.10

²⁷ Ibid pg. 11

2.3 Macro-Economic Conditions

Unlike in many countries in the region and beyond, Botswana's social protection regime is fully funded by the government primarily through tax and non-tax revenue. About 4.4% of Gross Development Product (GDP) is allocated to social protection.²⁸ This overall spending is considered reasonably high by international standards.²⁹ Nevertheless, data obtained from the Bank of Botswana shows that the COVID-19 pandemic severely disrupted economic growth during the 2019/2020 fiscal year; with an estimated 7.7% real GDP contraction³⁰. Key sectors of the economy namely; mining, tourism, hospitality, construction, manufacturing, transport and communication, and agriculture were negatively impacted. Figure 2.1 shows the percentage growth of selected economic sectors before and after COVID-19.

Figure 2.1: Percentage growth of selected sectors: 2017-2020



Source: Bank of Botswana: Botswana Financial Statistics, June 2021

As shown in Figure 2.1 there was a significant decline in a number of major sectors of the economy, particularly mining, transport, manufacturing and hotels and restaurants. To mitigate the impact of COVID-19, the government put in place various measures to stimulate the economy. A few examples include the following: COVID-19 Relief Fund, Government Guarantee for Commercial Banks, Tax Concessions, Industry Support Facility, Psycho-social Support, Diaspora Citizen Support, Sport & Creative Support. In addition, the government launched the Botswana National Informal Sector Recovery Plan and rolled out COVID-19 vaccination throughout the country.³¹ By the first quarter of 2022, the economy had experienced some stability and began to show signs of growth. Recorded GDP was P53, 880.8 million compared to P46, 671.4 million recorded during the third quarter of 2020.³² Public Administration and Defence became the major contributor to GDP by 17.5 percent, followed by Mining & Quarrying by 13.3 percent.³³ To cushion the impact of rising inflation on households and the economy, on July 27th 2022, the Minister of Finance announced the following short-term interventions valued at P1.8 billion:³⁴

28 Government of Botswana (2018) National Social Protection Framework

29 UNICEF (2020) Botswana Budget Brief- Social Protection 2019/20, Gaborone

30 Bank of Botswana (2020) Annual Report, Gaborone

31 See Bank of Botswana (2020) Annual Report pg.113-115

32 See Statistics Botswana (2020) Gross Domestic Product third quarter of 2020

33 Statistics Botswana (2022) Gross Domestic Product 2022

34 See Serame, P (2022) Statement to the National Assembly: Cushioning the impact of rising inflation on Households and the economy. Gaborone

- Reduction of value-added tax from 14% to 12% for a period of six months
- Cooking oil and liquid petroleum to be zero-rated for VAT purposes
- Allowance of tertiary students to be raised by 18.5%
- Additional loan funding to be provided to Botswana Meat Commission (BMC) to ensure that farmers do not struggle with delayed payments for cattle supplied to BMC

The other positive changes in macro-economic conditions include the following policy shifts:³⁵

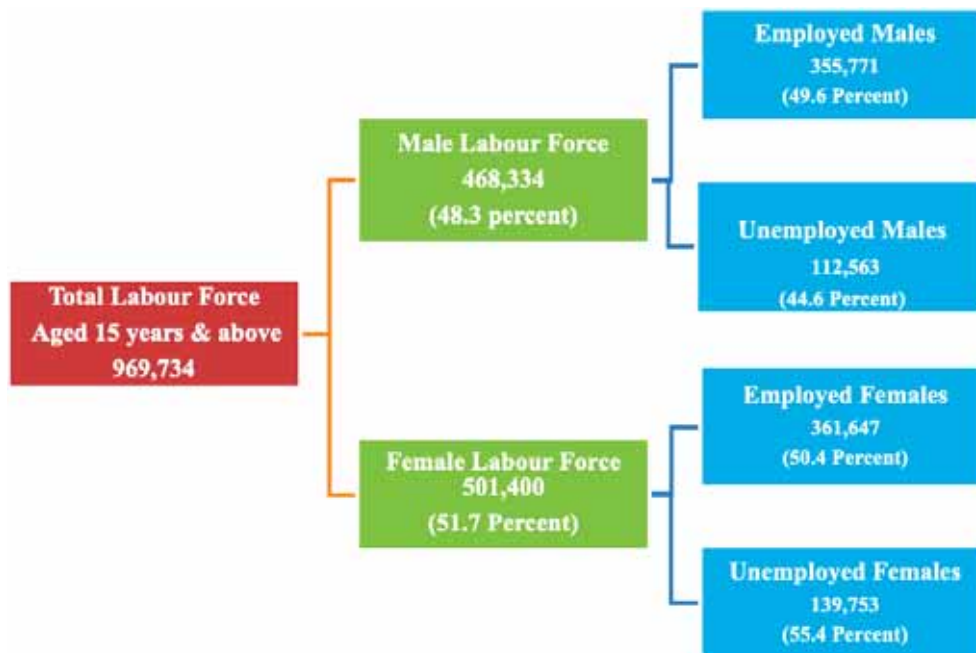
- Privatisation Policy for Botswana (2000)
- The Economic Recovery and Transformation Plan (2020)
- National Social Protection Recovery Plan (2020)
- Draft National Poverty Eradication Policy (2019)
- Draft National Decentralization Policy (2020)
- National Employment Policy for Botswana (2021)
- Review of the National NGO Policy of 2012
- The Citizen Inclusion Act (2021)

Improvements in the performance of the economy, as well as new policy shifts, have had a significant bearing on financing of social protection, improvement of household livelihoods as well as the growth of formal employment. The next section provides an analysis of labour force indicators.

2.4 Labour Force Indicators

The most recent data from the Quarterly Multi-topic Survey³⁶ (QMTS, 2021 Q4) shows that the total labour force aged 15 years and above was 969,734. Males comprised 48.3% with 468,334 whilst females were 501,400 (51%) of the labour force. Of these, there were 112,563 unemployed males and 361,647 unemployed females.³⁷ (See Figure 2.2 below):

Figure 2.2: Labour force aged 15 years and above by sex



Source: Statistics Botswana (2022) QMTS 2021 Q4

³⁵ Other policies are discussed in Chapter 3

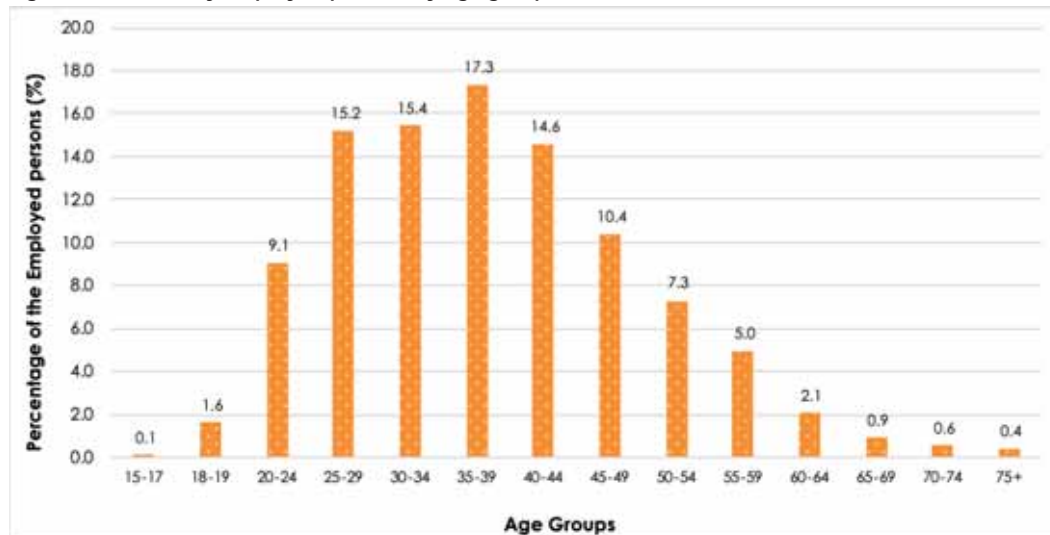
³⁶ Statistics Botswana (2022) Quarterly Multi-Topic Survey, QMTS 2021 Q4

³⁷ Ibid page 10.

2.4.1 Currently employed persons by age group

Figure 2.3 shows persons employed in the various sectors of the economy, by age group. As reflected in this Figure, age 35-39 recorded the highest number of persons employed followed by age 40-44 respectively.³⁸ As expected, from age 60 and above, the numbers begin to drop due to mandatory retirement policies in both the government and private sector.

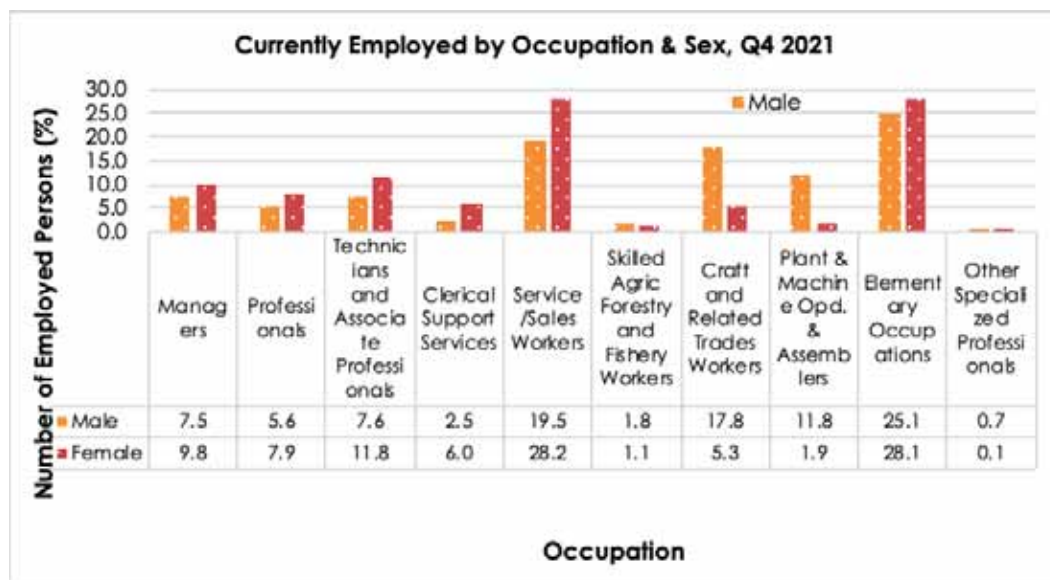
Figure 2. 3: Currently employed persons by age group



Source: Source: Statistics Botswana (2022) QMTS 2021 Q4

With respect to currently employed persons by occupation, the data showed that a majority of people are employed in elementary occupations followed by those employed as service/sales workers. These include jobs like cleaners, domestic workers, shop sales assistants, cashiers, security guards, fuel attendants, etc. Occupations such as management and the professional rank have fewer employees comparatively (See Figure 2.4).

Figure 2.4: Currently employed by occupation & Sex



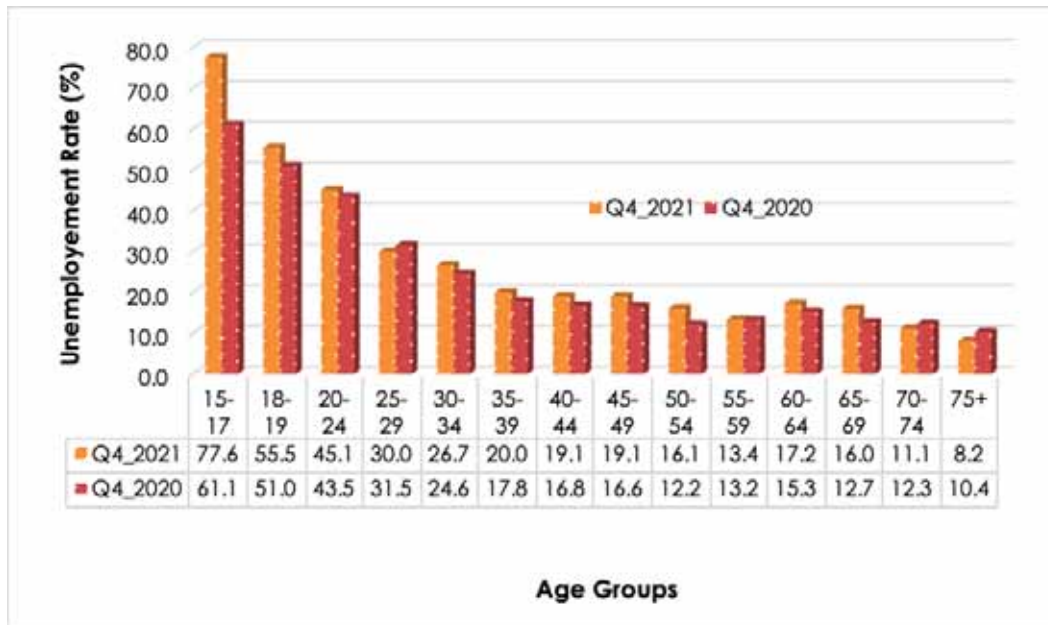
Source: Statistics Botswana (2022) QMTS 2021 Q4

³⁸ Ibid page 12

2.4.2 Unemployment levels

Figure 2.5 shows the unemployment rate by age group for the fourth quarter of 2020/2021. As shown in this Figure, the overall unemployment rate for 2021 stood at 26%; compared to 24.5% in 2020.³⁹ Figure 2.5 further shows that the highest unemployment rate of 77.6% was recorded in the age range 15-17, followed by age group 18-19 at 55.5%. The rate of unemployment for the age group 20-24 was also high at 45%.⁴⁰ The Botswana Multi-Topic Household Survey (BMTHS) of 2015/16 recorded an unemployment rate of 17.6% of the total labour force.⁴¹ This suggests that unemployment was steadily increasing in Botswana, especially amongst the youth.

Figure 2.5: Unemployment rate by age group, QMTS Q4 2020 & Q4 2021



Source: Source: Statistics Botswana (2022) QMTS 2021 Q4

2.5 Poverty and Vulnerability

Despite Botswana being rated as an emerging upper-middle-income country, poverty and income inequality remain a big challenge. Traditionally Botswana has used monetary measures to understand the depth of poverty in the country, but more recently, multidimensional measures have been used for the purpose.⁴² According to the recent BMTHS of 2015/16, 16.3% of the population lives below the poverty datum line of \$1.90 per day. Other key features of poverty and vulnerability are described below:⁴³

- Poverty has been declining from 19.3% in 2009/10 and 30.6% in 2002/03 respectively.
- At national level, poverty is more prevalent amongst female-headed at 55% households compared to their male counterparts at 45%.
- Poverty incidence is higher among younger children (0-4 years 16.9%, 5-9 years 14.5% and 10-14 years 12.3%) than among other cohorts of the population.
- In terms of conditions in the districts and sub-districts, poverty is more prevalent in Kweneng West (50.6%), Ngwaketse West (40.3) and Kgalagadi South (39.5%).
- At the national level, 5.8% of the population experiences extreme poverty.

³⁹ See Statistics Botswana (2022) Quarterly Multi-Topic Survey, QMTS 2021 pg 51

⁴⁰ Ibid page 51

⁴¹ Statistics Botswana (2018) Botswana Multi-Topic Household Survey Report 2015/2016, Gaborone

⁴² Monetary measures track poverty using income and consumption. Households living below poverty datum line of \$1.90 are considered poor. Multi-dimensional Poverty Index is a poverty measure that looks at multiple deprivations that poor people encounter in areas such as education, health, sanitation, access to food, housing, agriculture and other living conditions.

⁴³ See BMTHS pages 64-66

A comparative analysis of the two measures of poverty in Botswana shows that the incidence of multidimensional poverty is slightly higher than that of monetary poverty.⁴⁴ For example, the data show that 17.2% of the population experiences non-monetary deprivation. Other features of the results of poverty levels measured using the multidimensional tool reveal the following:⁴⁵

- Most of the deprivation is experienced by households in rural areas where basic services such as water, sanitation, education and other livelihoods are not available. The districts with the highest number of multidimensional poor people are Kweneng West (45.9%) followed by Central Tutume and Central Serowe at 25%.
- An estimated 68% of children experience multidimensional poverty.⁴⁶
- Children from poor households have higher rates of deprivation and are most likely to drop from school.
- Sanitation is the most common form of deprivation for all age groups.
- There is a high association between HIV prevalence and deprivation; 27% of children reside in households with an HIV-positive member.
- The poor are generally deprived of food security, housing, safe drinking water, access to quality education and productive subsistence agriculture⁴⁷
- At national level, 3.5% of the population experience multidimensional poverty.

2.6 Government Response to Human Development Outcomes

The Government of Botswana follows a liberal political paradigm in the provision of social welfare services. The fundamental economic value of liberalism is competitive capitalism based on free enterprise that is government regulated. Enshrined in this paradigm is the belief in representative democracy and pluralism⁴⁸. The delivery of social and economic development is guided by five national principles, namely, Democracy, Self-Reliance, Development, Unity and Botho⁴⁹. In terms of the provision of social protection, an institutional model is followed whereby the government ensures that everyone has access to basic (minimum) levels of health care, housing, education and other welfare services⁵⁰. The government's commitment to provide social protection is clearly articulated through Vision 2036, National Development 11 and Sustainable Development Goals (SDGs).

In 1997, Botswana published a document now commonly known as "Vision 2016": A long Term Vision for Botswana. With respect to poverty, the document pronounced that Botswana would be "a compassionate and caring society, offering support and opportunity to those who are poor, including all people in the benefits of growth" (Presidential Task Group, 1997:8). The Vision document projected that by the year 2016, efforts would have been made to eradicate absolute poverty so that no part of the country would have people living with incomes below the poverty datum line. With specific reference to social protection, the Vision 2016 stated thus:

"All people will have access to productive resources regardless of ethnic origin, gender, disability, or misfortune. Botswana will have succeeded in helping people to escape from the poverty trap.... There will be a social safety net for those who find themselves in poverty for any reason. This will go hand in hand with the provision of good quality social security, in partnership with the private sector and NGOs, aimed at vulnerable groups such as the elderly, disabled, orphans and terminally ill" (Presidential Task Force, 1997:9).

Vision 2016 has run its course, although many of its ideas remain on the radar. Building on the lessons learnt from Vision 2016, and the socio-economic challenges facing the country such as rising poverty and inequality, unemployment and many other social ills, Vision 2036 "Achieving Prosperity for All" was launched on 30 September 2016. Vision 2036 is anchored on four pillars: Sustainable Economic Development, Human and Social Development, Sustainable Environment, and finally Governance, Peace and Security.⁵¹ Social protection falls under Pillar 2: Human and Social Development. The Vision states that "social protection will continue to be provided to support the most vulnerable members of the society"⁵² It further states that there is a need to reform social protection to ensure inclusion of the marginalised population groups including people with disabilities as well as improving targeting and effectiveness of programme delivery.⁵³

⁴⁴ Republic of Botswana (2020) National Annual Poverty Analysis Report, Gaborone. Page 22

⁴⁵ Ibid page 20

⁴⁶ See Statistics Botswana and UNICEF (2021). Child Poverty in Botswana: Updating the National Multiple Overlapping Deprivation Analysis (N-MODA)

⁴⁷ Republic of Botswana (2019) Draft National Poverty Eradication Policy, Gaborone

⁴⁸ See Mullay, R. Structural Social Work

⁴⁹ Vision 2036 Presidential Task Team (2016), Vision 2036, Achieving Prosperity for All. Government of Botswana, Lighthouse. Gaborone. Botho is a cultural term that is associated with being courteous, well mannered, showing compassion and encouraging social justice

⁵⁰ Ibid page 72

⁵¹ Op Cit page

⁵² See Vision 2036 page 20

⁵³ Ibid page 20

Commitment by the Government of Botswana towards social protection provision is also articulated in the National Development Plan 11 (NDP), under the chapter on Social Upliftment. The government envisages that through this thematic area, opportunities will be created to maximize the productive lives of citizens so that they achieve higher levels of employment and sustainable economic growth.⁵⁴ Assessment of performance during the mid-term plan of NDP 11 showed that the major interventions implemented by various government departments to eradicate poverty included: agricultural support programmes, provision of shelter, education, health and well-ness programmes, education, economic empowerment programmes, social safety nets and other social services.⁵⁵

Despite progress made in improving the lives of beneficiaries of these programmes, challenges have been noted particularly in regards to implementation. Figure 2.6 provides a comprehensive and holistic picture of the challenges currently faced and deficiencies as well as proposed policy reforms. Through the proposed policy reforms, it is envisaged that social protection programmes will become more coordinated, efficient and effective for the remainder of NDP 11.⁵⁶

Figure 2.6 Challenges and proposed policy reforms: Mid-term review NDP 11 (2017-2023)

Challenges experienced under social development	Proposed policy reforms and programmes for the remainder of NDP 11
Limited conceptualisation of social welfare-safety nets	Review Economic Empowerment & Social Protection programmes Implement proxy means testing
Deficiencies in the policy framework for poverty eradication	Finalise National Poverty Eradication Policy & National Poverty Eradication Strategy & Action Plan
Inadequate monitoring and evaluation of poverty eradication programmes and projects	Strengthen monitoring and evaluation of poverty eradication programmes and projects Ensure appropriate data are collected
Limited information on impact of Ipelegeng	Evaluate Ipelegeng, review effectiveness and reform
Inadequate coordination of information management system for social welfare programmes and services	Roll out Single Social Registry across government programmes Harmonize information management systems
Delays in procurement process for projects and services	Strengthen project management and accountability
Implementation inefficiencies of social development policies and programmes leading to inadequate targeting and leakages	Adoption and implementation of National Social Protection Framework (NSPF)
Vulnerable Group Feeding programme implemented inefficiently	Improve programme management to ensure no gaps in procurement Review recommendations of UNICEF study
Limited data on the extent to which social assistance spending is focused on the poor	Use administrative and survey data to monitor and improve cost-effectiveness and ensure that the programme reaches intended beneficiaries

⁵⁴ See Republic of Botswana (2020) Mid Term Review of NDP 11, Ministry of Finance page 91

⁵⁵ Republic of Botswana (2020) Mid Term Review of NDP 11, Ministry of Finance and Economic Development, page 92. See Chapter 8 for details on these programmes.

⁵⁶ See Ibid page 95

Deficiencies in policies on OVC, Elderly and Family and need to review policy on Disability, Youth Policy and Destitute Policy which compromise the targeting of beneficiaries	Review of National Policy on Destitute Persons Development of Family and OVC policies Development of Disability Frameworks Review of National Youth Policy Review Population Policy
Inadequacies in the current housing policy, which limits efforts to coordinate housing delivery	Review of the Housing Policy and strengthening implementation of the Participatory Slum Upgrading Programme
Inadequate early identification and intervention of people with special needs	Fast track implementation of Inclusive Education Policy Improve collaboration with and support for NGO providers Finalize implementation of National Rehabilitation Policy
Inadequate mainstreaming of marginalised groups into programmes	Development and implementation of disability frameworks Enhance multi-sectoral collaboration in providing learner support programmes
Challenges relating to commitment and ownership for government supported programmes by beneficiaries	Intensify behaviour change interventions (Psycho-social support and counselling to targeted beneficiaries).
Limited market accessibility for economic empowerment programmes and the creative industry	Advocate for private sector support for economic empowerment programmes through partnerships Make greater use of media
Capacity constraints of technical and entrepreneurial skills amongst the youth to produce competitive products for the market	Integrate entrepreneurial skills into the school curriculum Review Youth Development Fund Evaluate programme cost-effectiveness
Inadequate food production resulting in food insecurity for some rural households	Implement Climate-Smart Agriculture to improve food production, strengthen farmers resilience and environmental benefits
Lagging development in rural areas	Review Revised National Policy for Rural Development to align with Transformational Agenda, Vision 2036 and the Decentralisation Policy
Weak local/regional economies	Focus on Local Economic Development; identify local resources to promote local investment and new alternative sources of growth

Source: Republic of Botswana (2020) Mid Term Review of NDP 11, page 96-97

2.7 Linking Vision 2036, NDP 11 and Sustainable Development Goals

A deliberate effort has been made by the Government of Botswana to align the chapter on Social Upliftment (NDP11) with Vision 2036 Pillar of Human and Social Development as well as relevant SDG goals in particular SDG 1, 2, 3, 4, 5, 6 and 12. This strategic and timely linkage provides policy makers and programme implementers with an opportunity to harmonize their mandates to ensure that Botswana achieves inclusive, transformative and sustainable development that “leaves no one behind”.⁵⁷ Various government ministries ought to make an effort to capture timely and quality administrative data to measure outcomes based on identified targets and indicators. For this to materialize there will be a need to put in place an effective monitoring and evaluation framework that tracks progress on a continuous basis using Theory of Change. Figure 2.7 shows the linkage between Vision 2036, NDP 11 and Sustainable Development Goals.

⁵⁷ See Statistics Botswana (2018) Sustainable Development Goals Indicators.

Figure 2.7: SDGs, Vision 2036 Pillar 2 and NDP 11

Sustainable Development Goals	Targets	Vision 2036 Pillar	NDP 11 Priorities
Goal 1: End of poverty in all its forms	<p>By 2030 reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.</p> <p>Implement nationally appropriate social protection systems and measures for all, and by 2030 achieve sustainable coverage of the poor and vulnerable.</p> <p>By 2030 build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters.</p>	Human Social Development	Social Development
Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture	<p>By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe nutritious and sufficient food all year round.</p> <p>By 2030, end all forms of malnutrition, including achieving by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age and address nutritional needs of adolescent girls, pregnant and lactating women and older persons.</p>	Human Social Development	Social Development
Goal 3: Ensure healthy lives and promote well-being for all at all ages	<p>By 2030, end preventable deaths of new-born children under 5 years of age and reduce neonatal mortality.</p> <p>By 2030, end the epidemic of AIDS, tuberculosis, malaria and neglected tropical diseases and combat other communicable diseases.</p>	Human Social Development	Social Development
Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	<p>By 2030, ensure that all girls and boys have access to quality primary and secondary education leading to relevant and effective learning outcomes.</p> <p>By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education.</p> <p>By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education.</p>	Human Social Development	Social Development

Goal 5: Achieve gender equality and empower women and girls	End all forms of discrimination against all women and girls. Recognize and value unpaid care and domestic work through the provision of public service, infrastructure and social protection policies and the promotion of shared responsibility within the household.	Human Social Development	Social Development
Goal 6: Ensure availability and sustainable management of water and sanitation for all	By 2030, achieve universal and equitable access to safe water and affordable drinking water for all.	Human Social Development	Social Development
Goal 12: Ensure sustainable consumption and production patterns	By 2030, achieve the sustainable management and efficient use of natural resources.	Human Social Development	Social Development

Source: Statistics Botswana (2018) & Republic of Botswana/UNSD (2017) SDGs Indicators – Author developed

2.8 Conclusion

This chapter has summarized the context of social protection provision from sociological, economic and political perspectives. It is quite evident from this discussion that at the political level, the Government of Botswana is fully committed to providing social security for the citizens. This is evidenced by the declaration of intent by the government as articulated in national policy documents such as National Development Plans, Vision 2036, Domesticated SDGs and many other policies reviewed in this chapter. An examination of the economic context shows that Botswana has experienced a steady growth rate despite the devastating impact of COVID-19. The reality though is that, despite this, the wealth is still to trickle down for the benefit of the majority of the people, especially those residing in the rural areas where poverty levels remain comparatively high. It is because of challenges with redistribution mechanisms in place that perhaps over a third of the population continues to depend on social protection schemes to meet the basic necessities of life. Overall it can be concluded that although the political will has been well articulated, what is still lacking is a radical shift in strategies for the implementation of social and economic policies, guidelines and frameworks that are already in place.

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CHAPTER

THREE

**THE CONCEPT OF SOCIAL
PROTECTION**

3.1 Introduction

Most countries have adopted social protection interventions in order to assist individuals and households to confront various risks and vulnerabilities. There is no universally accepted definition of the term social protection. Experts and researchers contend that the concept of social protection is not static; as such it evolves as the society changes⁵⁸. In addition, the functions of social protection tend to reflect historical differences amongst countries as well as their level of economic and political development. This chapter presents the evolution of the term social protection within the context of socio-cultural, economic and political contexts, and considers definitions of the concept by various international and regional bodies. The chapter concludes by demonstrating how the term social protection is defined and contextualized in the case of Botswana.

3.2 Evolution of Social Security and Social Protection

Globally, the first nation to adopt social security interventions was Germany in the early 1880s. Under the leadership of Chancellor Otto von Bismarck, social health insurance for older persons was adopted in 1883 followed by contributory pensions in 1889⁵⁹. In 1935 under President Franklin D Roosevelt, the United States signed into law the Social Security Act, incorporating a new term that combined 'economic security' with 'social insurance'⁶⁰. After the Second World War, the number of social insurance schemes grew rapidly in many regions of the world. However, the ratification of the Universal Declaration of Human Rights in 1948 by the United Nations (UN) General Assembly gave social security more prominence across the entire world. This declaration pronounced the notion of social security as a human right, linking it to other social, economic and cultural rights. According to Article 25 of this declaration; "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control"⁶¹.

A few years following the promulgation of this treaty, the International Labour Organization (ILO) adopted the Social Security (Minimum Standards) Convention (No.102 of 1952). This Convention pronounced the worldwide-agreed minimum standards for all the nine branches of social security namely: medical care, sickness benefit, unemployment benefit, old-age benefit, employment injury benefit, family benefit, maternity benefit, invalidity benefit and survivors benefit⁶². The ILO defines social security and social protection interchangeably as "the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle"⁶³. The ILO paradigm views social protection as a mix of contributory schemes (social insurance) and non- contributory tax-financed benefits that include social assistance⁶⁴.

In an attempt to develop a more comprehensive definition of social protection that reflects the peculiarity of southern Africa, a group of experts in SADC developed what they termed a Code on Social Security. In June 2007, the Code was approved by the SADC Integrated Committee of Ministers in Windhoek, Namibia. The provisions of the Code are largely influenced by the 2003 Charter of Fundamental Social Rights in SADC. The Charter contains specific stipulations for the provision of social protection to every worker in the SADC region, as well as to persons who have been unable to enter or re-enter the labour market and have no means of subsistence. The other objective of the Charter is to ensure the participation of social partners in the harmonization of social security schemes in the region. Besides the Charter on Fundamental Social Rights, the Code was also influenced by other regional and international treaties on social protection.

3.3 Social Security

Social security according to the SADC Code, refers to "public and private, or mixed public and private measures, designed to protect individuals and families against income insecurity caused by contingencies such as unemployment, employment injury, maternity, sickness, invalidity, old age and death. The main objectives of social security are: a) to maintain income, b) to provide health care, and c) to provide benefits to families"⁶⁵. Social security according to the SADC Code includes social allowance, social assistance and social insurance. These terms are defined as follows:

58 Garcia, B & Gruat, J.V (2004) Social Protection: A life cycle continuum investment. ILO

59 EU (2015) Concept Paper No 4. Supporting Social Protection Systems, pg-14-15

60 See ILO from Bismarck to Beveridge: Social Security for All

61 See Universal Declaration of Human Rights Article 25.

62 The ILO (2008) C102-Social Security (Minimum Standards) Convention 1952 (No 102)

63 ILO (2017) World Social Protection Report 2017-2019, pg. - xxix

64 See ILO (2017) World Social Protection Report 2017-2019, pg. 3

65 SADC (2008) CODE on Social Security in the SADC pg. 1

3.3.1 Social allowance

Social allowance refers to “universal payments made to persons in designated categories who are exposed to exceptional need (such as children, older persons, persons with disabilities) designed to assist them in the realization of their full potential. The objective of social allowance is social compensation. Social allowances are financed from government revenues and are not means tested”⁶⁶.

Examples of social allowance interventions in Botswana include:

- *Orphan Care Programme;*
- *Vulnerable Groups Feeding Programme*
- *Primary and Secondary School Feeding Programme;*
- *Old Age Pension*
- *World War II Veterans*
- *Community Home-Based Care Programme*

3.3.2 Social assistance

Social assistance has been defined as “a form of social security which provides assistance in cash or in kind to persons who lack the means to support themselves and their dependents. Social assistance is means-tested and is funded from government revenues. The objective of social assistance is to alleviate poverty through amongst other things, the provision of minimum income support”⁶⁷.

Examples of social assistance programmes in the case of Botswana include:

- *Destitute Persons Programme*
- *Needy Students*
- *Labour-Based Drought Relief Programme*
- *Ipelegeng*
- *Remote Area Development Programme.*
- *Disability Grant.*

3.3.3 Social Insurance

Social insurance, on the other hand, refers to “a form of social security designed to protect income-earners and their families against reduction or loss of income as a result of exposure to risks. These risks impair one’s capacity to earn income. Social insurance is contributory with contributions being paid by employers, employees, self-employed persons or other contributors, depending on the nature of the specific scheme. Social insurance is aimed at achieving a reasonable level of income maintenance.”⁶⁸

Examples of social insurance programmes in the case of Botswana include:

- *Workman’s Compensation.*
- *Maternity Benefits*
- *Informal Mechanisms (savings clubs, funeral societies etc.)*

⁶⁶ Ibid pg. 1

⁶⁷ Ibid pg. 1

⁶⁸ See SADC CODE pg. 1

3.4 Social Protection

The SADC Code defines social protection as “public and private, or mixed public and private measures designed to protect individuals against life cycle crises that curtail their capacity to meet their needs. The objective is to enhance human welfare.”⁶⁹ Social protection is, therefore, a broader term as it encompasses the following groupings: social allowance, social assistance, social insurance and active labour market and livelihoods programmes. Within the context of the SADC Code, social protection can be seen as a combination of social security and labour market measures intended to help individuals and societies manage risks and vulnerabilities. Labour market programmes may be contributory or non-contributory. They are designed to help protect the poor people who are able to work to acquire skills and to connect them to labour markets.⁷⁰

Examples of active labour market programmes in the case of Botswana include:

- *Poverty Eradication Programme (PEP)*
- *Youth Development Funds (YDF)*
- *Women Economic Empowerment Programmes*
- *Livestock Management and Infrastructure Development (LIMID)*

The National Social Protection Framework (NSPF) for Botswana provides a definition of social protection similar to that contained in the SADC Code. Social protection according to NSFP is defined as “programmes that employ public and private initiatives, guided by state policies, to prevent, address, and reduce the risk of poverty and vulnerability for households and communities in Botswana.”⁷¹ This definition is consistent with definitions by the World Bank, ILO, UNICEF, European Union, UNDP, International Monetary Fund, and bilateral organizations⁷². However, the approach by NSPF fails to articulate the human rights approach element emphasized by the ILO and UNICEF. Finally, a much broader definition of the term social protection is that provided by Sabates-Wheeler and Devereux who identify what they term four functions of social protection: provision, prevention, promotion and transformative. These functions are briefly discussed:

- **Provision Measures**

Sabates-Wheeler & Devereux, argue that safety nets provide relief from poverty and deprivation⁷³. Provision measures include social assistance and social allowance benefits as well as social services for poor individuals and groups needing special care.

- **Preventative Measures**

These measures include social insurance schemes as they seek to prevent deprivation for economically vulnerable groups. The target is essentially individuals who have fallen or may fall under the poverty trap and require support to manage shocks and vulnerabilities. Social insurance in this context includes formalized pensions, health insurance, maternity benefits, and other informal provisions such as savings clubs and funeral covers⁷⁴.

- **Promotion Measures**

Promotion measures according to Sabates-Wheeler & Devereux enhance real incomes and capabilities of individuals and households through the provision of livelihood-enhancing-programmes⁷⁵. Examples of these measures include micro-credit, public works programmes and other similar labour market programmes.

⁶⁹ Ibid pg. 2

⁷⁰ See World Bank (2018) *The State of Social Safety Nets*. World Bank, Washington. Page 5

⁷¹ Government of Botswana (2018) *National Social Protection Framework*, pg. 3.

⁷² See Devereux, S and Roelen, K (2016) *Agency Position on Social Protection*, SDC-IDS Notes

⁷³ Sabates-Wheeler, S & Devereux, S (2007) *Social Protection for Transformation*, IDS Bulletin Vol 38 (3) pg. 23-27

⁷⁴ Ibid pg. 25 See also Devereux and Sabates-Wheeler (2004)

⁷⁵ Ibid pg. 25.

- **Transformative Measures**

According to Sabates-Wheeler & Devereux, these measures address chronic poverty and livelihood threats that arise as a result of structural inequalities and abuse of power by those in authority. Therefore, transformative measures go beyond the other three to address issues around social justice and exclusion such as exploitation of workers and discriminatory laws⁷⁶. The aim of transformative social protection is “to achieve empowerment, equity as well as the realization of economic, social and cultural rights.”⁷⁷

3.5 Botswana Social Protection Vision and Principles

Botswana’s government launched the National Social Protection Framework (NSPF) in January 2018 through consultation with various key stakeholders. Consistent with the aspirations of Vision 2036, the vision of NSPF is to “establish a comprehensive and well-coordinated social protection system that is efficient, effective and sustainable.”⁷⁸ The NSPF envisages a social protection system for Botswana that will be guided by the principles articulated in Figure 3.1 It is worth noting that these principles are consistent with those espoused in the UN Human Rights-Based Framework for Social Protection⁷⁹.

Figure 3.1 Social protection principles - Botswana

Principle	
Equitable	Fiscal resources are equitably distributed, common rights and obligations are established and enforced, and equality of opportunity is supported.
Transparent	Official business is conducted in such a way that substantive and procedural information is available to, and broadly understandable by different people and groups in society, subject to limits protecting security and privacy.
Accountable	Officials and those who seek to influence them are required to follow established rules defining processes.
Evidence-Based	There are clearly established goals linked to the programme and officials to make use of the best available evidence from multiple sources to track progress toward meeting those goals, inform policy-making and support accountability.
Accessible	Officials seek to identify coverage gaps and work to ensure the inclusion of the most vulnerable and implement social protection measures in a manner to protect citizens against discrimination, and inclusion.
Participatory	Stakeholders, including beneficiaries and non-beneficiaries, are consulted at regular intervals with respect to the design, implementation and outcomes of social protection programmes and policies.
Efficient	Resources are used in the most efficient way possible to ensure that benefits are reaching intended beneficiaries and administrative costs and waste are minimal.

Source: National Social Protection Framework, 2018

⁷⁶ See Sabates-Wheeler & Devereux pg. 25

⁷⁷ Ibid pg. 27

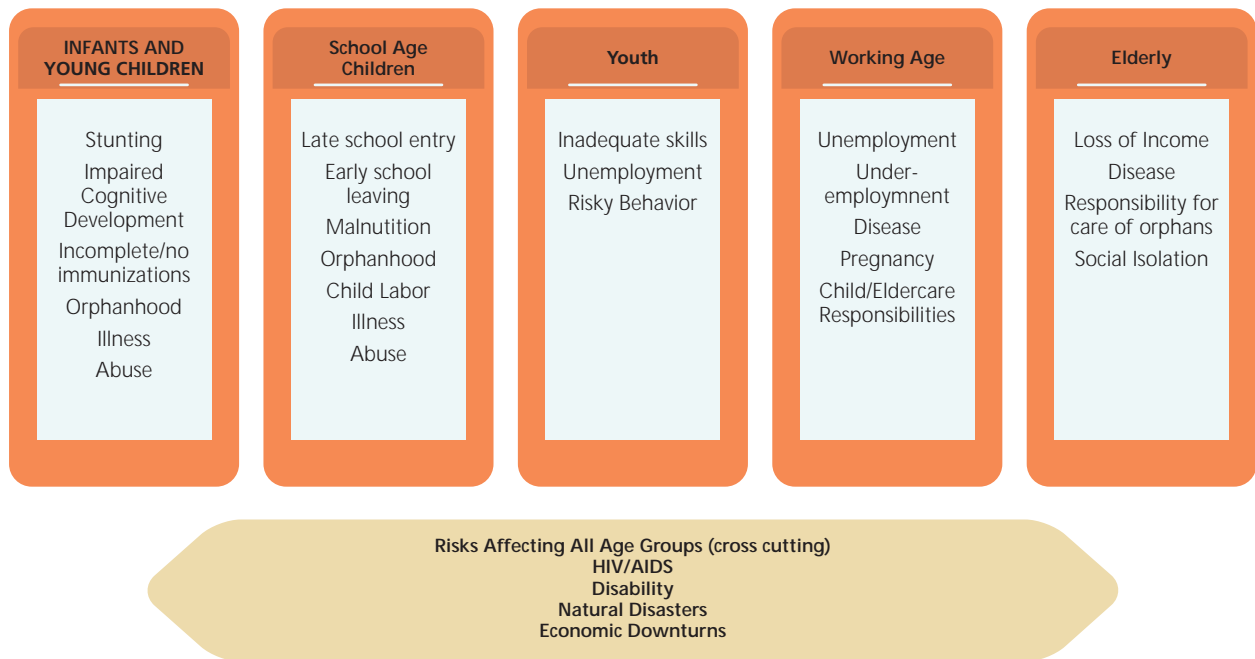
⁷⁸ See NSPF pg. 4-5

⁷⁹ See Sepulveda, M., Nyst, C (2012) The Human Rights approach to Social Protection. Also see Chapter 12 for detailed discussion on this issue.

3.6 Risks and Vulnerabilities

The major goal of social protection is to assist individuals, households and communities to better prevent or manage risks and vulnerabilities. Everyone at some point in time is likely to experience one type of risk or another. Holzmann defines risk as “an uncertainty or unpredictability that results in welfare losses.”⁸⁰ Holzmann classifies risk as idiosyncratic- micro or covariate- macro⁸¹. Examples of idiosyncratic risks include the following: illness, injury, disability, birth, old age, death, crime, domestic violence, unemployment, harvest failure, business failure, and ethnic discrimination. Covariate risks on the other hand affect the entire population and may include the following: earthquakes, floods, drought, strong winds, civil strife, war, financial crises and political conflicts. Figure 3.2 shows risks and vulnerabilities⁸² across the life cycle in Botswana.

Figure 3.2: Risk and vulnerability across the life cycle



Source: Government of Botswana (2018)

As shown in Figure 3.2, individuals experience different kinds of risks and vulnerabilities throughout their life course. Some risks such as HIV and AIDS, disability, natural disasters and economic downturns are cross-cutting, meaning they affect all age groups at some point in time irrespective of their socio-economic status. An effective social protection system must be transformative in nature to respond adequately to identified risks and vulnerabilities. To this end, The World Bank encourages nations to adopt the Social Risk Management (SRM) conceptual framework to address risks. The updated version of SRM (SRM 2.0) defines SRM as a mechanism by which “society helps individuals and households to a) manage income/consumption variability b) manage the risks of poverty and vulnerability to poverty and c) build resilience to poverty over the lifecycle.”⁸³

Figure 3.3 lists statutory instruments and policies that are meant to address risks and vulnerabilities of each age group from infancy, childhood, youth, working age and finally the elderly in Botswana. These policies are discussed and evaluated in some detail in the subsequent chapters.

⁸⁰ Holzmann, R & Jorgensen, S. (2001) Social Risk Management: A New Conceptual Framework for Social Protection, and Beyond

⁸¹ See Ibid

⁸² According to Alwang et al (2002, p.6) vulnerability refers to “small communities, households and individuals facing both idiosyncratic and covariate shocks. A household is said to be vulnerable (when it is at risk) of future loss of welfare below socially accepted norms caused by risky events. The degree of vulnerability depends on the characteristics of the risk and the household’s ability to respond to risk”. Measurement of vulnerability therefore depends on the degree to which an individual or household is exposed to risk.

⁸³ Jorgensen, S.L & Siegel, P.B (2019) Social Protection in an era of increasing uncertainty and disruption: SRM 2.0. World Bank

Figure 3.3 Statutory instruments to address risks and vulnerabilities across the lifecycle

Population groups	Statutory Instruments & Policy Documents
Infants and young children	Short Term Action Plan for Orphans Children's Act, 2009 National Social Protection Framework 2018 National Health Policy National Policy on Education
School age children	Short Term Action Plan for Orphans National Policy on Education National Health Policy Children's Act 2009 Inclusive Education Policy 2010 National Social Protection Framework 2018
Youth	National Youth Policy of 1996 Revised 2010 Revised National Destitute Policy National Social Protection Strategy 2018 Botswana National Action Plan for Youth 2010-2016 Botswana Demographic Survey 2017 Short Term Action Plan for Orphans National Health Policy Revised National Youth Policy NDP 11 & Vision 2036
Working age	National Gender Policy, 2019 National Health Policy Health Insurance Policies National Social Protection Strategy 2018 Employment Act Workman Compensation Act NDP 11 & Vision, 2036
Elderly	Old Age Pension, 1996 National Health Policy National Policy on Destitute Persons 2002 National Social Protection Strategy 2018 WW 11 Veteran's Directive NDP 11 & Vision 2036
Marginalized ethnic minorities (Basarwa)	Remote Area Development Policy National Health Policy National Policy on Destitute Persons 2002 National Social protection Strategy 2019 NDP 11 & Vision 2036
People with Disability	Policy on People with Disability 1996 Reviewed 2020 National Social protection Strategy 2018 National Health Policy National Policy on Destitute Persons 2002

Source: Author computed

3.7 Conclusion

This chapter has examined the concept of social protection in a changing world. It demonstrated that there is no single agreed upon definition of social protection; however, nations seem to agree that its core function is to protect the vulnerable populations against livelihood risks and to reduce poverty and inequality. This discussion further revealed that by definition, the term social protection is broader than social security as it incorporates labour market policies and interventions. The chapter has further shown that the major goal of social protection ought to be to assist individuals, households and communities to manage risks and vulnerabilities. To this end, an effective social protection regime must adopt Social Risk Management framework that targets all individuals and households to manage risks associated with poverty and to build resilience over the lifecycle. The next chapter looks at how social protection provision in Botswana is influenced by economic, political, legal and socio-cultural factors.

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CHAPTER

FOUR

LEGAL INSTRUMENTS AND POLICIES
RELATING TO SOCIAL PROTECTION
IN BOTSWANA

4.1 Introduction

The Chapter examines the relevance of international legal instruments and policies relating to social security and social protection and discusses their relevance and applicability to Botswana. Most of these have been crafted by the United Nations and are open for ratification and adaptation by member countries around the world. What is striking is that the policy instruments set up by the United Nations echo what the local instruments provide in terms of policy guidance in the country

4.2 International and Regional Instruments

Several international and regional legal instruments have been formulated essentially to protect human rights. Let us consider the key ones, starting with the international instruments.

4.2.1 International instruments

The international instruments include the Universal Declaration of Human Rights (UDHR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). Together with the International Covenant on Civil and Political Rights (ICCPR), these instruments constitute what is termed the International Bill of Rights.

Let us briefly consider the provisions of each of these instruments.

Universal Declaration of Human Rights

The Universal Declaration of Human Rights enshrines the rights and freedoms of all human beings. There is no distinction of any kind, based on such factors as race, colour of one's skin, gender, language, religious or political affiliation, birth, property or any other affiliation. With regard to social security, it provides that:

“Everyone, as a member of Society, has the right to social security and is entitled to realization, through national effort and international cooperation and in accordance with organization and resources of each state, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.”⁸⁴

Additionally, Article 25 of the same instrument proceeds to say:

- *“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”*
- *“Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.”*

International Covenant on Economic, Social and Cultural Rights (ICESCR)

ICESCR has provisions relating to the right to work in just and favourable conditions, to social protection, to an adequate standard of living, to the highest attainable standards of physical and mental health, to education and to the enjoyment of the benefits of cultural freedom and scientific progress.⁸⁵

While the Universal Declaration of Human Rights (UDHR) sets the stage for the expression of rights in modern international instruments, the International Covenant on Economic, Social and Cultural Rights (ICESCR) is probably the most extensive manifestation of this commitment in the realm of economic, social and cultural rights.” Article 9 of the ICESCR provides:

- *“The States parties to the present covenant recognize the right of everyone to social security including social assistance.”*

⁸⁴ - Article 22, Universal Declaration of Human Rights, United Nations, Paris. December 10, 1948.

⁸⁵ - Article 7, International Covenant on Economic, Social and Cultural Rights, United Nations. December 16, 1966.

In the performance of its functions, the Committee on Economic, Social and Cultural Rights specially asks State Parties whether they maintain social security schemes in the following areas: Medical care, cash sickness benefits, survivor's benefits, employment injury benefits and family benefits.⁸⁶

The Social Security (Minimum Standards) Convention 102 of 1952 (ILO).

The ILO was created in 1919 for the purpose of promotion of international standards to cope with challenges associated with labour conditions involving, in particular issues around injustice, hardship and deprivation."⁸⁷ The Social Security (Minimum Standards) Convention 102 of 1952 provides minimum standards in nine distinct branches of social security. These branches are medical care, sickness, unemployment, old age, employment injury, family, maternity, invalidity and survivors benefits (ILO, 1952). A state must accept three of these branches in order to ratify the convention. The Convention promotes the idea of a general level of Social Security system that should be progressively attained everywhere. The system can be adapted to the economic and social conditions prevailing in each country whatever the degree of its development. Some of these branches have had new instruments established by the ILO to supplement Convention 102 of 1952. These include; The Employment Injury Convention 121 of 1964. The Invalidity, Old Age and Survivors Benefits Convention 128 of 1967; the Medical Care and Sickness Convention 130 of 1969; and the Maternity Protection Convention 103 of 1962.

4.2.2 Regional instruments

Apart from the international legal instruments espoused above, there are also a number of regional and sub-regional instruments as well. We consider these in the following few paragraphs.

The African Charter on Human and People's Rights (AU)

This is an African regional legal instrument penned by the African Union, and its brief is to promote and protect human rights and basic freedoms across the African continent.

The African Union, formerly the Organisation of African Unity is the principal mouthpiece of the African continent. It was founded in 1963 in accordance with the Organisation of African Unity (OAU) Charter. The African Charter affirms its commitment to the Universal Declaration of Human Rights (UDHR) which has provisions on social security and socio-economic rights.⁸⁸ Article 15 enshrines the right of every individual to work under equitable and satisfactory conditions and for every worker to receive equal pay for equal work. The Charter further assures the best attainable state of mental and physical health, and the obligation on the part of State Parties, to take the necessary measures to protect the health of the people and to give medical attention to the sick.

Charter of Fundamental Social Rights in the Southern African Development Community (SADC).

This is a Charter adopted by countries in the SADC sub-region in August 2003. It is often referred simply as the Social Charter. The Charter has provisions relating to guidelines on the protection of children and young people, older persons and persons with disabilities. More importantly, the charter has provisions on social protection per se. On the social protection front, it makes the following pronouncements:

- *"Member states shall create an enabling environment so that every worker in the Region shall have a right to adequate protection and shall regardless of status and the type of employment, enjoy adequate social security benefits."*
- *"Persons who have been unable to either enter or re-enter the labour market shall be entitled to receive sufficient resources and social assistance."⁸⁹*

SADC Code on Social Security

This constitutes another instrument relevant for the promotion of social protection in the context of the SADC sub-region. The SADC Code provides for the following, particularly in Article 3: (SADC, 2007):

⁸⁶ - Olivier, M. P. et al Social Security Law, General Principles. Butterworths, Johannesburg, 1999

⁸⁷ - Preamble to the International Labour Organisation, Geneva, 1919

⁸⁸ - Preamble to the OAU Charter, para 3 and 10. 1963

⁸⁹ - Article 10, Social Charter. SADC 2003. Dare salaam.

Everyone in SADC has the right to social security

Every member state should establish and maintain a system of social security in accordance with the provisions of this code and Article 10 of the Charter of Fundamental Social Rights in the SADC.

Every member state should maintain its social security system at a satisfactory level at least equal to that required for ratification of the International Labour Organisation (ILO) Convention Concerning Minimum Standards of Social Security No. 102 of 1952.

“Every member State should progressively raise its system of social security to a higher level, which should include achieving the meaningful coverage of everyone under the system, bearing in mind the realities of development in the particular member state.”⁹⁰

The foregoing discussion demonstrates that social protection is recognized in a plethora of International, Regional and sub-regional instruments as a human right. ILO Convention 102 of 1952 further underscores its importance.⁹¹ This is further elaborated by the Charter of Fundamental Social Rights as well as the SADC CODE on Social Security adopted by SADC member States.

4.3 International and Regional Policies

Apart from international and regional legal instruments are also policies that are relevant to social protection. The segment will consider the international policies first before zeroing in on regional and local policies.

4.3.1 International policies

Millennium Development Goals (MDGs)

The Millennium Development Goals (MDGs) were launched as a global effort in 2000 to tackle the indignity of poverty. They were adopted following the United Nations Millennium Declaration⁹². The MDGs embodied specific targets and milestones in the elimination of poverty and indeed the worst forms of human deprivation. All the United Nations member States, and at least 22 international organisations, committed to helping achieve the following (8) Millennium Development Goals by the year 2015:

- *To eradicate extreme poverty and hunger*
- *To achieve universal primary education*
- *To promote gender equality and empower women*
- *To reduce child mortality*
- *To improve maternal health*
- *To combat HIV/AIDS, malaria and other diseases*
- *To ensure environmental sustainability*
- *To develop a global partnership for the development*

⁹⁰ - Article 3, SADC Code, 2007.

⁹¹ - ILO, Convention concerning minimum standards of Social Security No. 102 of 1952

⁹² - United Nations, September 2000

The MDGs established measurable, universally agreed objectives for tackling extreme poverty and hunger, preventing deadly diseases, and expanding primary education to all children, among other development priorities. From 2000 to 2015 the MDGs resulted in significant progress being made in reducing income poverty, provision of much needed access to water and sanitation, driving down child mortality and drastically improving maternal health. While the MDGs have been phased out and replaced with the Sustainable Development Goals, valuable lessons had been learnt and experience gained. The Sustainable Development Goals (SDGs) have now taken over and the key goals of ending hunger and tackling poverty which fall in the realm of social security remain the same.⁹³

Sustainable Development Goals (SDGs)

The Sustainable Development Goals were crafted by the United Nations General Assembly in 2015 and are intended to be achieved by 2030. They were included in a United Nations General Assembly Resolution colloquially known as Agenda 2030. The SDGs were developed as part of the post 2015 Development Agenda and they serve as the future global development framework to succeed the MDGs.

The 17 SDGs are (1) No Poverty (2) Zero Hunger, (3) Good Health and Wellbeing, (4) Quality Education, (5) Gender Equality, (6) Clean Water and Sanitation, (7) Affordable and Clean Energy, (8) Decent Work and Economic Growth, (9) Industry Innovation and Infrastructure, (10) Reduced Inequality, (11) Sustainable Cities and Communities, (12) Responsible Consumption and Production, (13) Climate Action, (14) Life Below Water, (15) Life On Land, (16) Peace, Justice and Strong Institutions, (17) Partnerships for the Goals.

The last mile in ending hunger, achieving full gender equality, improving health services and getting every child into school beyond primary education is to be found in the SDGs. All the 17 MDGs inter connect, meaning success in one positively impacts the others. Goals 1 to 4 are crucial for the theme of social security and social protection per se. SDG 1 focuses on the need to end poverty in all its forms everywhere. Currently, about 10% of the world's population lives in poverty and struggles to meet basic needs such as health, education, and access to water and sanitation. Extreme poverty remains prevalent in low-income countries particularly those affected by conflict and political upheaval. SDG 2, on the other hand, seeks to end hunger, achieve food security and improved nutrition and promote sustainable agriculture. SDG 3 has its focus on ensuring healthy lives and promotion of wellbeing for all at all ages. The substance of SDG 4 is on quality education, in particular the need to ensure inclusive and equitable quality education and to promote lifelong learning opportunities for all. To achieve these goals by 2030 would undoubtedly be considered a major milestone in social security provision.

Botswana like many other countries around the world, adopted the SDGs in a context appropriate to the priorities of the country. The country proceeded to domesticate the SDGs in alignment with Vision 2036. In Botswana, (SDGs) 1-5 are classified under the Vision Pillar of Human and Social Development. SDG 6-7 are classified under Sustainable Environment Development, SDG 11-15 under Sustainable Environment and finally, SDG 16-17 are classified under Governance, Peace and Security.

The two sets of Institutional structures that support the long-term goals for Botswana are reflected in Vision 2036 and the domesticated SDGs both entail efforts to coordinate across the implementing Institutions.⁹⁴ There is an acknowledgement by the Vision 2036 Coordinating Agency and the National SDG Secretariat that the two agencies to date have not really worked all that closely together.⁹⁵ Incontrovertibly, there is a need to ensure these two agencies work closely together if the country is to realize the elusive overarching goal of sustainable development.

4.4 Local Policies

Botswana Vision 2016

Vision 2016 was launched in 1996 following nationwide consultations led by a Presidential Task Group⁹⁶ that had been set up. This long-term vision could easily be identified due to its seven pillars, and it ran until 2016. These pillars were (1) An educated and informed nation, (2) A prosperous, productive and innovative nation, (3) A compassionate, just and caring nation, (4) A safe and secure nation, (5) An open, democratic and accountable nation, (6) A moral and tolerant nation, and (7) A united and proud nation.

⁹³ Sustainable Development Goals (Global Goals) United Nations, September 2015

⁹⁴ Botswana Annual Performance Report 2020/2021

⁹⁵ Note II ibid

⁹⁶ Vision 2016, Botswana's first national vision (1996-2016)

These pillars ran their course from 1996 until 2016. The nation strove to realise the goal of an educated and informed nation and to be a compassionate, just and caring nation. In order for the country to realise these goals, it was necessary to roll out social safety nets as a way to cushion those wallowing in the quagmire of income poverty and hunger. Vision 2016 addressed from a policy perspective some of the concerns raised in the MGDs and SDGs. The country has made concerted efforts to eradicate poverty and to empower the poor and illiterate. There have been indications to the effect that the poverty datum line has somewhat reduced, though not by a significant percentage, since the implementation of the long-term vision.

Botswana Vision 2036

Vision 2016 is the precursor to vision 2036. The catch phrase for Vision 2036 is "Achieving prosperity for all". Up until 2036, the nation will be grappling with 4 pillars associated with Vision 2036, namely sustainable economic development, human and social development, sustainable environment and governance, and peace and security. The preamble to the Vision 2036 document states that this vision is a transformational agenda that defines the aspirations and goals of the people of Botswana. The preamble further states that through Vision 2036 Botswana had chosen a path of prosperity,⁹⁷ one that seeks to achieve prosperity for all the people of Botswana. Implicit in this pronouncement is the aspiration to end hunger and achieve food security as reflected in the MDGs and SDGs.

While Vision 2036 may have positive aspirations, to date apparently there has been a lack of appetite with respect to formal reporting on progress in regard to 2036 goals. Data and capacity gaps are evident within the Vision 2036 Coordinating Agency. According to the Botswana Annual Performance Report, the current Vision 2036 performance framework needs a review at least in the medium term so as to address issues around the adequacy of its current set of indicators.

National Development Plan 11 (NDP11)

NDP 11 was adopted in April 2017 and will run till March 2023. In terms of social protection, the plan aims to provide communities with basic social services such as education, health, shelter, water, sanitation and electricity for the well-being of individuals.⁹⁸ According to the NDP11, access to these services depends on sustained affordability by the government and individuals. The NDP plan proceeds to state that adequate resources would be directed to basic social services. Regarding housing, programmes to provide basic services through different housing schemes such as Self Help Housing Agency (SHHA), poverty alleviation schemes and destitute housing for low-income groups, will be continued during NDP11. Additionally, the plan states that the government would renew its commitment to engage the private sector in the provision of housing, especially for the needy.⁹⁹

Regarding water, efforts to explore ways of harnessing scarce water resources for domestic, industrial and agricultural use would be continued. In relation to sanitation, the plan indicates that the government would continue to fund the construction of landfills and waste disposal sites.¹⁰⁰

Turning to social security, social insurance, social welfare, disability and women's empowerment programmes, the plan states that an integrated monitoring and evaluation system would be developed, and this would ensure better alignment in the various interventions to avoid among other challenges, double dipping.¹⁰¹ At its launch, NDP 11 indicated that a deliberate strategy for graduating people out of such dependence would need to be developed with a view to making the schemes sustainable. NDP11 also indicated at its inception that the government intended to make essential healthcare a priority during its currency.

Revised Policy for Rural Development

The Revised National Policy for Rural Development was launched in 2002 to address major concerns emerging from national consultations. These were: declining livelihoods of the rural population, land issues, social protection, institutional framework and development, capacity building, gender, HIV and AIDS, poverty and environment.¹⁰² The objectives of the policy are to:¹⁰³

97 Vision 2036, Achieving Prosperity for All (2nd National Vision)

98 National Development Plan II, Government of Botswana Gaborone, April 2017 – March 202

99 Note 13 above

100 Note 13 above

101 Note 13 above

102 See Republic of Botswana (2002) Revised National Policy for Rural Development. Ministry of Finance and Development Planning.

Gaborone page 4

103 Ibid page 13

- *Reduce rural poverty*
- *Promote sustainable livelihoods*
- *Retain subsistence livelihood opportunities for those without adequate alternatives through the establishment of a viable rural commercial sector*

Stimulate rural employment and income generation through identification and exploration of profitable alternatives to livestock and arable agriculture, such as rural industries, services and crafts; attractions of skilled youth; promotion of private sector initiatives

- Maintain and improve rural capital in the form of skilled labour, economic infrastructure and exploitation of natural resources
- Increase agriculture productivity
- Improve rural development extension services
- Reduce where socially acceptable, the livelihood dependency of people on the government, whilst maintaining appropriate social protection
- Promote a participatory rural development process, through the involvement of local communities, non-governmental organizations, community-based organizations and the private sector
- Develop an integrated approach towards the reduction of the HIV/AIDS epidemic.

Regarding social protection, the Revised Rural Development Policy seeks to improve the coverage, targeting, adequacy, efficiency, and effectiveness of social security programmes. In addition, through these schemes, the government intends to introduce an in-built mechanism for facilitating the rehabilitation of beneficiaries to reduce dependency on social protection schemes. Efforts will also be directed towards ensuring that income transfers through social protection are able to generate positive 'multiplier' effects on the rural economy in terms of first, supporting the poor and second, stimulating effective demand for goods and services to boost private sector employment¹⁰⁴. Poverty eradication is seen as a central element of the revised rural development policy. To this end, the National Strategy for Poverty Reduction has put in place mechanisms that will facilitate the attainment of this goal.

Finally, the government recognises the need to ensure the availability of food supply and provision of social safety nets to the vulnerable population such as the elderly, orphans, people with disabilities and Remote Area Dwellers.¹⁰⁵

From the discussion above, it is evident that politically, the government is committed through the crafting of policy instruments, to provide social security and social protection to Botswana, thereby enhancing the wellbeing of the masses of the vulnerable groups in society; particularly those who reside in the rural areas. Measures have also been directed at strengthening the technical and administrative capacity of local authorities, clarifying the roles of development partners, strengthening coordinating institutions such as District Development Committees and Village Development Committees as well as strengthening linkages between various committees operating at the district and local levels.¹⁰⁶ In subsequent chapters, an analysis will be made of the challenges and constraints faced by the government and other stakeholders in implementing these various initiatives. The question that remains however is how individuals as well as the community in general are likely to embrace these initiatives. An examination of the cultural context of social security and social protection provokes some food for thought.

¹⁰⁴ See Revised National Policy on Rural Development page 7-8

¹⁰⁵ Ibid, page 16

¹⁰⁶ See Ibid, page 17

4.5 Conclusion

International instruments and policies have shaped the path of social security and social protection in Botswana. While international legal instruments form the basis of social protection, international policy instruments like the MDGs and SDGs have given impetus and value to social security in Botswana. The values espoused in the MDGs and SDGs are consistent with those being pursued by the Government of Botswana the National Visions of Botswana as well as the National Development Plans, in particular NDP 11. These instruments and policies help individuals and families, especially the poor and vulnerable, cope with crises and shocks, find sources of generating income, improve productivity, invest in the health and education of their children, and protect the ageing population. Social protection programmes are at the heart of boosting human capital for the world's most vulnerable. They empower people to be healthy, pursue education, and seek opportunities to lift themselves and their families out of poverty. These sentiments lie at the heart of social protection programmes in Botswana as supported by international, regional and local instruments and policies.

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CHAPTER

FIVE

**ADMINISTRATIVE AND
INSTITUTIONAL FRAMEWORK**

5.1 Introduction

Social protection in Botswana is administered and delivered through three levels of government, namely national (central); district, towns or cities (Local Authorities); and the village level (Village Authorities). The non-state actors also play a critical role in the administration of social protection schemes.¹⁰⁷ This chapter provides a detailed account of the functions played by various government institutions. As will be illustrated in this chapter, social protection provisions are fragmented and scattered over several government ministries and departments. The National Social Protection Framework that has recently been adopted by the government recommends the establishment of a “comprehensive and well-coordinated social protection system that is efficient, effective and sustainable”.¹⁰⁸ Let us consider the work of each player in some detail, beginning with the key player – the Ministry of Local Government and Rural Development.

5.2 Ministry of Local Government and Rural Development (MLGRD)

The Ministry of Local Government and Rural Development (MLGRD) is responsible for providing policy direction for the development of social protection programmes in Botswana and plays a coordinating role. The Ministry oversees 16 local authorities and semi-autonomous local authorities categorized into City, Town and District Councils as well as the tribal administrations. These institutions are decentralized to facilitate the Ministry's functions and to promote social welfare, local governance and coordination of rural development initiatives. Key institutions that implement social protection schemes include the Department of Social Protection (which is the key player), the Department of Community Development and finally the Department of Local Government Finance and Procurement. At the local level, the Social and Community Development Department (S&CD) housed in City, Town and District Councils across the country play a critical role in the implementation of programmes. The Ministry employs different types of personnel to provide the much needed services, namely, social workers, adult educators, home economists, sociologists, economists and psychologists.¹⁰⁹ The MLGRD has formulated several policies, guidelines and legal frameworks to guide the coordination and implementation of social protection programmes. These include the following:

- *National Social Protection Framework (2018)*
- *RADP Affirmative Action Framework (2014)*
- *Botswana National Plan of Action for Orphans and Vulnerable Children 2010-2016*
- *Revised Ipelegeng Guidelines (2012)*
- *Children's Act of 2009*
- *Guidelines for Provision of Social Safety Net for Community Home Based Patients (2005)*
- *Revised National Policy on Rural Development (2002)*
- *Guidelines for Implementation of the Rehabilitation Programme for the Destitute Persons (2002)*
- *Affiliation Proceedings Act (Cap 28:02)*
- *Adoption of Children's Act (Cap 28:01)*

Department of Social Protection

This Department is housed in the Ministry of Local Government and Rural Development. The key role of this department is to coordinate, monitor and evaluate social protection programmes/projects delivery to improve the quality of life of Botswana. Service delivery is guided by divisions within this department, including child protection services, family welfare, elderly and social benefits services, information, research and public relations division, specialized services and departmental management¹¹⁰.

Department of Community Development

This is another department housed in the Ministry of Local Government and Rural Department. The department is mandated to enhance the quality of life of Botswana through the promotion of social justice, effective local structure governance, sustainable livelihood strategies and economic empowerment initiatives. It mobilizes communities for the identification and implementation of community-based developmental initiatives and deals with the empowerment of Remote Area communities for socio-economic sustenance.¹¹¹

¹⁰⁷ See Chapter 13 on the role of non-state actors.

¹⁰⁸ Government of Botswana (2018) National Social Protection Framework, MLGRD, page 4

¹⁰⁹ See Jongman, K (2015) Foretelling the History of Social Work: A Botswana Perspective. IFSW, Germany

¹¹⁰ Information obtained from www.gov.bw/ministries/ministry-local-govt-and-rural-dev

¹¹¹ Ibid page 1

Department of Local Government Finance and Procurement

The department of Local Government Finance and Procurement is also situated in the Ministry of Local Government and Rural Development. Its mandate is to ensure the availability of adequate resources to local authorities for them to meet their statutory responsibilities. It facilitates sound financial management and control, produces valuation rolls for local authorities, examines accounts of local authorities, and procures and distributes food in communities to targeted beneficiaries. The department is instrumental in the implementation of vulnerable groups feeding as well as primary and secondary school feeding programmes.

5.3 Ministry of Labour and Home Affairs

Apart from the Ministry of Local Government and Rural Development, there is also the Ministry of Labour and Home Affairs. This Ministry's mandate includes providing overall leadership, policy development, providing strategy and standards on labour, migration and national records.¹¹² Within this setup, social protection matters are handled by the Department of Labour and Social Security.

Department of Labour and Social Security

The mandate of the Department of Department of Labour and Social Security in the above-mentioned government Ministry has as its mandate, the development of comprehensive social security goals and strategies, monitoring social security services and maintaining approved standards of social security¹¹³. The overarching functions of this department are¹¹⁴:

Mediation and conciliation of labour disputes;

- *Labour inspections;*
- *Administration of compensation for job-related injuries and deaths as well as occupational diseases;*
- *Employment exchange services;*
- *Monitoring, training and localization in the private and parastatal sectors;*
- *Regulation of the importation of skills into the country;*
- *Promotion of the right to organize the workplace and collective bargaining; and*
- *Maternity benefits.*

In addition to these functions, the Department is entrusted with the implementation of five Acts of Parliament, namely:

- *The Employment Act (Cap 47:01) as amended;*
- *The Employment of Non-Citizen Act (Cap 47:02) as amended;*
- *The Trade Dispute Act (Cap 48:02) as amended;*
- *The Trade Unions and Employers Organization Act (Cap 48:01) as amended; and*
- *The Workers Compensation Act of 1998 (Cap 47:03).*

¹¹² Republic of Botswana (2022) Government Gazette Extraordinary, Vol LX 46. No.46 page 2008

¹¹³ See Directorate of Public Service Management. Report on the Review of the Department of Labour and Social Security 2001.

¹¹⁴ See Republic of Botswana Department of Labour and Social Security 19th Annual Report 2003 page 5.

5.4 Ministry of Education and Skills Development (MESD)

The portfolio responsibility of this Ministry is to provide leadership, overall policy direction, strategies and standards in education management and skills development.¹¹⁵ However, with respect to poverty eradication and social protection provisions, the Ministry plays the following functions:

- The Ministry provides educational opportunities and skills training through the Revised National Policy on Education, Education and Sector Strategic Plan, Revised Science and Technology Policy and other guidelines and instruments. The aim of these policies is to improve literacy rates, prepare learners to acquire employable skills and engage in lifelong learning thereby reducing the likelihood that they will become poor and vulnerable adults.¹¹⁶ In a sense, the Ministry's activities help reduce the number of people who become needy and might end up registering for social assistance and related social protection programmes.

It provides free education to children from poor families registered under the Destitute Persons Programme as well as orphans and vulnerable children. Schools with primary and secondary boarding facilities accommodate children from remote areas and other places where it is not feasible to provide an education service. The costs in such instances are met by this ministry. The School Guidance Department in this Ministry provides psychosocial support, particularly to orphans and vulnerable children.

The Ministry provides all eligible tertiary students with scholarships in the form of grants to enable them to further their studies at universities and colleges. Students are expected to pay back student loans once they graduate and secure employment. The government has also set aside part of the Tertiary Education Financing specifically for the benefit of Orphans and Vulnerable Children.

Finally, in collaboration with MLGRD and the Ministry of Health, the Ministry is responsible for rolling out the school feeding programme in primary and secondary schools. School feeding programmes provide the much needed food supplements for children from poor and vulnerable households. Children are able to attend school regularly, improve cognitive development and consequently perform better in their studies, thanks to the feeding programme. Good educational performance opens up opportunities for children to break the cycle of poverty by living healthy productive lives.

5.5 Ministry of Health

The Ministry of Health also has a part to play when it comes to social protection provision in Botswana. The provision of a comprehensive health care system is an integral part of social protection. The Ministry of Health provides overall policy direction, strategy and standards in matters relating to public health care services.¹¹⁷ However, health care is delivered through a decentralized system with primary health care being the pillar of the delivery mechanism.¹¹⁸ The provision of health care is therefore, a joint responsibility of the Ministry of Health and the Ministry of Local Government and Rural Development. While the former provides policy direction and leadership, the latter is responsible for the delivery of primary health care services at the local level. Key policies and strategic documents guiding the health sector include: The National Health Policy (2014); Integrated Health Service Plan 2010-2020; Botswana National Health Data Management Policy (2014) and the draft e-Health Strategy 2016-2020.¹¹⁹

Botswana delivers an extensive network of health facilities namely; referral hospitals, district hospitals, primary hospitals, clinics, health posts and mobile stops spread over 27 health districts.¹²⁰ Health care is also provided in private hospitals and private clinics for people who can afford it or who have medical health insurance cover. Currently, there are 101 clinics, 338 health posts and 844 mobile clinics which provide preventive, promotive and rehabilitative health care services as well as treatment of common health problems administered by the District Health Management Team.¹²¹

115 Republic of Botswana (2022) Government Gazette Extraordinary, Vol LX, No46, Department of Government Printing & Publishing, Gaborone page 2505

116 See Republic of Botswana (2019) Draft Botswana National Poverty Eradication Policy, Page 9

117 See Republic of Botswana (2022) Government Gazette Extraordinary, Vol LX, No46, Department of Government Printing & Publishing, Gaborone page 2508

118 Statistics Botswana (2015) Health Stats Brief, 2007-2015, Gaborone

119 Republic of Botswana (2019) Botswana Health Data Collaborative RoadMap 2020-2025, Ministry of Health and Wellness, Gaborone

120 See Ibid

121 Tapera R., Moseki, S & January, J (2017) The Status of Health Promotion in Botswana. *Journal of Public Health in Africa*, Vol 8:699 pp 7-9

In terms of affordability¹²² and accessibility, Botswana's health sector has made significant strides as a majority of the population including the poor and vulnerable households have access to health care. For example, 96% of the urban residents live within a 5km radius of the nearest health facility compared to 72% of rural residents. Eleven percent (11%) reside within an 8-15km radius.¹²³ Despite these notable achievements, available data show that many poor people, women and children have limited access to health services.¹²⁴ Secondly, the prevalence of stunting and wasting among children under 5 is very high at 31%, while 11 % and 7% of the children are underweight and wasted.¹²⁵ Thirdly, demands on the health system have increased due to HIV and AIDS, TB and COVID-19 pandemic.

5.6 Ministry of Entrepreneurship

This Ministry was established in April 2022 through a Presidential Directive. The Ministry will provide leadership and overall policy direction, strategy and standards for business development.¹²⁶ The President of the Republic of Botswana, Dr Eric Mokoetsi Masisi explained that the new Ministry "will identify new sectors in the global export product space that we can successfully grow in Botswana, resulting in significant job creation for our youth while also driving the much-needed export diversification."¹²⁷ The Ministry brings together under one roof, labour market programmes that were initially housed in the Office of the President, the Ministry of Youth, Gender, Sports and Culture, the Ministry of Agriculture and Ministry of Labour and Home Affairs. These programmes include Poverty Eradication Programme, the Youth Development Fund and Livestock Management and Infrastructure Development and Women Empowerment Programmes.¹²⁸ The portfolio responsibilities of the Ministry are as follows:¹²⁹

- *Enterprise development and coordination*
- *Small business development policy*
- *Citizen economic empowerment*
- *Consumer affairs, education and protection*
- *Coordination of value chains*
- *Integrated support to small and micro enterprises*
- *Women economic empowerment*
- *Agricultural cooperatives*
- *Livestock management and infrastructure development*
- *Integrated support programme for agricultural development*
- *Impact accelerated subsidy programme management*
- *Community-based natural resources management*

5.7 The Role of Local Authorities in Social Protection Provision

Whilst the role of central government through various Ministries mentioned above is largely confined to providing overall direction on policy development, strategy, resource allocation, planning and coordination, local authorities on the other hand, serve as agencies for the execution of social protection provisions. The delivery of these services is implemented through a decentralized system. The City, Town and District councils have the portfolio responsibility for implementing these programmes through the department of Social and Community Development (S&CD). The S&CD operates through four divisions namely; Social Welfare, Community Development, Remote Area Development Programme and Home Economics. The functions of these divisions are briefly discussed below:¹³⁰

Social Welfare

This division is responsible for enhancing the quality of lives of the disadvantaged through the provision of psychosocial support and safety nets. Practitioners seek to empower the poor, low-income earners and vulnerable households in efforts to alleviate poverty and reduce dependency by providing various kinds of social work interventions.

¹²² Fee charged at health care facilities is P5.00(which translates into only a fraction of a United States dollar) . This fee is waived for those with low income or destitute persons

¹²³ Stats Botswana (2015) Health Stats Brief

¹²⁴ See Republic of Botswana (2019) Draft Botswana National Poverty Eradication Policy, Page 10

¹²⁵ UNICEF (2019) Botswana Budget Brief Health, Fiscal year 2019/20, UNICEF, Gaborone

¹²⁶ Republic of Botswana (2022) Government Gazette Extraordinary, Vol LX, No46 page 2505

¹²⁷ His Excellency President Masisi (2022) Statement on the Rationalization of Government Portfolio Responsibilities. April 21st 2022, Gaborone

¹²⁸ Data are not yet available pertaining to the structure and specific mandates of these programmes.

¹²⁹ See Government Gazette page 2505 for detailed list.

¹³⁰ Ibid page 1

Community Development Department

Community Development is geared towards the provision of professional guidance through community mobilization to access government poverty alleviation programmes, promote self-reliance, sustainable capacity building, and planning to address the needs of the community as well as strengthening local governance.

Remote Area Development Programme (RADP)

The main objective of this programme is to facilitate the social integration and inclusion of Remote Area Communities and to develop rural settlements to a level that is comparable with that of other rural villages in the country. Implementation of RADP is guided by Affirmative Action Framework for Remote Area Communities and Strategic Framework for Community Development in Botswana.

Home Economics Programme

The division facilitates the provision of socio-economic empowerment and imparting of the relevant skills, knowledge and the right attitude necessary for engaging in sustainable economic and social activities. The division empowers women with skills and resources to engage in income generating activities. The division is also responsible for the registration, monitoring and supervision of early childhood care and education centres. The department

5.8 Way Forward For Social Protection Programmes in Botswana

Future developments in the social protection sector in Botswana should be directed at establishing a holistic framework that is preventative, inclusive, integrated, legal, participatory, and sustainable in nature. The following recommendations are proposed:

Develop a common understanding of the meaning of the concept of social protection

Key stakeholders in the government, in the private sector, in parastatals and civil society organizations lack a common understanding regarding the meaning of the term social protection. This lack of a common understanding of the core elements of social protection has significantly contributed to the fragmented nature of social protection provision, as well as the absence of a comprehensive social protection policy. As a way forward, the MLGRD should popularize the SADC CODE on Social Security in general and Botswana's National Social Protection Framework in particular.

Strengthen capacity building to enhance programmer implementation.

Delivery of social protection is seriously hampered by acute shortages of human resources, vehicles and office space. Social workers have high case-loads. Besides conducting beneficiary assessments, they are expected to provide psychosocial support, make referrals, provide a range of counselling services, attend to urgent cases of child neglect, gender-based violence, suicide, child protection and custody and many similar issues pertaining to the welfare of individuals, families and communities. The acute shortage of resources has adversely affected the efficiency, effectiveness and impact of social protection programmes. In order to address resource constraints the authorities may wish to consider the following measures:

- *Review the heavy social workers' case load to manageable levels. Transfer non-professional duties to appropriate personnel or outsource to private entities.*
- *Local authorities should be given the mandate to employ their own staff to ensure that there is a fair distribution of resources across the country.*

There is a need for effective engagement and partnership between government and social work training institutions in the areas of research, training and policy development.

Strengthen the digitalization of the social protection system

Digitalization of the social protection system is perceived as a prerequisite for enhancing an effective and efficient service delivery.¹³¹ Generally, these technologies include smart cards or smart switch, cell phones, mobile ATMs, GPS device, biometrics and other similar technology driven payment systems.¹³² Devereux & Vincent (2010) affirm that these technologies have the potential to reduce the risk of transporting and distributing cash transfers and ensuring efficient distribution to recipients and reducing management load to donors as well as administrators.¹³³ The government of Botswana has made progress towards digitalization of cash transfers by developing the National Identity Management System (OMANG) for citizens from age 16. Data show that 80- 90% of the citizens have OMANG cards.¹³⁴ In addition, most social programme schemes are now delivered through smart-switch coupon or bank transfer for beneficiaries who have bank accounts. Further, the government has developed the Social Registry which will store beneficiary data and integrate information concerning the entire social protection system.

As a way forward to strengthen social protection digitalization, policy makers and implementers must take advantage of Botswana Digital Transformation Strategy/4IR which was approved by Cabinet in February 2021. The major aim of this strategy is to digitalize the public sector towards a knowledge-based economy. The National Social Protection Recovery Plan (2020) proposes a number of recommendations that could be adopted by the government to fast track digitalization of the social protection system in Botswana.¹³⁵ The government is called to:

- *Undertake a full systems analysis to plan the progressive inclusion of all social assistance programmes in the Management Information and SOBERS;*
- *Assure the integration of the MIS and SOBERS payment system with the national integrated single registry;*
- *Establish ICT systems and supporting procedures for connectivity for data exchange between district and national level*
- *Make the programme information available through an open access interface.*

Develop a preventative framework

A proactive, preventative social protection framework is necessary to address the root causes of vulnerability and risk, such as poverty, unemployment, HIV and AIDS, drought, lack of access to education, disability, lack of family support, and livestock diseases to mention just a few. If this approach is not embraced, the number of beneficiaries needing support and assistance will continue to increase, making it impossible for the government to cope. The response by the government has been commendable as evidenced by the numerous policy documents, guidelines and statutes as well as other national strategies such as the National Development Plan 11, acceding to Sustainable Development Goals and crafting of Vision 2036. However, what seems to be lacking is the effective implementation of these policies.

Future efforts should focus on ensuring that all government programmes have monitoring and evaluation components as part of the implementation strategy in order to increase productivity and accountability.

Radical steps should be taken to invest in children and youth as future national (human) resources. Priority should be given to increasing access to senior secondary schools as well as non-academic tertiary institutions. Reforms in education should be in step with national and global employment demands, thereby ensuring young people are fully integrated into the mainstream of society.

Disaster preparedness ought to be an integral part of the social protection sector. Many households fall into the poverty trap due to natural disasters such as drought, floods, fires, accidents, tropical cyclones, windstorms, animal diseases, diseases, epidemics and other related disasters. There is a need for government to put in place a deliberate plan for rolling out responsive social protection.¹³⁶

131 See Devereux, S & Vincent K (2010) Using technology to deliver social protection: exploring opportunities and risks, *Development in Practice*, Vol 20, No3 page 367-379. See another study by the IMF prepared by Hosny, A & Sollaci, A (2022) *Digitalization of Social Protection: Macro and Micro Lessons from Vietnam*, IMF Working Paper, Asia-Pacific

132 Devereux, S & Vincent K (2010) page 369

133 Ibid page 369

134 World Bank (2015) ID4D Country Diagnostic: Botswana, World Bank, Washington

135 See Republic of Botswana (2020) National Social Protection Recovery Plan, Gaborone page 44-45

136 See Chapter 9 for detailed discussion on disaster-responsive social protection.

Finally, social protection should be developmental in nature, meaning it should be designed in such a way as to provide an exit mechanism, (i.e. graduation) into the formal and informal labour markets, thereby facilitating the restoring of human dignity and minimizing dependency on the government.

Develop an inclusive framework.

Social protection schemes tend to be non-inclusive by nature. For example, access to public pre-school education tends to be quite limited. Children from well-to-do families often get early stimulation and therefore are generally better prepared for primary school than children from poor families.¹³⁷ Secondly, people with disabilities are often not properly targeted as is evidenced by the lack of disability insurance to cover their special needs.¹³⁸ Further, remote area dwellers are often not reached. People working in the informal sector too are not sufficiently catered for because social insurance schemes are work-based. The youth in particular are hard hit by unemployment and many have resorted to criminal activities to eke out a living. In order to make social protection more inclusive, the following recommendations are proposed:

- In the short term, it is critical that attention should be given to people with disabilities and this can be expedited by fast tracking the implementation of the Affirmative Action Framework for Remote Area Communities. Government should evaluate the performance of the disability grant and in particular, its impact on beneficiaries.
- The government should conduct a feasibility study with a view to introducing Child Grant in recognition of high youth unemployment and high multi-dimensional poverty among children. Many young fathers are unable to maintain their children due to a lack of income.
- Measures should be put in place to extend social protection schemes to the informal sector. Currently, provisions exclude these people whereas research shows that the informal sector is the major source of income for the majority of the population, particularly women.¹³⁹

Develop a participatory framework

Although there is evidence that the studies conducted on social protection in Botswana involve beneficiaries as participants, the importance of beneficiaries must be taken further. Beneficiaries should not just provide information when research is conducted, more importantly, they should also have a voice during the implementation, monitoring and evaluation of social protection. A participatory framework will ensure that there is a constant flow of information on whether programmes meet real needs and whether the right beneficiaries are being targeted.

Beneficiaries ought to be involved in the designs of the programmes from the conception stage to the evaluation stage. The current top-down approach to programme design frustrates effective implementation as there is an absence of most beneficiaries leading to programme failure.

Selected beneficiaries could be invited to sit on various social committees at village, district and national levels. They could also be invited to attend full council meetings, particularly when the agenda item on the table is on social protection provisions. Another recommended approach could involve setting up Advisory Boards where beneficiaries have an opportunity to bring out issues affecting their communities and present their concerns to the relevant authorities.

Develop a legal framework

In addition to calls for the adoption of an inclusive, participatory framework, a proper regulatory framework is called for. As indicated earlier in this chapter, social assistance is provided by the state through policy guidelines and framework, but not as a right protected by the constitution. Consequently, there are no adjudication structures to ensure that the rights of beneficiaries are protected. Secondly, Botswana has not yet ratified ILO Convention 102 (Social Security Minimum Convention 1952 No 102) which provides for the right to social security. In the absence of a comprehensive legal framework and structure, beneficiaries of social protection as presently constituted, may encounter difficulties in enforcing their entitlements.

¹³⁷ See paper presented by Maundeni and Ntseane, 2004: "Perception of Government Officials Regarding Social Security in Botswana". A paper presented at the National Conference on Social Security Gaborone Sept 2-3rd 2004.

¹³⁸ The Revised National Policy on Destitute Persons makes provisions to cover people with disabilities. However this assistance is confined to food rations, access to essential services and provision for funeral expenses.

¹³⁹ See Republic of Botswana Informal Sector Survey Report 1999/2000.

The Government of Botswana should consider making social protection a constitutional right to ensure that all members of society are protected. Article 10 of the Charter of Fundamental Social Rights in SADC (The Social Charter), as well as article 9 of the UN International Covenant on Economic, Social and Cultural Rights (ICESCR), both call upon State parties to grant every individual the right to social security.

There is a need to develop a robust grievance procedure for all programmes and to disseminate it widely to all beneficiaries through various platforms including the kgotla.

The Government of Botswana must develop a monitoring, adjudication and enforcement framework to protect the rights of beneficiaries in the provision of social protection.

Develop an integrated and coordinated framework

Social protection provisions in Botswana, as presently constituted, are fragmented and scattered. There is currently no official structure to bring all stakeholders together. An ad-hoc arrangement in the form of a Task Force on Social Security was put together in 2004 to organize the first National Conference on Social Security. However, this structure lacked a proper mandate and authority to implement the recommendations of this historic conference. Lack of proper coordination and policy direction has led to poor implementation, the ineffective utilization of resources and a lack of accountability. To enhance harmonization and coordination the following recommendations are proposed:

The Ministry of Local Government and Rural Development should fast-track the implementation of the National Social Protection Framework (2018) and the National Social Protection Recovery Plan (2020). These documents propose the need for a coordinated approach through the establishment of the National Social Protection Committee. The scope of this Committee could be broadened to include Non-State Actors and development partners. Such partnerships could lead to the establishment of a Botswana Social Protection Floor whose mandate inter alia, would be the sharing of information and capacity building.

The government should consider establishing a Ministry of Social Development to ensure that all social protection programmes are brought together under one roof. The creation of this Ministry would help reduce duplication of services and maximise the use of scarce resources.

Develop robust monitoring and evaluation framework (M&E)

Monitoring and evaluation are essential tools for assessing whether social protection programmes achieve their intended goals.¹⁴⁰ Monitoring is a continuous process that tracks programme performance against expected results using administration data.¹⁴¹ Evaluation on the other hand is conducted periodically on an ongoing or completed programme.¹⁴² There are several types of evaluation namely: formative, summative, process, outcomes and impact evaluation. In Botswana, the evaluation of social protection programmes has focused on the first three types. These types of evaluation measure programme inputs, activities and outputs. Consequently not much is known about the outcome and impact that these programmes are making on the quality of life of beneficiaries. The following recommendations could be adopted to enhance monitoring and impact evaluation:

- Government must develop Social Protection Monitoring and Evaluation framework as a tool to facilitate evidence-based programming and decision-making. This framework will have indicators to track inputs, activities, outputs, outcomes and impact.
- A Theory of Change¹⁴³ must be integrated into the programming of all social protection programmes. This theory will allow programme implementers to identify relevant data and how it needs to be collected, analyzed and reported.
- Collection of accurate administration data must be prioritized at the local and national level to facilitate effective M&E
- Impact evaluation must be conducted for all social protection programmes at least after every five years.

140 OECD (2019) Monitoring and Evaluating Social Protection Systems, OECD, Finland

141 See Gertler, P. J., Martinez, S., Premand, P., Rawlings, C & Vermeersch, J (2019) page 7

142 See Ibid page 7

143 Rogers, P (2014). Theory of Change, Methodological Briefs: Impact Evaluation 2, UNICEF, Florence

5.9 Conclusion

This chapter has provided a comprehensive overview of how social protection provisions are currently being administered in Botswana. A review of the functions of various Ministries has shown that the activities of these structures are not properly integrated and coordinated. Other administrative challenges discussed include inadequate resources, lack of a legal framework, lack of an inclusive framework and failure to provide exit mechanisms for beneficiaries. The chapter concludes by calling on the government and relevant stakeholders to put measures in place for the development of a comprehensive social protection policy that is preventative, inclusive, participatory and integrative, and that has a functional regulatory framework.

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CHAPTER

SIX

**BENEFITS FOR CHILDREN
AND YOUTH**

6.1 Introduction

The government provides child-focused social protection to address risks and vulnerabilities such as stunting, impaired cognitive development, malnutrition, early leaving school, child labour, illnesses, abuse, late school entry, and orphan hood to mention but a few. This chapter presents a comprehensive description of three key social protection programmes targeting children, namely the Vulnerable Group Feeding Programme, School Feeding Programme and the Orphan Care Programme. The chapter discusses the institutional arrangements for each programme, targeting and eligibility criteria, geographic distribution as well as funding and types of assistance. The chapter concludes by presenting the strengths, weaknesses, threats and opportunities of each programme based on available literature and evaluation studies.

6.2 Vulnerable Group Feeding Programme

6.2.1 Description

The Vulnerable Group Feeding Programme (VGFP) is one of the oldest social safety nets for children and vulnerable groups rolled out in Botswana. The programme was established on April 1966 as a response to the worst drought that had hit Botswana.¹⁴⁴ Available records show that at the initial stage, this programme was implemented by the United Nations World Food Programme (WFP) under Emergency Operation 324.¹⁴⁵ Between 1966 and 1979, WFP provided corn, soya meal (commonly known as Malutu), vegetable oil, dried skimmed milk and maize meal through this programme. The Government of Botswana took full responsibility and implemented the VGFP programme in 1988.¹⁴⁶ The major aim of this programme was to distribute meals and nutritional supplements to children who are vulnerable to under-nutrition. Data from recent evaluation studies show that a large number of children in Botswana suffer from malnutrition. For example, it is estimated that the chronic undernutrition (height for age) rate is 31.4 % for children under the age of 5 in Botswana.¹⁴⁷

6.2.2 Institutional arrangements

The VGFP programme is implemented by the Ministry of Health in collaboration with the Ministry of Local Government and Rural Development. The Ministry of Health manages health facilities in the Local Authorities (Child Welfare Clinics) where target groups receive their rations, while their weight is monitored. Staff at the clinics is also expected to do follow-up home visits to ensure that parents and guardians implement the advice they are given. Further, the Ministry of Health ensures quality control and safety of the products through its Nutrition and Food Control Division. The Department of Public Health on the other hand, has technical oversight of the VGFP and is responsible for nutrition surveillance services, review of product specifications, regular food quality monitoring and staff training.¹⁴⁸ The MLGRD through the Department of Food Relief Services is responsible for the procurement and distribution of programme rations. The rations are delivered at periodic intervals to all health facilities around the country. Hence budgetary provision of this programme lies with this department for the procurement of all the products.

6.2.3 Targeting and eligibility criteria

The following beneficiaries are targeted for the VGFP:¹⁴⁹

Children between the ages of 6 – 59 months.

Children between the ages of 60 – 72 months if not in school (currently, 70% of schools have a reception class, and most children in this age group are therefore in school).

144 See Davies, J., Spear, D., Omari, K., Morchain, D., Urquhart, P. and Zaremba, J., (2017). Background paper on Botswana's drought management strategy. Cape Town: Adaptation at Scale in Semi-Arid Areas

145 Republic of Botswana (2019) Evaluation of the Vulnerable Group Feeding Programme, Mokoro/UNICEF/BIDPA, Gaborone

146 Statistics Botswana (2021) Social Safety Nets Stats Brief, page 1

147 See World Bank (2013)

148 See Republic of Botswana (2019) Evaluation of the Vulnerable Group Feeding Programme. Mokoro, Oxford

149 Government of Botswana (2013) Child growth monitoring and promotion and nutrition surveillance: guidelines for health workers: 2013 edition. Gaborone: Nutrition and Food Control Division, Ministry of Health, pages 34-35

Pregnant women who, according to medical assessment at health facilities:

- *are anaemic;*
- *have low weight at the first antenatal care (ANC) visit ($\leq 45\text{kg}$);*
- *have children under five who are underweight;*
- *have been pregnant five or more times;*
- *are under the age of 18;*
- *have poor pregnancy outcomes.*

Lactating mothers (within one year of delivery) who are:

- *anaemic;*
- *feeding twins or more;*
- *with children under five who are underweight;*
- *under 18 years of age.*
- *TB outpatients*

6.2.4 Geographic distribution and coverage

The VGFP programme has considerably wide coverage, given that it is a universal social allowance programme which is not means tested; therefore geographically, it targets beneficiaries throughout the country. For example, data from Statistics Botswana (2021) show that the proportion of children was slightly higher in the urban areas at 44.2% followed by rural areas at 44.2% and lastly cities and towns at 3.5%.¹⁵⁰ The National Social Protection Recovery Plan shows that there were 291,994 beneficiaries of the VGFP in 2020¹⁵¹. Table 6.1 shows data from 2009- 2017/18.

Table 6.1: VGFP Beneficiaries 2009- 2017/18

Year	Beneficiaries
2009/10	230,985
2010/11	274,644
2011/12	274,644
2012/13	274,644
2013/14	248,693
2014/15	242,388
2015/16	250,971
2016/17	233,340
2017/18	302,343

Source: MLGRD.

¹⁵⁰ See Statistics Botswana (2021) Social Safety Nets Stats Brief page 5

¹⁵¹ See Republic of Botswana (2020) National Social Protection Recovery Plan. UNDP, Gaborone page 21

6.2.5 Funding and types of assistance

Available data show that during 2019/20 fiscal year, the government spent P659, 726,530.00 on this programme.¹⁵² In terms of assistance, infants aged 0-36 months receive nutritious feeds worth P92.55 each per month. Severely malnourished children aged 0-36 are given the same feeds worth P185.10 per month. Infants aged 37-60 months are provided with nutritious feeds worth P111.34 per month whilst severely malnourished aged 36-60 are given the same at P222.68 per month. Finally, TB outpatients, pregnant and lactating mothers receive nutritious feeds worth P111.34 per month per individual.¹⁵³ Table 6.2 shows the type of food commodities or nutritious feeds provided to various beneficiaries of this programme.

Table 6.2: Types of food commodities for beneficiaries of VGFP

Beneficiary	Food commodity	Ration	Selection criteria
Children 6 -18 months old	Tsabana	150g/day i.e. 2.5kg pack x2 per month	All children in this age group
	Oil	25 ml/day i.e. 1 bottle (750ml) per month	
Children 19-36 months	Tsabana	200g/day i.e. 2.5kg packx3 per month	All children in this age group
	Oil	25 ml/day i.e. 1 bottle (750ml) per month	
Children 37- 60 months	Fortified precooked Sorghum Soya meal (Malutu)	175g/day i.e. 5.5kg pack per month	All children in this age group
	Beans	60g/day i.e. 1.8kg per month	
	Vegetable Oil	25 ml/day i.e. 1 bottle (750ml) per month	
Pregnant and lactating women, TB and leprosy outpatients.	Fortified precooked Sorghum Soya meal (Malutu)	175g/day i.e. 5.5kg pack per month	Medically selected per Criteria
	Beans	60g/day i.e. 1.8kg per month	
	Vegetable Oil	25 ml/day i.e. 1 bottle (750ml) per month	

Source: Turner et al (2019)

¹⁵² See Ibid page 21. This amount includes primary school feeding as well.

¹⁵³ See Ibid page 20

6.2.6 SWOT analysis

Figure 6.1 presents strengths, weaknesses, threats and opportunities of VGFP based on evaluation studies.¹⁵⁴

Figure 6.1: SWOT Analysis - VGFP

<p>Strengths</p> <ul style="list-style-type: none"> Strong political commitment Programme guided by the National Nutrition Strategy 2015-20 Beneficiaries enjoy nutritional benefits for growth and development Strong institutional framework in place for implementation Alleviates food insecurity for poor households Impact evaluation conducted in 2019 Current funding is adequate 	<p>Weaknesses</p> <ul style="list-style-type: none"> Although well- targeted, evaluation results show that Tsabana is eaten by 14% of the children, this makes the programme ineffective Late delivery of commodities & shortages of commodities is a common occurrence at CWC Poor feeding practices by some parents/guardians Logistic difficulties; transport shortage to deliver, not enough storage facilities Ineffective procurement processes- making supply chain problematic Inadequate staff to do home-visits and community outreach No Results Matrix (M&E)
<p>Opportunities</p> <ul style="list-style-type: none"> Results of the recent impact evaluation (2019) are a priority for Mid-Term Review of NDP 11. This may lead to programme improvement. National Social Protection Framework recognizes the importance of nutrition-sensitive social protection for the first 1000 days. Finalization of the Poverty Eradication Policy and Strategy will give guidelines to effective programme implementation and coordination 	<p>Threats</p> <ul style="list-style-type: none"> The food commodities are consumed by adults in the household (at the expense of the child beneficiaries) turning this intervention into food security. Children who are stunted do not achieve their full cognitive potential. This adversely affects academic performance Fiscal sustainability not assured Natural disasters & pandemics pose a threat to programme efficiency and effectiveness (HIV and AIDS, COVID-19, Drought, Floods, Fire etc.)

6.3 School-Based Food Programme (Primary School Feeding Programme)

6.3.1 Description

The Primary School Feeding Programme targets primary school children and was initiated by Botswana's first President His Excellency Sir Seretse Khama following the 1965 famine which severely affected household food security. The President pleaded with the UN World Food Programme (WFP) to assist the Government of Botswana to provide food for children who were coming to school hungry and tired from walking long distances to school. The programme was started in 1967 with the following objectives:¹⁵⁵

- To ensure that primary schools are best able to take full opportunity of the education offered whilst relieving any possible short-term hunger,
- To assist authorities to maintain the high net enrolment and average daily attendance in primary schools,
- To assist the government to further institutionalise with its own resources the national primary school feeding programme that is an integral component of its household food security strategy.

¹⁵⁴ See World Bank (2016), Republic of Botswana (2017); Republic of Botswana (2020)

¹⁵⁵ See Bornay et al (1993) Suggested Guidelines on the Management of Primary School Feeding

From 1967 to 1993, the programme was implemented through financial assistance from WFP. By this time, the number of school feeding beneficiaries had increased to 300,419 learners from 672 public primary schools across the country.¹⁵⁶ The Government of Botswana took over the running of the programme in 1998 after a five-year gradual process of withdrawal of assistance from WFP.¹⁵⁷ The following objectives were formulated to guide the implementation of the programme:¹⁵⁸

- *To prevent children from feeling hungry during school days*
- *To provide children with a balanced diet*
- *To keep children in school the whole day*
- *To improve school attendance.*

The school feeding programme has been implemented continuously since 1967 and studies show that it has had an impact on enrolment growth and school attendance rates.¹⁵⁹ Currently, there is no specific policy on school feeding, however, the programme is guided by the following policy documents: Guidelines on the Management of Primary School Feeding (2013), The Revised National Food Strategy (2009), Revised National Policy for Rural Development and finally Guidelines for Procurement of Agricultural Products for school feeding (2006).

6.3.2 Institutional arrangements

The institutional arrangement for the School Feeding Programme is similar to VGFP. The Ministry of Local Government and Rural Development implements the programme at the national level through the Department of Local Government Finance and Procurement Services (DLGFPS). In terms of funding and budgeting, it is estimated that the average cost per child is P769.77 per year. In 2012-2013, the cost was estimated at P295, 141,548.64.¹⁶⁰

The food commodities are procured through a tendering system coordinated by this department. Food commodities are then supplied to the District and Town Council. At the district level, the division of Food Relief Services distributes the food to public primary schools. It is worth noting that in an effort to promote a wholly Home Grown School Feeding programme, procurement for some commodities such as locally grown food items has been decentralized. In most communities for example, local bakeries, women's cooperatives and small businesses sell bread for learners in primary schools. Additionally, fresh garden produce such as watermelon and green maize are purchased from local farmers.¹⁶¹ Speaking about the value of home grown school feeding, Hon. Minister of Local Government and Rural Development Mr Eric Molale said: " Home Grown School Feeding methodology (HGSF) is key as the government no longer emphasizes retention of pupils in schools and combating of hunger only but also providing children with diverse and nutritious food sourced locally from suppliers and farmers while at the same time boosting local economic development and job creation".¹⁶²

6.3.4 Targeting and eligibility criteria

The school feeding programme is a social allowance programme that has universal coverage. The programme targets all school children enrolled in standard 1-7 in government-owned public primary schools irrespective of socio-economic status. The most current data show that 370,000 pupils benefited from this programme in 758 public primary schools in 2021¹⁶³ This is a substantial increase as 332,972 were reached through 750 public primary schools in 2011.¹⁶⁴ In terms of geographic coverage, available data show that 46.7% of children benefited from this programme in urban areas followed by 37.2% in rural areas and only 12.1% in urban areas. One reason for low coverage in urban areas could be that this programme is implemented mostly in public schools and has not yet been extended to private primary schools.

156 See World Bank (2016) Global School Feeding Sourcebook: Lessons from 14 countries, Imperial College Press

157 Botswana had graduated to a middle income country, and the government was no longer eligible for WFP support.

158 See World Bank (2016) Global School Feeding Sourcebook page 64

159 See Ibid

160 World Bank (2016) page 76

161 See World Bank (2016) page 71.

162 Mmegi-Online News paper (2021) Government Introduces feeding policy in schools, Mmegi Newspaper November 19th 2021

163 See Ibid

164 World Bank (2016) page 64

6.3.5 Funding and types of assistance

Children are normally supplied with daily meals once a day during mid-morning break time. In remote areas, an extra meal is supplied as poverty and food insecurity constitute a major concern. The menu provided is based on recommendations by nutritionists in the Ministry of Health. Food items provided include porridge, sorghum meal, stewed beef, samp, beans, bread with jam or peanut butter and milk. Seasonal food items such as fresh vegetables, melons and green maize are often added to the menu when available. In a recent study, participants suggested that other locally available food items such as millet, ground nuts, jugo beans, sweet reed, wild berries, sweet potatoes, chicken, lamb, and other wild fruit could also be added to the menu.¹⁶⁵ Researchers contend that although the school menu has improved over the years, there is still a need for improvement as it is high in carbohydrates.¹⁶⁶ Table 6.3 shows the standard menu provided in public primary schools:¹⁶⁷

Table 6.3: Standard menu provided in public primary schools

DAY	FOOD ITEMS	RATION
Monday	Porridge/sorghum Stewed beef (canned)	100g/child/day 100g/child/day
Tuesday	Samp Beans Vegetable oil	100g/child/day 100g/child/day 15g/child/day
Wednesday	Porridge Beans Vegetable oil	100g/child/day 100g/child/day 15g/child/day
Thursday	Bread Milk UHT Jam/Peanut butter	3 slices at 25g/slice 340ml 45g
Friday	Porridge Beans Vegetable oil	100g/child/day 100g/child/day 15g/child/day
Source: BIDPA (2012)		

¹⁶⁵ See BIDPA (2013) Botswana National Primary School Feeding Programme: Case study page 23

¹⁶⁶ See Ibid page 23, World Bank (2016)

¹⁶⁷ BIDPA (2013) page 21

6.3.6 SWOT analysis

Figure 6.2 presents strengths, weaknesses, threats and opportunities of primary school feeding programme based on evaluation studies of the School Feeding Programme.¹⁶⁸

Figure 6.2: SWOT Analysis School Feeding Programme

<p>Strengths</p> <ul style="list-style-type: none"> Strong political commitment Beneficiaries enjoy nutritional benefits for growth and development Strong institutional framework in place for implementation nationally and locally Alleviates hunger, improves school attendance School feeding enhances concentration 	<p>Weaknesses</p> <ul style="list-style-type: none"> The current menu lacks adequate micro-nutrients as it lacks fruits and vegetables Delays in procurement process lead to late deliveries by suppliers or irregular supply of some items Lack of policy on School feeding programme Outdated guidelines Storage facilities are old or inadequate. Food safety concerns have been reported in some warehouses No Results Matrix (M&E) Lack of coordinated approach at national and local levels
<p>Opportunities</p> <ul style="list-style-type: none"> Introduction of Home Grown School Feeding initiatives improves nutritional value of school menu The ban on imports of fruit and vegetables will give local farmers opportunity to supply local primary schools and boost local economy 	<p>Threats</p> <ul style="list-style-type: none"> Fiscal sustainability not assured Growing risk of child obesity poses a threat to increase in non-communicable diseases in children Natural disasters & pandemics pose a threat to programme efficiency and effectiveness (HIV and AIDS, COVID-19, Drought, Floods, Fire etc.)

6.4 The Orphan Care Programme

6.4.1 Description

In Botswana, an orphan is defined as a child (under 18 years) of a single parent who has lost that parent, or a child of a married couple (including those in civil or traditional marriages) who has lost either biological or adoptive parents.¹⁶⁹ The problem of orphans is not a new phenomenon in Botswana. However, in the past, this problem was not pronounced, as relatives, neighbours and the community at large provided a safety net for these children. However, the HIV and AIDS epidemic that hit the world in the late 80s caused an unprecedented increase in the number of orphans and vulnerable children in Botswana. For example, in 2007, Botswana had an estimated 130,000 orphans and out of this number, 95,000 were orphaned due to AIDS.¹⁷⁰ In response to this crisis, the government adopted the Short Term Plan of Action on Care of Orphans (STPA) as early as 1999. The overall objective of this plan was to “improve the socio-economic conditions of the orphans by way of investing in human capital, within the broader context of sustainable development”.¹⁷¹ Specific objectives of the STPA were as follows:¹⁷²

- Respond to the immediate needs of orphans, i.e. food, clothing, education, shelter, protection and care
- Identify the various stakeholders and define their roles and responsibilities in responding to the orphan care crisis
- Identify mechanisms for supporting community-based responses to the orphan problem
- Develop a framework for guiding a long-term programme development for orphans.

¹⁶⁸ See Seleka et al (2007); Turner et al (2010); BIDPA (2013); Seleka & Lekobane (2020); Republic of Botswana (2020), Eluya, 2019

¹⁶⁹ Government of Botswana (2010) Botswana National Plan of Action for Orphans and Vulnerable Children 2010-2016. Ministry of Local Government, Department of Social Services, page 201

¹⁷⁰ UNICEF, UNAIDS, UNFPA & WHO (2009) Children and AIDS: Fourth Stocktaking Report, 2009. New York: UNICEF

¹⁷¹ Ministry of Local Government and Housing (1999) Short Term Plan of Action on Care of Orphans in Botswana, Gaborone, page 9

¹⁷² See Ibid, page 9

Of key significance, STPA emphasized the importance of a participatory and multi-sectoral approach in the delivery of services to orphans. Hence, there was collective effort from civil society, the private sector, international partners as well as community groups in the identification and support of orphans¹⁷³. The STPA clearly succeeded in providing guidance for all key stakeholders to respond to critical needs of children particularly basic needs; as well as raising community awareness regarding the plight of orphans. For example, an evaluation of the STPA conducted in 2006 concluded that the STPA had managed to reach virtually all eligible orphans, but only with food packages. Other needed services such as education and housing support were not yet provided.¹⁷⁴ Following this evaluation, the Botswana National Plan of Action for Orphans and Vulnerable Children 2010-2016 was formulated with a new focus to include other vulnerable children who are not necessarily orphans. These are children who are below the age of 18 years and who live under the following conditions: abusive environment, poverty-stricken family and are not able to access basic services, child-headed household with a sick parent(s) or guardian infected with HIV or live outside family care.¹⁷⁵

Yet another major milestone was the enactment of the Children's Act (2009) to address issues of child neglect, abuse and exploitation of orphans by guardians and caregivers. The objectives of the Children's Act of 2009 were as follows: (i) promote the well-being of children, families and communities in Botswana (ii) provide for the protection and care of children where their parents have not provided or are unable or unlikely to provide that protection and care; (iii) protect children from harm (iv) protect children from unlawful or exploitative labour practices.¹⁷⁶ In addition, Part III of the Act includes the bill of child rights that encompasses the right to health, shelter, clothing, and education, protection against harmful labour practices, sexual abuse and exploitation. This legal framework is a step in the right direction to reinforce policy provisions in programming. Other key policies and strategies guiding the implementation of OVC include the National Guidelines on the Care of OVC (2008), the Second Botswana National Strategic Framework for HIV and AIDS 2010-2016 and the National Development 11.

6.4.2 Institutional arrangements

The Ministry of Local Government and Rural Development is responsible for the coordination and management of programmes targeted to orphans and vulnerable children through the Department of Social Protection. The actual implementation of the programme is done by the Social and Community Development Departments in various District and Town Councils. The Village Development Committee is also critical when it comes to the identification of orphans. However, social workers are mandated to conduct comprehensive assessments and ensure that all the necessary processes are completed to get the children registered and provided with the necessary assistance. Given the magnitude of the problem, private companies, civil society organizations and community-based organizations have partnered with the government to provide various services to improve the socio-economic conditions of orphans.

6.4.3 Targeting and eligibility criteria

Unlike the destitute programme, the Orphan Care Programme is a universal social allowance programme, which is not means-tested. Therefore all orphans irrespective of their socio-economic background are targeted and are eligible for enrolment in the programme. Once the status of the child has been determined and eligibility requirements met, children are then automatically registered. Only children who meet the definition as prescribed by the policy guidelines are targeted and are eligible following assessment by the social workers in the Local Authorities. For purposes of efficiency and sustainability, the government ought to commission an impact evaluation of this programme to determine whether it could be means-tested. The results may show that not all orphans are from poor backgrounds and therefore only deserving children could be targeted.

6.4.4 Geographic distribution and coverage

Data from the Department of Social Protection reveal that currently there are 25,680 beneficiaries registered under this programme. Analysis of available information further shows that a majority of orphans are from rural areas (50.6%) followed by urban villages (39%) then cities and towns (10.3%).¹⁷⁷ Table 6.4 provides a summary of the geographic coverage of the programme over a six-year period (2004-2010)

¹⁷³ See Chapter 13 of this book.

¹⁷⁴ See United Nations (2007) Second Common Country Assessment for Botswana Final Report, UN, Gaborone

¹⁷⁵ GOB, (2008) National situation analysis on orphans and vulnerable children in Botswana. Gaborone: MLG

¹⁷⁶ Children's ACT of 2009 Part 2 section 4 page A.58

¹⁷⁷ Statistics Botswana (2021) Social Safety Nets Stats Brief. Statistics Botswana

Table 6.4: Registered orphans 2004 – 2010

District or town	March 2004	March 2005	March 2006	March 2007	March 2008	March 2009	March 2010
Southern	3,933	6,174	6,174	6,329	6,181	6,505	5,784
South East	867	988	997	929	916	905	857
Kweneng	4,996	6,048	6,200	6,434	6,507	6,225	5,968
Kgatleng	2,227	1,911	1,911	1,857	1,857	1,735	1,661
Central	18,651	20,384	20,765	18,837	18,978	17,705	16,795
North East	1,590	2,413	2,368	2,186	2,207	2,187	2,060
North West	4,262	6,513	6,595	4,179	4,573	4,670	4,594
Chobe				438	443	430	456
Gantsi	1,270	1,263	1,263	1,088	1,083	1,108	1,016
Kgalagadi	1,610	1,643	1,569	1,508	1,508	1,557	1,392
Sub-total	39,406	47,337	47,842	43,785	44,253	43,027	40,583
Gaborone	926	1,734	1,835	1,636	1,662	1,618	1,791
Francistown	1,629	1,777	1,853	1,684	1,799	1,901	2,007
Lobatse	484	651	663	575	583	541	498
Jwaneng	186	208	192	200	204	177	181
Selebi-Phikwe	913	804	813	754	778	833	735
Sowa	22	26	25	21	22	22	21
Sub-total	4,160	5,200	5,381	4,870	5,048	5,092	5,233
Total	43,566	52,537	53,223	48,655	49,301	48,119	45,816

Source: Department of Social Protection

Looking at the trends, it is evident from table 8.3 that, orphans are concentrated in the rural areas with Central District having the highest number followed by Kweneng and Southern Districts. It is worth noting that between the years 2008 and 2022, the total number of orphans has been gradually declining. This is largely due to the success realised from HIV and AIDS-related initiatives, in particular ART treatment and other interventions.

6.4.5 Funding and types of assistance

During the 2019/20 fiscal year, the Government of Botswana budgeted P255, 368,200.00 for the orphan care programme. Through this provision, orphans receive a monthly food basket/coupon ranging from P500.00 - P850.00 in value. This amount is regularly adjusted for inflation at the beginning of each financial year. Beneficiaries are given a smart-switch coupon to buy groceries in local stores and supermarkets. Orphans also receive additional support ranging from clothing, toiletry, assistance with educational needs, counselling and even protection from abuse. A number of other public and private elements exist, and they include free medical fees in government health facilities, a transport allowance, and assistance with bills for utilities such as water and electricity. Table 6:5 gives a picture of the proportion of households that benefited from various components of the Orphan Care Programme.

Table 6.5: Components of the Orphan Care Programme

Programme Type	Cities and town	Urban villages	Rural Areas	Total
Food Basket including Toiletries	10.8	38.3	50.9	87.9
School Uniforms	10.4	43.6	46.0	44.1
Educational Support (fees) Development/Educational trips	9.1	37.3	53.6	40.8
Transport to school	32.7	7.6	59.7	8.6
Pocket money	24.7	39.3	36.0	5.1
Bedding	13.6	15.7	70.7	6.6
Casual clothing	7.3	44.4	48.3	28.4
Other special needs for special orphan households e.g. health, water connections, rentals, utilities, day care fees and all other needs.	0.0	26.6	73.4	2.5
Source: Statistics Botswana (2021) Social Safety Nets- Stats Brief				

Evaluation studies conducted show that much has been achieved through this programme to improve the quality of life of orphans. However, implementation challenges remain that need to be addressed. The most recent national study investigating the situation of orphans and vulnerable children revealed the following findings:

- *Across most domains of access to well-being, orphans and vulnerable children are worse off than other children.*
- *Fewer of them live in households with access to improved water sources, improved sanitation facilities, or electricity*
- *Dietary diversity measures are lower in their households*
- *School enrolment rates, including in early childhood development activities are lower for all groups of orphans and vulnerable children*
- *Orphans and vulnerable children are less likely to have birth certificates*

These findings suggest the need for effective, well-targeted interventions to address these challenges. A SWOT analysis is presented in Figure 6.3 based on results of evaluation studies conducted on this programme.¹⁷⁸

¹⁷⁸ See BIDPA (2007) Turner et al (2010) World Bank (2013) Seleka & Lekobane (2020), Republic of Botswana (2020)

Figure 6.3: SWOT Analysis- Orphan Care Programme

<p>Strengths</p> <p>Programme basks in immense political will at national and local levels</p> <p>Well established initiative whose systems and regulations are widely known</p> <p>Programme known to improve the quality of life of beneficiaries</p> <p>Backed by Children's Act (2009) which offers enhanced institutional and legal framework against child violations and abuse</p> <p>Universal coverage works to its advantage as it reduces the stigma</p>	<p>Weaknesses</p> <p>There is low take off of psychosocial component of the programme and yet cases of abuse of benefits are reported and property grabbing by relatives from orphans is rampant.</p> <p>Some orphans do not benefit from the programme because guardians do not register them; some do not have an Omang</p> <p>Inadequate correctional and probation procedures and lack of capacity for children in conflict with the law</p> <p>Due to the remoteness of some rural areas, the amount allocated is often not enough to cover all the food items needed</p> <p>Limited enforcement of Children's ACT of 2009</p> <p>No impact evaluation conducted</p> <p>Absence of Results Matrix (M&E)</p>
<p>Opportunities</p> <p>Availability of HIV and AIDS treatments has led to a gradual decrease in children orphaned by AIDS</p> <p>Strong partnership with Non-State actors in the implementation of the programmes (UN agencies & civil society organizations).</p> <p>Support for orphans at tertiary institutions likely to break the cycle of poverty</p> <p>Social Registry System will ensure proper records of beneficiaries, enhance proper targeting and provide valuable information for programme monitoring and evaluation</p> <p>Finalization of the Poverty Eradication Policy and Strategy will give guidelines to programme implementation and coordination</p>	<p>Threats</p> <p>High multi-dimensional poverty may lead to an increase in the number of orphans</p> <p>The orphan care programme is not means tested. This arrangement is not sustainable as all children are assisted even those who can afford it.</p> <p>Natural disasters & pandemics pose a threat to programme efficiency and effectiveness (HIV and AIDS, COVID-19, Drought)</p>

6.5 Conclusion

This chapter provided a comprehensive analysis of child-focused social protection programmes implemented in Botswana address risks and vulnerabilities such as stunting, impaired cognitive development, malnutrition, early leaving school, child labour, illnesses, abuse, late school entry and orphan hood. The chapter discussed three main programmes, namely the Vulnerable Group Feeding Programme, School Feeding Programme and the Orphan Care Programme. The chapter discussed the institutional arrangements for these programmes, targeting and eligibility criteria, geographic distribution as well as funding and types of assistance. The chapter concluded by presenting a SWOT analysis of each programme based on available literature and evaluation studies.

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CHAPTER

SEVEN

**BENEFITS FOR FAMILIES
AND COMMUNITIES**

7.1 Introduction

The Government of Botswana provides a range of social protection services for families and communities. These services are aimed at providing social safety nets for beneficiaries with the ultimate aim of reducing poverty. Other risks addressed include unemployment, loss of income due to retirement, chronic health, accidents and disability. The chapter specifically reviews the following programmes:

- *Programme for Destitute Persons;*
- *Universal Old Age Pension*
- *World War II Veterans Allowance (WW II)*
- *Community Home -Based Care (CHBC)*
- *Programme for Remote Area Dwellers*
- *Ipelegeng (Public Works Programme)*
- *Poverty Eradication Programme (PEP)*

7.2 Programme for Destitute Persons

7.2.1 Description

This programme was introduced in 1980 to respond to unintended consequences resulting from urbanization, migration and rapid economic growth.¹⁷⁹ As a result, a large number of people especially the youth migrated to the urban areas to seek employment leaving behind the poor and destitute elderly in the rural areas. For example, data from Population Report for the period 1989-1991 showed that the percentage of the population residing in the urban areas increased by 9% in 1971 to 45.7% in 1991.¹⁸⁰ The most recent Population and Housing Census (2021) also revealed significant population growth rates in urban areas and villages surrounding towns and cities in Botswana. Results show that Gaborone has the highest population density of 1,444.4 persons per square kilometre followed by Francistown with 1,296.8. Villages close to urban areas such as Mogoditshane, Modipane, Oodi, Sese, and Shashe Mooke have registered significant growth rates comparatively.¹⁸¹ These results clearly show that rural-urban migration continues to be an issue of concern particularly for the elderly population. The National Policy on Destitute Persons was formulated as far back as 1980 to ensure that the government provides minimum assistance to elderly people and serves as a social safety net for poor members of the family. The programme was also a direct response to the withering of the extended family system and the social support system that was part and parcel of pre-Independence Botswana society.

The programme addresses risks such as loss of income, disability, chronic health, old age, isolation, poverty and unemployment.

In March 2002, the 1980 National Policy on Destitute Persons was revised to take into consideration the changing economic challenges that the poor and needy faced. Interestingly the objective of this scheme remained unaltered, and this is: “to ensure that government provides minimum assistance to the genuine destitute persons to ensure their good health and welfare.”¹⁸² The new feature of the amended policy was the introduction of a rehabilitation component to the programme to facilitate beneficiary “exit” from destitution. The policy lacks clear objectives and a results matrix, and this makes it impossible to measure the impact of the programme on the beneficiaries.

¹⁷⁹ Republic of Botswana (2002) Revised National Policy on Destitute Persons, Ministry of Local Government, Page 2.

¹⁸⁰ See Central Statistics (1995) Population Report 1989-1991, CSO, Department of Printing and Publishing, Gaborone page 2

¹⁸¹ See Statistics Botswana (2022) Population and Housing Census- Preliminary Results, Gaborone, page 3

¹⁸² Republic of Botswana, 2002. Revised National Policy on Destitute Persons para 2.2.

7.2.2 Institutional arrangements

The Destitute Persons Programme is implemented under the Ministry of Local Government and Rural Development (MLGRD) within the Department of Social Protection (DSS). In DSP, the Elderly and Benefit Services Division has been mandated with the function to coordinate and provide policy direction for the destitute programme. The programme is implemented by the Local Authorities (Towns and District Councils) through the Social and Community Development (S&CD) staff. Potential beneficiaries intending to seek registration may personally apply or may be nominated by family members, neighbours, community leaders or the Village Development Committee. Social workers within S&CD then carry out an assessment of each case to determine eligibility before registration. A Social Enquiry Report is then prepared on those who are eligible and recommendations are presented to the Health and Social Welfare Committee for approval. Upon registration, beneficiaries are provided with the necessary benefits in accordance with the policy provisions. There are two categories of destitute persons, namely temporary destitute and permanent destitute. Some beneficiaries who qualify under the temporary destitute category participate in the Ipelegeng programme whilst those in the Permanent destitute category are provided with food and cash transfers.

Home Economic and Community Development officers are responsible for the rehabilitation component of the programme. Rehabilitation may include the following components: individual counselling, family counselling, distance learning, informal group learning, workshop learning, provision of extension services, job creation through public works programmes and assistance to access schemes provided by the government and other stakeholders.¹⁸³ Due to a lack of impact studies, data are not available to show how many beneficiaries have exited or graduated after going through rehabilitation.

7.2.3 Targeting and eligibility criteria

According to the Revised National Policy (2002) for one to be eligible for the Destitute Programme they must have a valid Omang (National ID) and satisfy the following criteria.¹⁸⁴

An individual who, due to disabilities or a chronic health condition, is unable to engage in sustainable economic activities and has insufficient assets and income sources. Insufficient assets and income sources refer to a person (i) possessing not more than four livestock units or (ii) earning or receiving an income of less than P120.00 per month without dependents or less than P150.00 per month with dependents.

An individual who due to (i) old age or (ii) mental or physical disability as determined by a health practitioner, recognising that disability does not necessarily mean inability, or (iii) emotional or psychological disability, as determined by a social worker or (iv) being a terminally ill patient, and having no other means of support, is incapable of engaging in sustainable economic activity and has unreliable and limited source of income.

A child under 18 years who (i) is in need of care and may not be catered for under the Orphan care Programme (ii) has a parent (s) who are terminally ill and incapable of caring for the child, or (iii) has been abandoned and in need of care and it not catered for under the orphan care programme.

Permanent and Temporary Destitute Persons

Permanent Destitute Persons

Individuals whose age or physical or mental condition renders them completely dependent on outside resources. Included in this category are individuals who have been assessed not to be suitable for rehabilitation. The exit mechanism is therefore not applicable to this category

Temporary Destitute Persons

Individuals who are temporarily incapacitated until they can support themselves may receive help. Included here are individuals who are victims of accidents such as train crashes, plane crashes and motor vehicle accidents. Victims of natural disasters too are eligible for assistance under this programme. Natural disasters include drought, earthquakes, floods, windstorms, lightening, fire disasters, ill-health, death of a bread winner and any other emergency or natural disaster so declared by His Excellency the President of the Republic.

¹⁸³ See *Ibid* page 8

¹⁸⁴ *Ibid* page 6-7

7.2.4 Geographical distribution and coverage

The Destitute Persons programme is implemented nationally. However, a majority of beneficiaries are in the rural areas. Results from Statistics Botswana (2021) reveal that the proportion of households who benefited from this programme was 60.1% in rural areas, 35.2% in rural areas and 4.7% in urban areas.¹⁸⁵ This is not surprising as poverty is concentrated mostly in the rural areas. The most recent data from DSP show that currently there are 39,142 beneficiaries. This number is slightly higher than that reported by the same agency in 2018/19 which was 37,934.¹⁸⁶ Beneficiaries receiving Disability Cash grants totalled 7,744 individuals.

7.2.5 Funding and types of assistance

During the 2019/2020 fiscal year, P94, 662,000.00 was budgeted for the Destitute Persons programme; whilst P30, 393,600.00 went to Disability Cash Transfer.¹⁸⁷ Through this budget, deserving beneficiaries are provided with food and cash, access to social services including rehabilitation, provision for funeral expenses, and shelter. Food coupons of P500.00-P1000.00 per month are provided depending on location and upon assessment of needs. Beneficiaries are also eligible to receive a Destitute Cash allowance of P300.00. Beneficiaries qualifying for the Disability Cash Grant receive P450.00 per month. Adjustments for inflation are made on a yearly basis. Beneficiaries receive their cash transfers via the Post office, banks, shops or the kgotla. Food groceries are bought at shops using the smart-switch card which many may find quite convenient.

Children under the age of 18 may also benefit from the Destitute Persons programme. According to provisions of the policy, this category consists of children who are in need of care but may not be catered for under the Orphan Care Programme. In addition to the food coupon, these children get assistance in the form of school uniforms, toiletries, transport, protective clothing, boarding requisites, tuition in private and vocational schools, street clothes, any additional fees that may be required by schools (e.g. touring fees, sports fees, and development fees) plus other incidental expenses.¹⁸⁸

All categories of destitute persons are exempted from payment of publicly provided services such as medical fees, school fees, water charges, service levies and electricity charges. Further, when a destitute person dies, their burial expenses are fully covered by the Local Authority. Finally, social workers are expected to provide rehabilitation and psycho-social support as necessary to enhance the quality of life and sustain the dignity of the beneficiaries.

¹⁸⁵ See Statistics Botswana (2021). Social Safety Nets Stats Brief page 5

¹⁸⁶ Data obtained from DSP

¹⁸⁷ Data obtained from MLGRD, 2020

¹⁸⁸ See Revised National Policy on Destitute Persons pages 9-10.

7.2.6 SWOT analysis

Figure 7.1 presents strengths, weaknesses, threats and opportunities of the Destitute Persons programme based on evaluation studies on Destitute Programme.¹⁸⁹

Figure 7.1: SWOT Analysis: Destitute Persons Programme

<p>Strengths Programme is driven by high degree of political will at national and local level Well established system whose systems and regulations are widely known Improves the quality of life of beneficiaries</p>	<p>Weaknesses Lacks clear objectives and Results Matrix (M&E) Temporary destitute persons are not willing to graduate from the programme to engage in income generating projects Felt by many to create dependency Reportedly open to political exploitation Heavy monitoring and supervision load for social services Record keeping and monitoring are patchy Rehabilitation efforts largely ineffective Revised Policy is outdated No impact evaluation done</p>
<p>Opportunities Newly created Ministry of Entrepreneurship presents opportunities for the rehabilitation of Temporary Benefits Revision of community development strategy could be linked to more balanced approach to welfare and development elements of destitute programme Social Registry System will ensure proper records of beneficiaries, enhance proper targeting and provide valuable information for programme monitoring and evaluation Finalization of the Poverty Eradication Policy and Strategy will give guidelines to programme implementation and coordination</p>	<p>Threats Beneficiaries are reluctant to get into subsistence farming and choose Ipelegeng Those transferred to Ipelegeng may suffer worse poverty as Ipelegeng is rotational Worsening unemployment and rising poverty mean that more beneficiaries must be enrolled Natural disasters & pandemics pose a threat to programme efficiency and effectiveness (HIV and AIDS, COVID-19, drought, floods, fire etc.)</p>

¹⁸⁹ See Seleka et al (2007) Turner et al (2010) World Bank (2013), Seleka & Lekobane (2020); Republic of Botswana (2020)

7.3 Universal Old Age Pension

7.3.1 Description

The Old Age Pension scheme (OAP) was introduced in Botswana in October 1996 through a cabinet decision. Beneficiaries of this programme are all elderly Batswana who are aged 65 years and above. The major objective of the scheme is to provide financial security to elderly citizens who otherwise are without adequate means of support partly, due to the disintegration of the extended family support system. The scheme also offers older citizens financial security and income maintenance following retirement or loss of income due to sickness, disability or chronic health. There is currently no policy instrument guiding the implementation of this programme.

7.3.2 Institutional arrangements

The Ministry of Local Government and Rural Development (MLGRD) implements this programme through the Department of Social Protection. The Ministry deposits cash transfers into Post Offices, banks and other selected service providers. Beneficiaries with bank accounts may access their money through their respective banks. Those without bank accounts are provided with smartcards to redeem their dues at any pay point or Post Office.¹⁹⁰ For example, available data suggests that 97,026 beneficiaries collected their dues at Post Offices; 16,234 collected from Kgotla; and 8,460 received their dues through bank transfers.¹⁹¹

In each Local Authority, Pension Officers are responsible for the smooth running of the programme. They attend to queries from beneficiaries and also offer advice on various aspects of the programme. Since this is a universal coverage scheme, the major role of Local Authority officers is to sensitize the community and raise awareness in regard to its benefits. Parliamentarians, Councillors, Traditional leaders, Village Development Committees and related village level structures play a critical role in disseminating information about this programme. Social workers too are involved particularly in instances where there are issues of physical, emotional and financial abuse of the elderly by relatives, fellow members of the community or strangers. Apparently, cases of this nature are increasingly becoming very common.

7.3.3 Targeting and eligibility criteria

Eligibility for the Old Age Pension is currently defined only by age (65 years and above). Only Batswana citizens with valid OMANG do qualify. The scheme is in the form of a social allowance and hence it is not means-tested. Even citizens who have pensions from other sources still enjoy this benefit, a stipulation which has been criticised by some. Other requirements include that:

- A potential beneficiary must register with Pension Officers at the District Commissioners Office, Service Provider or Headquarters (Social Protection Department).
- Beneficiaries enrolled in other social protection programmes are not excluded
- An Old Age Pensioner who is serving a prison term or is on extra-mural sentence, payments stopped up until such time that they are released from prison or they have completed their sentence. Such individuals are not entitled to arrears for the period in question.
- Beneficiaries can appoint a proxy who may collect the money on their behalf
- A beneficiary who receives the allowance through bank credit or through a proxy is required to make a life declaration once every six months, failing which the payment is automatically suspended until that requirement is met, in which case they would be entitled to arrears.
- A beneficiary who is unable to collect his/her allowance during the set period for payments will be paid arrears cumulatively for up to six months, for which he/she has to apply either via the department or service provider.
- Arrears can only be claimed within a continuous period of twenty three months from the date of application. Arrears beyond twenty three months are forfeited.

¹⁹⁰ ILO (nd) The Universal Old Age Pension: Botswana

¹⁹¹ See National Social Protection Recovery Plan page 22

7.3.4 Geographical distribution and coverage

Since OAP is a universal programme, beneficiaries cover every corner of the country as long as there is an older person aged 65 or above. Available data show that in terms of the proportion of households by strata, a majority of beneficiaries (59.1%) were in urban areas, followed by 40.0% in rural areas and 8.1% in cities and towns.¹⁹² According to a recent study, OAP has one of the highest enrolment and coverage ratios. Current data from DSP show that there are 121,720 registered recipients.¹⁹³ Table 7.1 shows the total number of OAP recipients from 2004 to 2015. The table shows that the number of beneficiaries has almost doubled during the material period, having risen from 65,074 in 2004 to the present figure of 121,720. Improvements in health care and socio-economic environment across the country, might at least partly explain the sustained growth in numbers of older people.

Table 7.1 OAP Beneficiaries: 2004/05- 2015/16

YEAR	OAP BENEFICIARIES
2004/05	65,074
2005/06	71,363
2006/07	77,180
2007/08	83,370
2008/09	88,121
2009/10	91,446
2010/11	94,252
2011/12	91,385
2012/13	93,639
2013/14	98,199
2014/15	100,471
2015/16	102,323

Source: World Bank/BIDPA/MLGRD

7.3.5 Funding and types of assistance

Beneficiaries of OAP currently receive a cash transfer of P530.00 per month. Each year, the government adjusts this allowance to compensate for inflation. It is important also to note that the elderly enjoy free health care in public health facilities and therefore they use this grant to buy food, electricity, cooking gas and other basic necessities. Records show that OAP absorbed 20% of the MLGRD's budget in the 2019/2020 fiscal year.¹⁹⁴ This translates to an estimated P620, 753,160.00 per annum. Analysis of trend data shows that since October 1996 when this scheme was introduced, the government made modest increases to the monthly amounts given to beneficiaries. For example, in 1996- 1997, beneficiaries were receiving P100.00 per month. This amount steadily increased from P100 to P110 in April 1998, and by 2016, beneficiaries were receiving P 330. Table 7.2 shows benefits between 1996- 2015/16

¹⁹² See Statistics Botswana (2021) Social Safety Nets Stats Brief page 5.

¹⁹³ See National Social Protection Recovery Plan (2020)

¹⁹⁴ UNICEF (2019) Botswana Budget Brief, Social Protection

Table 7.2: AOP Benefits from 1996 – 2016

Date	Benefits in Pula Amount
October 1996	100
April 1997	100
April 1998	110
April 1999	117
April 2000	129
April 2001	142
April 2002	151
April 2003	151
April 2004	166
April 2005	166
April 2006	180
April 2007	191
April 2008	220
April 2009	220
April 2010	220
April 2011	220
April 2012	220
April 2013	250
April 2014	250
April 2015	300
April 2016	330

Source: MLGRD administration data collected from various report

While the older people were getting P330 in 2016, the going minimum wage for domestic and farm workers stipulated by the government at that time was P1084.00. This suggests that the amount of cash transfer given to OAP pensioners is way below the minimum wage of P1084.00 for domestic and agricultural workers. Given the high cost of living and rising inflation, it is therefore imperative that the government considers raising this amount to at least minimum wage level. An option open to the authorities would be to means-test the OAP so that beneficiaries who are already receiving pensions from other sources be excluded, to facilitate increased benefits for -poor beneficiaries. Nevertheless despite the low amount, findings from various studies showed that OAP contributes positively to the quality of life of the recipients. Through the pension money, beneficiaries are able to: buy food, clothes, and pay school fees; contribute to burial societies and church events. Some use the money to purchase utilities, toiletries, and support orphans. Others have managed to build houses or invest in livestock production.¹⁹⁵

¹⁹⁵ See the following studies: Turner et al, (2010); Lucas, P. (2009).

7.3.6 SWOT analysis

Figure 7.2 presents strengths, weaknesses, threats and opportunities of OAP programme based on evaluation studies on OAP.¹⁹⁶

Figure 7.2: SWOT Analysis - OAP Programme

<p>Strengths</p> <ul style="list-style-type: none"> Strong political commitment Strong institutional framework in place for implementation nationally and locally Provides poverty relief and other deprivations Reduce inequality and social exclusion Cash grant improves quality of life; hence increasing life expectancy rate of elderly population The elderly with no family support have a social safety net Delivery of payment of OAP is flexible as beneficiaries choose to access services via post office, kgotla, Choppies stores, or through direct deposit into their bank accounts 	<p>Weaknesses</p> <ul style="list-style-type: none"> The cash grant of P530.00 is inadequate to cover basic needs given the rising cost of living and inflation There have been reports of physical abuse of beneficiaries by members of the public and some family members wanting to steal money from the elderly Age limit of 65 is not harmonised with retirement age of 60. Some potential beneficiaries living in remote areas lack information and access to services The programme does not have Results Matrix (M&E) No impact studies conducted
<p>Opportunities</p> <ul style="list-style-type: none"> There is a direct correlation between cash grant for the elderly and increase in life expectancy; which may translate into productive lives Private companies are partnering with government to provide housing and other services for the elderly Social Registry System will ensure proper records of beneficiaries, enhance proper targeting and provide valuable information for programme monitoring and evaluation Finalization of the Poverty Eradication Policy and Strategy will give guidelines for programme implementation and coordination 	<p>Threats</p> <ul style="list-style-type: none"> Fiscal sustainability is not assured as this is a universal benefit Natural disasters & pandemics pose a threat to programme efficiency and effectiveness (HIV and AIDS, COVID-19, drought, floods, fire, etc.)

7.4 World War II Veterans Allowance (WW II)

7.4.1 Description

The WW II Veteran allowance (WW II) was introduced in April 1988 following the Cabinet's decision to honour Batswana soldiers who participated in the first and second World Wars. A WW II allowance was therefore to be given to veterans and their families " as a token of appreciation for their effort and sacrifice in contributing towards saving the world from racist domination" .¹⁹⁷ Only the ex-service men and spouse(s) of deceased veterans who were involved in World Wars I and II are entitled to the allowance. The applicants are required to complete and submit a life declaration form every 6 months, otherwise the allowance is suspended.

¹⁹⁶ See BIDPA (2007); Lucas, P (2009); Turner et al (2010) Seleka & Lekobane (2020); Republic of Botswana (2020)

¹⁹⁷ Government of Botswana (nd) Department of Social Services: Overview. DSS, Gaborone

7.4.2 Institutional arrangements

The Ministry of Local Government and Lands is responsible for providing policy direction for this allowance through the Commissioner for Social Benefits. To apply, beneficiaries visit the local tribal administration office to request a declaration letter confirming the veteran's participation in the war. Then they send the declaration letter and supporting documents to the District Commissioner's office, requesting to be enrolled into the programme. They download and complete the Registration of Beneficiary Form or visit the Department of Social Services for assistance with completing the application form which they will submit with relevant supporting documents. In terms of payment modalities, beneficiaries indicate their preference, either through a 12-month voucher book at the post office, via the Tribal administration office or through monthly bank transfer.¹⁹⁸ For example, the National Social Protection Recovery Plan of 2020, indicates that during that period, a total of 1022 beneficiaries collect their allowances via the Post Office; 148 via the Kgotla and 60 through the bank.¹⁹⁹

7.4.3 Targeting and eligibility criteria

The WW II allowance is not means tested. To qualify for the allowance, beneficiaries must be:²⁰⁰

Botswana citizens who participated in World War I or World War II, and are in possession of a valid national identification card (Oming).

Spouse(s) of a deceased veteran that participated in the wars and has not married another man who ever participated in the World Wars following the death of the veteran husband or wife.

A deceased veteran's child under 21 years of age whose mother is also deceased.

Beneficiaries are expected to provide the following documentation:

- *National Identification Card (Oming).*
- *Declaration Letter from Tribal Authority.*
- *Passport (Non-citizen).*
- *Residence Permit (Non-citizen).*
- *Marriage Certificate (Spouse).*
- *Birth Certificate (Children)*
- *Veteran's Death Certificate (Spouse & Children).*
- *Spouse's Death Certificate (Children).*

7.4.4 Geographical coverage

Available data show that currently, there are 1,230 individuals registered on this programme.²⁰¹ There is, naturally, a gradual decline in the number of beneficiaries as recipients and their dependents have died since the inception of the programme. For example, in 2004, there were 2,834 recipients registered, according to data provided by the Department of Social Protection,²⁰² currently, the number has wilted to 1, 230.

7.4.5 Funding and types of assistance

The current budget for WW II recipients is P9, 103,556.00. At the start of the programme in 1998, beneficiaries were receiving P200.00 per month. Currently, beneficiaries receive P600.00 per month. Table 7.3 provides information on veterans' monthly rates for the period 1998- 2009.

¹⁹⁸ See gov.bw/allowance/World-War-ii-veteran-allowance

¹⁹⁹ See National Social Protection Recovery Plan (2020) page 22

²⁰⁰ See *Ibid* page 1

²⁰¹ National Social Protection Recovery Plan page 21.

²⁰² See Turner et al (2010).

Table 7.3: WW II Veterans' monthly allowance 1998 - 2009

Date	Old age pension P
April 1998	200
April 1999	200
April 2000	200
April 2001	212
April 2002	272
April 2003	272
April 2004	272
April 2005	272
April 2006	294
April 2007	312
April 2008	359
April 2009	359

Source: Turner et al (2010)

7.4.6 SWOT analysis

Figure 7.3 presents the strengths, weaknesses, threats and opportunities of the WW II Veterans programme, and the analysis is based on evaluation studies conducted over the years.²⁰³

Figure 7.3: SWOT Analysis – World War 11 Veterans Allowance

<p>Strengths Strong political will and commitment Benevolent programme to appreciate the sacrifice of soldiers Programme delivers significant benefits to veterans and their families</p>	<p>Weaknesses Impacts of scheme have not been evaluated Lack of policy and legal framework Programme data not accessible</p>
<p>Opportunities Social Registry System will ensure proper records of beneficiaries, enhance proper targeting and provide valuable information for programme monitoring and evaluation</p>	<p>Threats Fiscal sustainability Natural disasters & pandemics pose a threat to programme efficiency and effectiveness (HIV and AIDS, COVID-19, drought, floods, fire etc.) Family members who have lost members serving in the army in war situations after WW II may demand the same gesture, since a precedent was set.</p>

²⁰³ See Seleka et al (2007); Turner et al (2010); World Bank (2013); Seleka & Lekobane (2020); Republic of Botswana (2020)

7.5 Community Home-Based Care: Social Safety Net Programme

7.5.1 Description

Community Home-Based Care (CHBC) was established in 1995 as a response to the HIV and AIDS epidemic.²⁰⁴ By the mid-1980s the spread of the virus had exploded and spread like wild fire, making Botswana the country with the highest HIV prevalence rate in the world. By 1997, HIV prevalence among pregnant women, for instance, was 42.9% in Francistown, 38.8% in Chobe, 34.4% in Serowe/Palapye, 34% in Gaborone and 33% in Lobatse. Nationally, about 207,000 persons were reportedly infected with HIV.²⁰⁵ With the rising rates of people living with HIV and AIDS, it became clear that public hospitals could not cope with the burden of care. Hence, CHBC model was introduced after the successful completion of pilot projects rolled out in Tutume and Molepolole.²⁰⁶

CHBC is defined as " the care given to individuals who are terminally ill in their homes cared by their families; supported by Social Workers and other Social Welfare providers to meet spiritual, material and psychosocial needs with the individual playing a crucial role."²⁰⁷ The goal of CHBC programme is to provide comprehensive care services at home and at the community levels in order to meet the physical, psychological, social, and spiritual needs of terminally ill patients including People Living with HIV and AIDS and their members of their families.

The objectives of the CHBC programme are as follows:

- To increase the access of AIDS-affected families to skilled medical care, counselling and support on a regular basis;
- To equip families with improved skills in caring for their family members who are affected by HIV/AIDS and other terminal illnesses; and
- To increase the access of families with AIDS patients to home care supplies.

Community Home-Based Care continues to be provided today although the numbers of beneficiaries have dropped significantly as a result of the provision of antiretroviral therapy (ART). In 2018, there were approximately 370,000 adults and children living with HIV. Women accounted for 200,000 of the people living with HIV while 14,000 were children under the age of 15 years and the rest were adult males.²⁰⁸ Available data show that the numbers of new infections have steadily decreased since 2010 from 14000 to 9500 representing a decline of 34%.²⁰⁹ Further, it is reported that ART coverage among people living with HIV and AIDS (PLWHA) stands at 84% for males and 93% for females. Viral load suppression among PLWHA on ART is very high at 79% and 96%.²¹⁰ It is expected that in the near future, ART coverage will greatly improve as a result of the new policy shift to extent free ART to non-citizens.

²⁰⁴ Republic of Botswana (2003) National Development Plan 9 2003/04-2008/09. Ministry of Finance and Development, Gaborone page 324

²⁰⁵ See National Policy on HIV/AIDS. Ministry of Health page 2

²⁰⁶ Phaladze, N (2001) The plight of family caregivers in home based care in Botswana. Page 73

²⁰⁷ See Republic of Botswana (2005) Guidelines for Provision of Social Safety Net for Community Home Based Care Patients. Ministry of Local Government, Gaborone page 9

²⁰⁸ See Republic of Botswana (2020) Removing Human Right and Gender related barriers to HIV and AIDS: Five year Comprehensive Plan 2020-2025 page 18.

²⁰⁹ See UNAIDS (2020) Botswana Country Progress Report: Global AIDS Monitoring page 37

²¹⁰ Ibid page 6.

7.5.2 Institutional arrangements

The Ministries of Health (MOH) and Local Government and Rural Development (MLGRD) jointly implement the CHBC programme. The MOH implements the national HIV and AIDS response through the National AIDS and Health Promotion Agency (NAHPA) by developing and strengthening policies, guidelines and National Operational Plans. The MLGRD on the other hand, shares the responsibility with the MOH to link central and local level responses and manages the CHBC programme. Specific functions of the MLGRD through the Local Authorities are to a) identify and mobilize community structures in support of HIV and AIDS planning and programme implementation b) strengthen the role of District Multi-sectoral AIDS Committees and c) coordinate local level knowledge management and information dissemination.²¹¹ The latter continues to drive the strategies of National Strategic Framework III to mobilize and inform communities on HIV and AIDS services.²¹² At the village level, the CHBC programme is implemented jointly by health personnel and social workers. Patients are normally referred for support to the Social and Community Development Office (S&CD) by doctors in the employ of the government. To provide assistance, social workers use Social Safety Net Guidelines for Community Home-Based Care patients which were introduced in 2005. Since patients are cared for in the home environment, caregivers are expected to do the following: encourage the patient to honour medical appointments, collect and adhere to recommended treatment and recommended diet, take part in their rehabilitation and ensure enhancement of their social functioning.²¹³

7.5.3 Targeting and eligibility criteria

CHBC SNN programme is means tested and patients who benefit are those referred to the programme by the government medical doctor. Eligibility for assistance is based on the Revised National Policy on Destitute Persons 2002. First, beneficiaries must demonstrate that they have insufficient income (earning or receiving an income of less than P120.00 per month without dependents or less than P150.00 with dependents. Second, they must have chronic and/or terminal illnesses that are not curable including cancer, all opportunistic diseases resulting from HIV infection and other illnesses that have resulted in patients being bedridden.²¹⁴

7.5.4 Geographical coverage

Over the years, the number of beneficiaries has decreased considerably due to the provision of ART. In 2002/3 the programme had close to 6, 000 beneficiaries. This figure dropped to 3,242 in 2009/10.²¹⁵ The most recent reports show that there are 1,237 individuals registered under this programme.²¹⁶ In terms of geographic distribution by location, the proportions of households that benefited were as follows: 48.5% in the rural areas, 47.6% in the urban areas and 3.9% in towns and cities.²¹⁷

7.5.5 Funding and types of assistance

The government expenditure on this programme in the fiscal year 2019/20 was P14, 485,368.00.²¹⁸ Beneficiaries receive a smart-switch food coupon to the tune of P500 per month. Some patients are provided with a drip-feeding basket at P1200.00 as required. Other types of support include the following:

- transport to medical facilities for check-ups;
- 'repatriation', i.e. relocation to the patient's original home or another place where family and community care will be more readily available;
- rehabilitation: particularly with the use of ART, this may enable the patient to be "discharged" from the programme and counselling by a social worker;
- Burial, in cases where no other support is available to arrange such.

211 Republic of Botswana (2010) The Second Botswana National Strategic Framework for HIV and AIDS 2010-2016 page 29

212 UNAIDS (2020) Botswana Country Progress page 37.

213 See Government of Botswana (2005) Guidelines for social safety net for community home based care patients. DSS, MLG, Gaborone

214 See Ibid page 11

215 See UNAIDS (2020) Botswana Country Progress

216 See National Social Protection Recovery Plan 2010 page 21

217 Statistics Botswana (2021), Social Safety Net Brief

218 See National Social Protection Recovery Plan 2020 page 22

7.5.6 SWOT analysis

Figure 7.4 presents the strengths, weaknesses, threats and opportunities of the programme based on evaluation studies.²¹⁹

Figure 7.4: SWOT analysis – Community home-based care

<p>Strengths</p> <ul style="list-style-type: none"> Strong political will and commitment Strong multi-sectoral response and family care Policy and legal framework in place Programme allowed many individuals to recover and be economically active Significant relief to government budget and workload of health staff and facilities Free ART therapy enhances life expectancy and productive lives 	<p>Weaknesses</p> <ul style="list-style-type: none"> Food basket is inadequate due to high food prices Weakening of extended family structure means some patients are without care Social workers are overburdened due to high case-loads CHBC volunteers thin on the ground to support family members-spirit of volunteerism is no longer as strong due to high cost of living and urbanisation Lack of impact studies on the programme.
<p>Opportunities</p> <ul style="list-style-type: none"> Drop in the number of patients means funds can be diverted elsewhere Success in PMTCT has led to a drop in the number of new infections in babies Treat all or test and treat strategy means that ART is now available to everybody regardless of viral load. This has ensured a significant drop in the number of bed-ridden CHBC patients Finalization of the Poverty Eradication Policy and Strategy will give guidelines to programme implementation and coordination 	<p>Threats</p> <ul style="list-style-type: none"> Delivery of chronic palliative care is very expensive and therefore unsustainable High prevalence rate amongst youth and adolescents threatens gains in the fight against HIV infection Non-adherence to treatment amongst some PLWHA may lead to an increase in the number of CHBC patients Many PLWHA are also infected with TB and many deaths amongst PLWHA are due to TB. There is therefore a threat of co-infection Stigma & discrimination may work against the success of this programme. Some have thrown caution to the wind and engaged in unprotected sex etc. in the knowledge that being infected by HIV is no longer a death sentence, and CHBC is available in the case of getting bed-ridden.

7.6 Programme for Remote Area Dwellers

7.6.1 Description

The Remote Area Development Programme (RADP) is one of the oldest social protection programmes in Botswana. Originally called the Basarwa Development Programme, it was introduced in 1975 during the implementation of the 1970-75 National Development Plan.²²⁰ At inception, the goal of the programme was to help the Basarwa communities to adapt to the fast-evolving economy of Botswana.²²¹ In 1978, the programme was re-named the Remote Area Development Programme (RADP) following the results of the 1974/75 Rural Incomes Distribution Survey which revealed that severe poverty did not affect the Basarwa communities only, but affected many other ethnic groups living in remote areas.²²² Yet another review was conducted in 1985; leading to the launching of special rural development programmes that covered seven districts of North West, Kweneng, Central, Ghanzi, Kgalagadi, Southern and Kgatleng. This new development was aimed at promoting productive economic activities and provision of public services to improve the living conditions of people residing in these areas.²²³ In 2003, RADP was reviewed again leading to the implementation of the Revised Remote Area Development Programme which was aligned with other policies such as Vision 2016, National Settlement Policy, Revised National Policy on Rural Development, Revised National Policy on Destitute Persons, National Poverty Reduction Strategy and other similar policies.²²⁴

²¹⁹ See Seleka et al (2007) Turner et al (2010); World Bank (2013); Republic of Botswana (2020)

²²⁰ Ministry of Local Government (2009) Revised Remote Area Development Programme page 1

²²¹ Ibid page 1

²²² See BIDPA (2003) Report on the Review of the Remote Area Development Programme, page. 7

²²³ Op City, page 1

²²⁴ See Revised Remote Area Development programme, page 2.

For programming purposes, Remote Area Communities (RACs) are "people who live outside established villages and settlements at least 15kms away; do not have access to basic social amenities and are generally socially and economically marginalised"²²⁵. It is estimated that there are 69 remote area settlements in Botswana with a population of 250 people and above. Other characteristics of the settlement include that the Area must be at least 15km away from the nearest recognized village; must have existed for at least 5 years, and must have a recognized traditional leadership.²²⁶

The key objectives of RADP are articulated in the Revised Remote Area Development Programme as follows:²²⁷

- Provide development infrastructure in remote area settlements in accordance with the National Settlement Policy
- Promote sustainable livelihoods for communities and individuals residing in remote areas to reduce dependence on government and promote self-reliance and sustainable utilization of natural resources in ways that are compatible with skills and aspirations of remote communities
- Encourage the direct participation of remote area communities in issues concerned with their development in accordance with the community-based strategy for rural development
- Promote the development of leadership structures and representation in remote areas that are compatible with the traditional structures and cultures of the people who live there.
- Adopt and advocate affirmative action across all sectors aimed at improving remote area communities with equal access to entitlements under Botswana law as enjoyed by other citizens.
- Promote tolerance and understanding at a national level of the unity and cultural diversity of Botswana, particularly in regard to historically marginalized people from remote areas.

Following the implementation of the Revised Remote Areas Development Programme of 2009, the government through Presidential Directive CAB 39 (B) 2010, directed that Affirmative Action Framework for Remote Area Communities be developed to cover a period of ten years from 2015 to 2025.²²⁸ Specifically, affirmative action is intended to:²²⁹

- Promote social inclusion of people living in recognized remote area settlements, both individually and/or as a family in the development of the country
- Provide development infrastructure in the recognized remote areas settlements for the RACs to be able to participate in the economic and social activities of the country
- Enable RACs to build sustainable livelihoods, promote self-reliance and sustainable utilization of natural resources
- Enhance RACs access to social services, poverty eradication initiatives and other national development programmes.
- Facilitate community participation of RACs in community development initiatives and
- Enhance collaboration with Non-Government Organizations, Community Based Organizations/Faith Based Organizations, Development Partners and Private sector on the development of RACs.

The Affirmative Action Framework is guided by the Revised National Policy for Rural Development (2002), the National Strategy on Poverty Reduction and the Revised Remote Area Development Programme (2009). It is envisaged that the framework will combat discrimination and address challenges facing RACs such as inadequate infrastructure, low levels of education, unemployment, poverty, malnutrition and inadequate availability of social services.²³⁰

225 Ibid page 5

226 See Ibid page 5

227 See Ibid page 6

228 Republic of Botswana (2014) Affirmative Action Framework for Remote Area Communities, MLGRD page 1.

229 See Ibid page 2

230 See Republic of Botswana (2014) Affirmative Action Framework page 1

7.6.2 Institutional arrangements

RADP is coordinated by the Ministry of Local Government and Rural Development through the Department of Community Development, making MLGRD the lead Ministry. However, RADP covers broad strategies to promote accelerated development and hence requires a multi-sectoral approach. For that reason other line Ministries are involved such as the Ministries of Agriculture, Health, Education, Trade and Industry, Water Affairs, Youth, Gender, Sports and Culture to mention but a few. Other stakeholders such as NGOs, FBOs, the private sector, remote area communities and similar local partners are also expected to play a major role in the implementation of the programme. Social workers and RADP officers are responsible for assessing beneficiaries and for the day-to-day running of the programme in each settlement. The MLGRD provides progress reports on a quarterly basis to the Rural Development Council, PIC Force and Cabinet.

7.6.3 Targeting and eligibility criteria

The RADP programme targets the poorest members of remote communities who do not have any meaningful means of support. The initiative is therefore a means-tested social assistance programme. Eligibility is guided by the Revised National Policy on Destitute Persons (2002). Assistance is provided to individuals and households who satisfy the following eligibility criteria:

- An individual who, due to age, disability or chronic health condition is unable to engage in sustainable economic activities and has insufficient assets and income sources
- An individual who qualifies under the eligibility criteria of the Revised National Policy on Destitute Persons. The policy will also be used to rehabilitate beneficiaries to make themselves self-reliant in the long term
- An individual who is a Mosarwa by origin irrespective of his/her place of residence

7.6.4 Geographic distribution, coverage

RADP is implemented in 69 settlements. A majority of beneficiaries (90.8%) reside in rural areas followed by 9.2% in urban villages²³¹. The following districts cater for RADP people: Kgalagadi, Mahalapye, Bobirwa, Boteti, Tonota, Tutume, Serowe, Ghanzi, Kgatleng, Southern, Kweneng and North-West. Available data show that 7,241 households benefit from this programme; 664 in urban villages and 6,577 in rural areas.²³²

7.6.5 Funding and types of assistance

Beneficiaries benefit from the provisions under the Revised National Policy on Destitute Persons discussed earlier in the chapter. They are also eligible for other social protection benefits such as VGFP; School feeding, OAP, OVC, Ipelegeng and CHBC. For the Affirmative Action Framework, the government has set aside a budget of P2, 892,492,016.00 towards the implementation of other social services to RADP communities such as infrastructure, economic empowerment programmes; and other forms of access to basic social services, including social protection benefits. These services are preventative provisions which will ultimately enable most beneficiaries to graduate from poverty alleviation schemes. See Figure 7.5 ²³³

²³¹ Statistics Botswana (2021) Social Safety Nets Stats Brief page 5

²³² See *Ibid* page 8

²³³ See Republic of Botswana (2014) Affirmative Action Framework page18

Figure 7.5: RADP 10 Year Affirmative action framework matrix

Objective	Key Results Area	Initiative/Target
To improve development infrastructure in remote areas	Improved access to services	Provision of road infrastructure in all settlements Mobile and BTC access at all settlements Provision of electricity in all 69 settlements Provision of 1 resource centre per settlement Provision of 1 youth recreation centre per settlement Provision of 52 daycare centres and 67 primary schools Provision of 67 health facilities Provision of 2790 allocated houses Water infrastructure provided in all 69 settlements
To provide resources in support of self-reliance and income generation	Sustainable livelihoods	Provision of land to all eligible beneficiaries Provision of livestock to all eligible households Creation of 25,000 informal employment Creation of 12,000 formal employment Establishment of 5 viable projects per settlement Improved food security for all households
To promote economic empowerment initiatives in remote communities	Sustainable livelihoods	Establish 1 market stall per settlement Provide 3000 poverty eradication packages Promote trade activities that are viable and sustainable
To facilitate direct participation of remote area communities in issues concerning their development	Empowerment of local government structures and local leadership	Empower all local structures and local leadership Promote 4 cultural initiatives per district per year
To improve access to social and basic services	Improved access to social and basic services	Provision of portable water in all settlements
	Enhance access to education	Early childhood enrolment of 30,000 Provision of primary, secondary and tertiary education
	Improved access to health services	Access to health 100%
	Improved access to social protection	Access to social protection 100% coverage
To enhance collaboration	Enhanced multi-sectoral stakeholder collaboration	50% increase in collaboration with NGOs/CBOs/FBOs 50% increase in collaboration with development partners 50% increase in collaboration with the private sector

Source: Author extracted information from Affirmative Action Framework, 2014

7.6.6 SWOT analysis RADP

Figure 7.6 presents the strengths, weaknesses, threats and opportunities for the RADP programme based on evaluation studies.²³⁴

Figure 7:6 SWOT Analysis – RADP

<p>Strengths Programme has a high degree of political will at national and local levels Well established system whose processes and regulations are widely known Improves the quality of life of beneficiaries through the provision of food coupons, housing, school meals and other basic necessities for orphans and vulnerable children Programme promotes social inclusion Affirmative Action Framework in place addresses inherent inequalities, discrimination, exploitation and marginalization of remote area communities</p>	<p>Weaknesses Beneficiaries are not fully involved in the design of projects to provide input on what they want Beneficiaries are poorly resourced Lack of infrastructural development, access to markets, Low level of education of beneficiaries works against the Exit Strategy and graduation from poverty There is limited capacity for Multi-Sectoral response and “delivery as one” due to limited presence of key stakeholders in settlements and distance and funding</p>
<p>Opportunities Impact Evaluation of Affirmative Action Strategy has been completed. Results may lead to programme improvement. There are strong lobby and advocacy groups within and outside the country to promote the rights of marginalized communities Social Registry System will ensure proper records of beneficiaries, enhance proper targeting and provide valuable information for programme monitoring and evaluation Finalization of the Poverty Eradication Policy and Strategy will give guidelines for programme implementation and coordination</p>	<p>Threats Affirmative Action Strategy does not have Risk Assessment Tools and mechanisms to enforce its implementation Silo mentality threatens effective multi-sectoral response Top-down approach in RADP may lead to greater resistance by beneficiaries to utilize planned projects and facilities Natural disasters & pandemics pose a threat to programme efficiency, effectiveness and sustainability (HIV and AIDS, COVID-19, drought, floods, fire etc.)</p>

7.7 Poverty Eradication Programme (PEP)

7.7.1 Description

The Poverty Eradication Programme (PEP) was introduced in 2011 to improve the livelihoods of the most vulnerable members of Botswana society through creation of sustainable income generating projects.²³⁵ In coming up with this initiative, the government was responding to the results of 2009/10 Botswana Core Welfare Indicator Survey which showed that 19.3% of the population lived below the poverty datum line while 6.4% were in extreme poverty (\$1.90).²³⁶ More recent data show that poverty has dropped slightly with 16.3% of the population living below the poverty line while 5.8% live in extreme poverty (below \$1.90 a day).²³⁷ Whilst it is important to highlight monetary poverty levels, priority ought to focus on multidimensional poverty which measures non-monetary deprivations such as poor living conditions, health, sanitation, food insecurity, access to safe drinking water, subsistence agriculture and economic deprivations²³⁸. Data show that 17% of Botswana were multi-dimensionally poor with 3.9% of the population experiencing multidimensional poverty.²³⁹ The highest poverty levels have been recorded in Kweneng West, Ghanzi and Kgalagadi.

²³⁴ See Seleka et al (2007); Turner et al (2010); World Bank (2013); Seleka & Lekobane (2020)

²³⁵ See PECU (2020) Draft Guidelines page 1

²³⁶ See Statistics Botswana (2010) Botswana Core Welfare Indicator Survey

²³⁷ See Statistics Botswana (2018) 2015/16 Multi-Topic Household Survey

²³⁸ Republic of Botswana (2019) Draft National Poverty Eradication Policy page 8

²³⁹ See Republic of Botswana (2021) Pilot National Multidimensional Poverty Index Report, pages 6

The need to address extreme poverty is aligned to National Development Plan 11, Botswana Vision 2036 and the Sustainable Development Goal (SDGs). The priorities of the government as articulated in NDP 11 include to eradicate absolute poverty and to ensure that the most vulnerable groups are assisted so that they can eventually graduate from social assistance.²⁴⁰ Through the Vision 2036 pillar on Human and Social Development, the government commits to promote equal opportunities for all and ensure that prosperity is widely shared; leaving no one behind. The Vision 2036 document further states that by “2036, Botswana will be a moral, tolerant and inclusive society that provides opportunities for all”²⁴¹ PEP was specifically designed to target individuals and households which experience severe multidimensional poverty. The following were the stated aims:

- Improving the livelihoods of Batswana living under extreme poverty through the establishment of sustainable income generating projects for both individuals and groups
- Capacity building and skills development to reduce vulnerability
- Aiding attainment of food and economic security amongst disadvantaged individuals and/or families.
- Reviewing the policy environment and institutional framework for addressing poverty.

The Poverty Eradication Unit has been instrumental in developing policies and guidelines to implement this programme. Key documents include: Draft Botswana National Poverty Eradication Policy (2019); National Poverty Analysis Report (2020); Revised Draft Poverty Eradication Programme Guidelines (2020); Value Chain Analysis and the Exit Strategy (2020).

7.7.2 Institutional arrangements²⁴²

This programme used to be coordinated in the Office of the President through the Poverty Eradication Coordinating Unit (PECU). However, a new Ministry of Entrepreneurship was recently set up and its role is to provide overall policy direction on small business development, citizen empowerment and enterprise development.²⁴³ Implementation of PEP projects is executed by various government Ministries and departments; for example: Ministry of Agriculture, Ministry of Local Government & Rural Development, Ministry of Youth, Gender and Sports, Ministry of Environment and Tourism and Ministry of Education. At the Local Authority level, the programme is coordinated by the office of the District Commissioner through the District Poverty Eradication Committee.

7.7.3 Targeting and eligibility criteria

The Social and Community Development Officers based in the Local Authorities conduct assessments for eligibility through the use of a profiling questionnaire. Upon completion of this exercise, potential beneficiaries are then enrolled in the programme²⁴⁴. For beneficiaries to qualify for PEP projects, they must satisfy the following criteria:²⁴⁵

Beneficiaries should be able bodied Batswana citizens aged 18 years and above who are destitute persons.

Beneficiaries should be persons living below the poverty datum line; earning a monthly income of less than P500.00.

Beneficiaries should include potential destitute persons, such as those engaged in the Ipelegeng Programme, poor people living with disability and other vulnerable groups

Beneficiaries should demonstrate the ability, interest and commitment to undertake the project.

People who previously benefited from the Poverty Eradication Programme and other government schemes may be considered upon assessment for possible assistance. However, priority will be given to first time beneficiaries.

²⁴⁰ See Republic of Botswana (2017) National Development Plan 11 Mid-Term Review page 91

²⁴¹ See Government of Botswana (2016) Vision 2036- Achieving Prosperity for All page 18

²⁴² The programme structure is currently being reviewed; this institutional arrangement may change in the near future.

²⁴³ See Republic of Botswana (2022) Government Gazette Extraordinary, Vol LX, No 46 page 2505

²⁴⁴ See PECU (2020) Guidelines

²⁴⁵ Government of Botswana (2013) Poverty Eradication Guidelines Implementation of Packages page 13

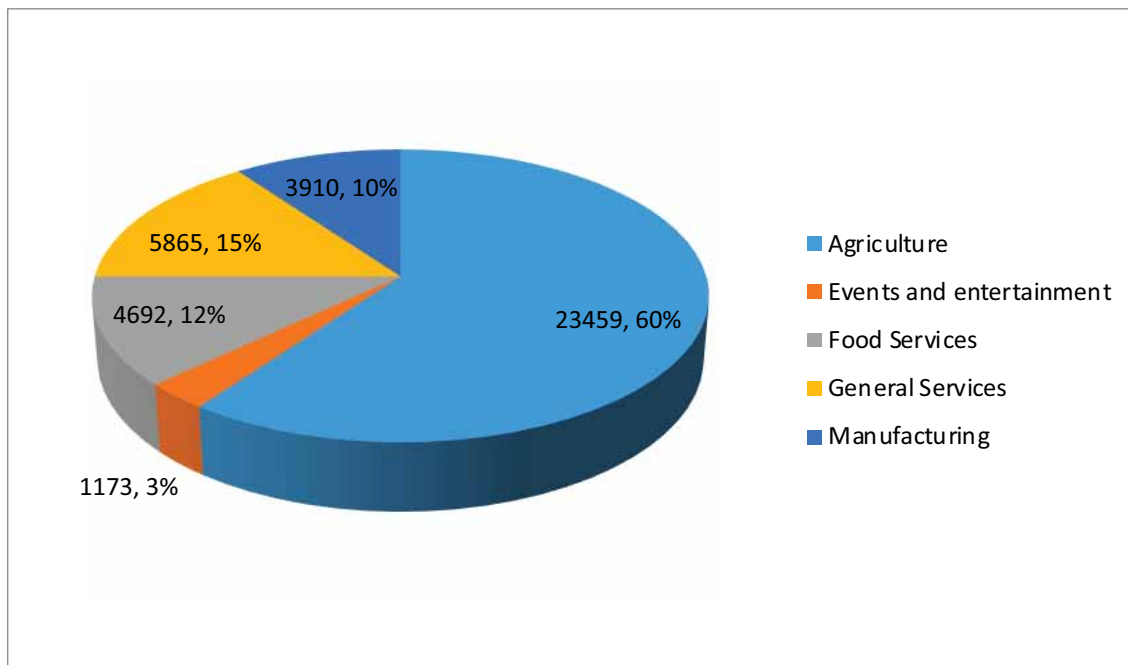
7.7.4 Geographical distribution and coverage

A majority of PEP beneficiaries are in rural areas where there is extreme poverty. According to Statistics Botswana (2021), the proportion of households who benefited from PEP was 81.8% in rural areas, 15.6% in urban villages and 2.6% in towns and cities.²⁴⁶ In terms of funded projects, available data show that since its inception in 2011, a total of 39,089 projects have been funded. In 2020, there were 29,877 operational projects recorded. An estimated 6,935 projects were discontinued for various logistical reasons as well as the impact of COVID-19. When it comes to employment, data reveal an increase in the number of beneficiaries employed 34,794 from the 2020 baseline data of 33,918 demonstrating an increase of 873. To date, 3114 beneficiaries have graduated from this programme.²⁴⁷

7.7.5 Funding and types of assistance

Since the programme started in 2011, the government has provided a budget allocation of between P155m and P200m annually towards the implementation of PEP. The only instance when funding was reduced drastically to P54.7m was during the fiscal year 2020/21 due to the COVID-19 pandemic²⁴⁸. Funding for individual projects can go up to P20, 000; while for groups, it can go up to P20, 000.00 per beneficiary participating in the project. Figure 7.7 shows the number of PEP-funded projects by sector in 2020.

Figure 7.7: PEP funded projects by sector, March 2020



Source: PECU Administrative data, 2021

As shown in Figure 7.7 a majority of projects funded (60%) were in the agriculture sector, followed by the general services (15%) and food services (12%). Events and entertainment were adversely affected by COVID-19-induced restrictions on movements and event gatherings.

²⁴⁶ See Statistics Botswana (2021) Social Safety Nets Stats Brief
²⁴⁷ PECU (2021) Annual Poverty Eradication Report, Gaborone
²⁴⁸ Ibid

7.7.6 SWOT analysis

Figure 7.8 presents the strengths, weaknesses, threats and opportunities of PEP drawn from the literature review and evaluation studies conducted in Botswana:²⁴⁹

Figure 7.8: SWOT Analysis – Poverty Eradication Programme

<p>Strengths</p> <ul style="list-style-type: none"> • Programme has a high degree of political will at national and local level • Government funding is available • Well established policy framework and guidelines • Income generating projects provide employment and reduce poverty • The programme has a Results Matrix 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Human resource to implement the programme, mentor beneficiaries and provide psychosocial support is totally inadequate • There is a general lack of commitment on the part of beneficiaries to persevere especially during hard times • Limited market penetration by beneficiaries • Inadequate efforts in terms of project monitoring • Lack of administrative data for effective Monitoring and Evaluation at implementation level • Lack of strong multi-sectoral response from participating government ministries • Most policy documents guiding PEP were developed recently and are still in draft form.
<p>Opportunities</p> <ul style="list-style-type: none"> • Newly created Ministry of Entrepreneurships presents opportunities for resource mobilization, enhanced enterprise development, coordination, and effective implementation of business projects • Recommendations of the 2022 Impact Evaluation of PEP provide an opportunity for programme improvement • Creation of a Single Registry should improve targeting and data management • Private-sector partnership is promoted in NDP 11 • Finalization of the Poverty Eradication Policy and Strategy will give guidelines for programme implementation and coordination 	<p>Threats</p> <ul style="list-style-type: none"> • Reduction in funding for the programme. • Worsening unemployment and rising poverty levels mean more beneficiaries must be enrolled. • Sustainability of projects affected by lack of markets, inadequate knowledge of business and management skills, low levels of education of most beneficiaries • PEP beneficiaries face unfair competition from big businesses • Natural disasters & pandemics pose a threat to programme efficiency, effectiveness and sustainability (HIV and AIDS, COVID-19, drought, floods, fire etc.)

²⁴⁹ See Seleka & Lekobane (2021)

7.8 Ipelegeng (Public Works Programme)

7.8.1 Description

Ipelegeng is a Setswana term that means “to be self-reliant”, or “be self-supportive”. In essence, therefore the programme is intended to promote the spirit of self-help, self-reliance and people-centered development.²⁵⁰ Traditionally, Batswana were active participants in food production through subsistence agriculture, small stock farming and cattle rearing. As such, they did not depend on the government for the provision of social safety nets. However, the devastating and persistent drought that visited in the early 1960s necessitated government intervention. The programme was initially known as the Labour Intensive Public Works Programme (LG1107), and this initiative had two components, namely Drought relief and the Permanent component.²⁵¹ The former initiative was intended to provide short-term employment for beneficiaries during drought years in both rural and urban areas, whereas the Permanent component was to operate even during non-drought years but focusing only on the rural areas. However, due to persistent drought, unemployment, poverty and other deprivations, the entire initiative was declared a permanent poverty eradication strategy through Presidential Directive CAB 19(A) of 2008. The overall objective of the Ipelegeng Programme was “to provide relief whilst at the same time carrying out essential development projects identified and prioritized through the normal development planning process”.²⁵² The programme has evolved over the years, and currently, its emphasis is on creating employment for the urban and rural poor and on reducing poverty.²⁵³

7.8.2 Institutional arrangements

The Ministry of Local Government and Rural Development (MLGRD) coordinates the Ipelegeng programme through the Department of Local Government Development Planning. The Ministry provides periodic reports to the Rural Development Council (RDC) through the Inter-Ministerial Vulnerability Response Committee (IMVRC). In terms of policy framework, the implementation of Ipelegeng is guided by the Revised Guidelines of 2012. At the local authority level, the District/Urban Drought Committees, chaired by the District Commissioners/Council Chief Executives, coordinate Ipelegeng activities. The Ipelegeng Coordinating Committee/Technical Committee is responsible for the day-to-day operations and management of the programme. This Committee assesses and awards quotations for the procurement of building and maintenance materials, equipment, vehicles and accessories.²⁵⁴ At the project operation level, Ipelegeng workers are supervised by a designated member of the Village Development Committee (VDC).

7.8.3 Targeting and eligibility criteria

The programme is self-targeted. Anyone over the age of 18 years who is willing to work is eligible to apply. The applicants must have a valid National ID (Omang). In the event there is excess demand, a lottery system is used to select beneficiaries. Ipelegeng Guidelines (2012) are, however, not very clear regarding targeting and eligibility criteria, and this has led to abuse of power by some Village Development Committee members who are involved in the selection process. Some beneficiaries have expressed concern about the quota or lottery system which they say is unfair and non-transparent.²⁵⁵

7.8.4 Geographic distribution and coverage

Beneficiaries of Ipelegeng are spread across the country with a bigger concentration in the rural areas at 58.7% followed by urban villages at 35.2% and a few in cities and towns (9.5%).²⁵⁶ Figures from Statistics Botswana (2021) showed that 99,529 beneficiaries were enrolled on the programme; 58,448 in rural areas, 31,620 in urban villages and 9,462 in cities and towns.²⁵⁷ According to Nthomang (2018), over the years, the programme has covered between 50,000- 56,000 people per month of the targeted population.²⁵⁸ Clearly, given the high rates of unemployment in the rural and urban settings this figure is evidently just “a drop in the ocean.”

250 See BIDPA (2012) Final Report of the Review of the Ipelegeng Programme. UNICEF, Gaborone

251 See Ministry of Local Government (2012) Revised Guidelines for the Implementation of Ipelegeng Programme.

252 Ibid, page 2

253 See Nthomang (2018) Botswana's Ipelegeng Programme Design Implementation: Reduction or Permutation/Entrenchment of Poverty? page 34

254 Ibid page 3

255 See Turner et al (2010); BIDPA (2012); Nthomang (2018)

256 Statistics Botswana (2021) Social Safety Nets, Stats Brief

257 See Ibid page 8.

258 Nthomang (2018) Botswana's Ipelegeng Programme Design and Implementation, page 33

7.8.5 Funding and types of assistance

The Ipelegeng programme is funded fully by the government. The total allocation has been substantial even from the early years of its implementation. For example in 2007/08 the budget was P297m; in 2008/09 the figure was P369m, while in 2009/10, the budget stood at P260m. The budget rose to 301m in 2011 and further increased to P580m during the 2014/15 financial year²⁵⁹. For the 2019/20 fiscal year a figure of P638m was budgeted for the programme.²⁶⁰ The budgeted funds are largely used to pay wages of beneficiaries who normally work for six hours per day for a period of 20- 22 days. Beneficiaries earn P567.00 per month, plus P8.00 per day meal allowance. Supervisors earn P651.00 per month. The wages may be collected at the Post Office, at the kgotla or through bank transfer cheque. In terms of the type of work performed, beneficiaries typically undertake community development projects such as: environmental cleanliness, minor construction and maintenance of public facilities such as community shelters, maintenance of internal roads, drift fences, cleaning of streets, cutting grass and community policing.²⁶¹

7.8.6 SWOT analysis

The Ipelegeng programme, like any other intervention strategy, has strengths, weaknesses, opportunities and threats. These are presented in Figure 7.8, and the analysis is based on literature available from previous evaluation studies.²⁶²

Figure 7.9: SWOT Analysis – Ipelegeng Programme

<p>Strengths</p> <p>Programme is backed up by strong political will at national and local level</p> <p>Ipelegeng has potential to eradicate poverty and reduce unemployment provided it is properly designed</p> <p>Creates temporary employment for the unemployed and unskilled people who may otherwise be idling in the community</p> <p>Beneficiaries provide cheap labour to government through projects such as de-bushing, maintenance of government buildings, litter picking, brick laying, painting etc.</p> <p>Ipelegeng promotes a modicum of dignity and sense of purpose among the beneficiaries as they are able to buy food & clothing for the family, pay school fees etc.</p> <p>Engaging in projects enables some beneficiaries to prepare for future formal labour market participation by attaining various entrepreneurial skills.</p>	<p>Weaknesses</p> <p>Low wages make it impossible for beneficiaries to improve the quality of their livelihoods.</p> <p>Rotational nature of the programme leaves out many deserving poor unable to benefit from the programme</p> <p>Programme lacks clear selection criteria. Target group is rather too broad.</p> <p>Top-down nature of the programme lack of community engagement in the design</p> <p>Limited coverage due to high poverty levels and unemployment</p> <p>Felt by many to promote dependency syndrome and discourage people from engaging in farming</p> <p>Reportedly open to political exploitation</p> <p>Record keeping and monitoring are patchy</p> <p>No Results Matrix (M&E)</p> <p>Implementation of the programme is fragmented and uncoordinated making M&E ineffective</p>
<p>Opportunities</p> <p>Newly created Ministry of Entrepreneurship presents opportunities for Ipelegeng to become a viable employment intensive programme</p> <p>Social Registry System will ensure proper records of beneficiaries, enhance proper targeting and provide valuable information for programme monitoring and evaluation</p> <p>Evaluation studies provide government with ways to improve the programme</p> <p>Finalization of the Poverty Eradication Policy and Strategy will give guidelines for programme implementation and coordination</p>	<p>Threats</p> <p>Programme is not sustainable given budget cuts and rising inflation</p> <p>Beneficiaries are reluctant to get into subsistence farming and prefer Ipelegeng</p> <p>Those transferred from Destitute Programme to Ipelegeng may suffer worse poverty as Ipelegeng is rotational</p> <p>Worsening unemployment and rising poverty means that more beneficiaries must be enrolled</p> <p>Natural disasters & pandemics pose a threat to programme efficiency, effectiveness and sustainability (HIV and AIDS, COVID-19, drought, floods, fire etc.)</p>

²⁵⁹ Turner et al (2010) Nthomang (2018)

²⁶⁰ See National Social Protection Recovery Plan page 22

²⁶¹ See Nthomang, page 30

²⁶² See BIDPA (2012) Nthomang (2018) Republic of Botswana/UNDP (2020)

7.9 Conclusion

This chapter reviewed a range of social protection programmes offered to families and communities namely: programme for Destitute Persons; Universal Old Age Pension; World War II Veterans Allowance (WW II); Community Home -Based Care (CHBC), Programme for Remote Area Dwellers, Poverty Eradication Programme (PEP) and Ipelegeng (Public Works Programme). For each programme, a brief historical background was provided followed by institutional arrangement. Targeting and eligibility criterion was presented as well as geographic coverage of the programme and budget allocation by the government. Finally, a SWOT analysis was conducted for each programme based on available literature from past evaluation studies.

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CHAPTER

EIGHT

**SOCIAL ASSISTANCE AND
LEGAL AID IN BOTSWANA**

8.1 Introduction

Legal Aid denotes a situation where indigent persons are provided with legal assistance for free. It is a means of providing legal services to persons who are unable to pay fees for legal services.²⁶³ It is a form of social assistance. It is a safety net for those whose support in terms of the prevailing legal system is insufficient.²⁶⁴ Such provision of legal aid makes it impossible for any person to be denied equal protection of the law on account of poverty.²⁶⁵ In the past legal aid was generally provided by attorneys to indigent persons as a contribution on their part towards the charitable service to the community. Attorneys were not obliged to do so but did it out of their charitable conscience.²⁶⁶ They were giving back to the community what they got from it. This empowered people to overcome their barriers to equality and justice.²⁶⁷

The chapter explores the role of Legal Aid Botswana and the extent to which it is committed to providing legal services to indigent members of society in Botswana. The paper also explores the extent to which the University of Botswana Legal Clinic fills the gap left by Legal Aid Botswana in the provision of Legal Services in the country. An attempt is made in this chapter to explore other methods by which indigent persons may be assisted which include the Judicare System, the Salaried employees system and the part played by non-governmental organizations in the country.

Other methods of assistance given to vulnerable groups in particular, include the Small Claims Court, the Pro Deo System and Informa Pauperis Proceedings. These methods ensure that some form of assistance whether means tested or not would in one way or another be available to an indigent person.

8.2 Bill of Rights

Botswana has a bill of rights entrenched in the constitution.²⁶⁸ Section 10(2) of the Bill of Rights in the Botswana constitution provides that if any person is charged with a criminal offence, he

“ c) Shall be given adequate time and facilities for the preparation of his defence; and

d) Shall be permitted to defend himself before the court in person, or at his own expense by a legal representative of his own choice”²⁶⁹

The above provisions have been interpreted to mean that the state is not obliged to pay for the accused's legal representation or indeed any indigent person. In *Lazarus Marumo V The state*,²⁷⁰ High Court Crim. Appeal F32 of 1990, Livesey Luke proceeded to state that,

“ This subsection clearly conveys on every accused person a fundamental right to be given adequate time and facilities to prepare for his defence and a fundamental right to defend him or to be defended, at his own expense, by a legal practitioner of his choice”²⁷¹

On a comparative note, in South Africa, the 1996 constitution entrenches a person's right to be represented in certain circumstances at the state's expense. Section 34 provides, thus:

“ Everyone has the right to have any dispute that can be resolved by the application of law decided in a fair public hearing before a court or where appropriate, another independent and impartial tribunal or forum”

263 Olivier M.P. et al: *Social Security Law, General Principles*. Butterworths, Johannesburg, 1999 pg.379

264 Olivier, M. P. et al: *Social Security, A Legal Analysis*. Butterworths, Durban, 2003 pg 199

265 Legal Aid is granted to indigent persons in South Africa as a form of social assistance

266 See note 1 ibid

267 See note 1 ibid

268 Constitution of the Republic of Botswana, 1966

269 Note 6 ibid

270 High Court Criminal Appeal No F32 of 1990(unreported)

271 Note 8 ibid

In terms of section 28(1) (h) of the constitution of South Africa:

- “Every child has the right . . . to have a legal practitioner assigned to the child by the state, and at states expense, in civil proceedings affecting the child, if substantial injustice would otherwise result”²⁷²

Section 35 (2) (c) of that country's constitution states that:

- “Everyone who is detained, including every sentenced prisoner, has the right . . . to have a legal practitioner assigned to the detained person by the state, and at states' expense if substantial injustice would otherwise result and to be informed of this right promptly” .
- Section 35 (3) (g) states thus: “Every accused person has a right to a fair trial which includes the right . . . to have a legal practitioner assigned to the accused person by the state and at states expense, if substantial injustice would otherwise result and to be informed of this right promptly”²⁷³
- The term “substantial injustice” has been interpreted by the South African Legal Aid Board to mean facing a charge in a criminal matter where a prison sentence without the option of a fine could be imposed.²⁷⁴
- The South African constitution places an obligation on the state to ensure the provision of legal assistance to certain categories of persons. Indeed everyone who is detained including every sentenced prisoner and children falls within the category of persons entitled to legal aid in South Africa.

8.3 Legal Aid Botswana

Legal Aid Botswana is set up by the Legal Aid Act of 2015 to provide legal services such as advice and legal representation in the magistrates court, High Court, Industrial Court, Land Tribunal and the Court of Appeal of Botswana. It also conducts public legal education on legal rights and responsibilities.²⁷⁵ It offers these services through its salaried legal practitioners employed by the Legal Aid board and by private lawyers through the Law Society of Botswana.

Botswana Citizens who cannot afford a lawyer but have a reasonable chance of winning their case are covered. They have, however, to undergo a means test. Salaries or wages, commissions, bonuses, rentals, investments, allowances, subsidies, maintenance and grants received are considered when one undergoes the means test.²⁷⁶ Sometimes one may have to make a financial contribution in order to be assisted. No contribution is required if one earns less than P2000.

Where Legal Aid Botswana succeeds in helping a client to recover or claim a financial benefit, a small percentage of such a claim is required to be paid to Legal Aid Botswana. No percentage is required on the first P20000. The money would be payable upon actual recovery.

Legal Aid covers matters relating to family law, land, labour law, contract law and the law relating to damages, e.g., car accidents.²⁷⁷ This list is not conclusive. Criminal trials are not covered except for persons under the age of 18 years. Customary court and small claims court representation are not allowed. Preliminary Industrial mediation is not covered. Maintenance claims are not covered, except where the other party is legally represented.

The vision of Legal Aid Botswana is justice for the poor. Its mission is taking quality legal services to the poor through education, advice and legal representation.²⁷⁸

As indicated above, Legal Aid Botswana does not provide assistance in criminal matters except for persons under the age of 18 years. This is a serious shortcoming in the matter of access to justice as justice should be accessible to all irrespective of whether the matter is civil or criminal. Legal Aid Botswana would do well to cover labour matters from inception through to conclusion. Clearly, there does not seem to be any good reason why pre-industrial mediation is not covered if other labour issues are covered. There are proposals for Legal Aid Botswana to cover individuals with criminal matters before the courts. It is not known whether the government will accede to that request.

²⁷² Section 28(i) (h) of the constitution of Republic of South Africa 1996

²⁷³ Section 35 (2) (c) of the constitution of the Republic of South Africa

²⁷⁴ Note 1 *ibid*

²⁷⁵ Legal Aid Act, 2015 Section 5.

²⁷⁶ Access to Justice, Legal Aid Botswana. Leaflet, 2015

²⁷⁷ Note 14 *ibid*

²⁷⁸ Note 14 *ibid*

8.4 The Legal Clinic's Dual Role

As mentioned above, the Law Department at the University of Botswana runs a Legal Clinic. Its main objective is to provide training to law students intending to practice law in Botswana. The Legal Clinic plays a crucial role in the provision of practical skills training to students. It offers law students a 'hands-on' opportunity to acquire and improve their skills by dealing with real legal problems. Since law students are required as part of their curriculum to work in the Legal Clinic, they acquire skills related to interviewing clients, deciphering and analysing legal problems, researching appropriate legal solutions, and seeking the implementation of those solutions in a legally acceptable manner.

The Legal Clinic has a second function which is essentially social in nature. Its services are primarily available to members of the public who can least afford to pay for legal support in the commercial legal market. A means test is administered to determine whether a potential client is 'sufficiently indigent' to be assisted by the Legal Clinic.

The Legal Clinic is considered one of the few legal aid schemes in the country. This is a social function it plays, which is very much appreciated by its clients and members of the general public. It is a function that has contributed immeasurably over the years to the positive image of the Department of Law in particular, and of the University of Botswana in general. However, it is equally a function which also brings to the fore the issue of costs, that is, issues of affordability, and also whether the University should be the institution through which such social services are extended.

The positive public and political image notwithstanding, the role of the Legal Clinic in the provision of legal aid services should not be exaggerated. It was set up primarily as a teaching tool, for the attainment of specific objectives of the law programme at the institution. It ministers mainly to indigent persons and social groups, partly so as not to be seen as competing with traditional providers of legal services. The way it is structured within an academic setting, and the support it receives from the University, although extremely valuable, would not justify the Legal Clinic being projected as a true legal aid scheme.

8.5 State-Funded Judicare System

This involves referring successful legal aid applicants to practitioners in private practice.²⁷⁹ Such practitioners provide the necessary legal services to the applicants and are remunerated by the board in terms of a fixed tariff laid down by the board and agreed to by the legal profession.²⁸⁰ These practitioners provide legal services in accordance with the rules and regulations laid down by the Board from time to time.²⁸¹ Indigent persons are hence assisted through this form of community service offered by legal practitioners who make their expertise, time and experience available for the indigent persons' cases.²⁸²

For the first twenty years of its existence, the Legal Aid Board in South Africa provided legal aid through the vehicle of judicare.²⁸³ The system worked fairly well when there were comparatively few cases; its advantage being to provide the clients with access to skilled and experienced private legal practitioners, greater freedom of choice in who they wanted to represent them, and the involvement of the local bar in providing services to indigent clients.²⁸⁴ The downside though, was that it was expensive and difficult to access and ensure quality services from participating practitioners.²⁸⁵

8.6 State-Funded Public Defender Programmes in South Africa

The public defender programme is available in South Africa, and not in Botswana, Public defenders are full-time salaried lawyers employed by the Legal Aid Board, whose brief is to deal primarily with criminal cases where the accused has a constitutional right to legal representation in trials and appeals.²⁸⁶ They are considered legal interns in the district courts and qualified lawyers in the regional and high courts and operate at justice centres throughout the country.²⁸⁷ This model of legal aid delivery is said to be considerably cheaper than the judicare model. However, it has been suggested that a fully-fledged system of public defender offices is likely to prove too expensive for small developing countries. In light of the So African experience, this model may prove too costly for Botswana.²⁸⁸

279 Note 1 *ibid*, pg. 384

280 Note 1 *ibid*, pg. 384

281 Note 1 *ibid*, pg. 384

282 Note 1 *ibid*, pg.384

283 Emmanuel Quansah, *The Comparative and International Law Journal of Southern Africa*, Vol.40, No.3. 2007 pg. 518

284 Note 21, *ibid*

285 Note 21, *ibid*

286 Note 21, *ibid*, pg. 519

287 Note 21, *ibid*,pg.519

288 Note 21, *ibid*, pg.519

In South Africa, this initiative was launched as a pilot programme in Johannesburg in 1992 and subsequently converted into a permanent office in 1997.²⁸⁹ Its aim was to address the problem of legal representation in criminal cases.²⁹⁰ Later on in 1996, a further office was established in Soweto.²⁹¹

Qualified, admitted attorneys and advocates, candidate attorneys and administrative personnel are employed at these offices and paid a monthly salary by the legal aid Board with the object of representing indigent accused in criminal cases and until recently in civil matters.

8.7 Legal Aid Board University Law clinics

These are distinct from Independent University law Clinics.²⁹² In South Africa in 1994, the Legal Aid Board entered into cooperation agreements with about 21 universities.²⁹³ In terms of this agreement, the Legal Aid Board undertook to employ attorneys to act as principals for candidate attorneys and also to pay the salaries of the candidate attorneys who would render legal services to indigent persons at such university law clinics.²⁹⁴ The University undertook to make infrastructure and certain other services available. The idea was to render legal services to communities where the demand was great. Legal aid clinics provided legal aid in terms of the rules and regulations set down by the legal aid board and only to indigent persons who satisfied the means test or had a constitutional right to legal aid. The services rendered are in both civil and criminal matters.

8.8 Independent University Law Clinics

The objective of these clinics is to provide practical legal training for law students as well as to provide free legal services to indigent people.²⁹⁵ These clinics operate with a director as head and candidate attorneys under supervision and a means test that is administered to those seeking assistance. Independent Law Clinics play a valuable role in providing social as well as legal services to the poorer members of the community. They supplement the work of the Legal Aid Board and Legal Aid Clinics.²⁹⁶

8.9 Non-Governmental Organisations and Legal Aid

Apart from the above, there are many NGOs that provide legal services to the poorer members of the community.²⁹⁷ They play an important role in making legal services accessible to people in rural and marginalised areas. They provide grass root access to justice through their network of satellite legal advice centres. They counsel, give advice and refer people to the relevant places where they can be assisted. They do casework and research, negotiation, mediation, and provide human rights education and representation of clients amongst other things.²⁹⁸ These non-governmental organisations are funded mainly by the private sector and foreign donors to facilitate the provision of social and legal services. They play a very important role in making legal services accessible to people in rural and marginalised areas. They are organisations that provide grassroots access to justice through their network of satellite advice centres.²⁹⁹

289 Note 1, *ibid*, pg. 384

290 Note 1, *ibid*, pg. 384

291 Note 1, *ibid*, pg. 384

292 Note 1, *ibid*, pg. 386

293 Note 1, *ibid*, pg. 386

294 Note 1, *ibid*, pg. 386

295 Note 1, *ibid*, pg. 387

296 Note 1, *ibid*, pg. 387

297 Note 1, *ibid*, pg. 388

298 Note 1, *ibid*, pg. 388

299 Note 1, *ibid*, pg. 388

Ditshwanelo – The Botswana Centre for Human Rights

Ditshwanelo is a locally based NGO founded in 1993 which plays a key role in the protection and promotion of human rights in Botswana society.³⁰⁰ The organisation seeks to educate, research, counsel and mediate on human rights issues, with a particular focus on those who are marginalised and disempowered. One of Ditshwanelo's endeavours, with respect to the promotion of access to affordable legal assistance, has been the establishment of a satellite office in the Gaborone suburb of Old Naledi.³⁰¹ This community consists primarily of unschooled low-income earners, who are the most in need of accessible and affordable legal assistance. Ditshwanelo has, over the years provided legal assistance in cases of public interest.³⁰²

8.10 Small Claims Court

The small claims court is also a type of legal assistance facility made available not only to indigent persons but also to the community at large. This is an excellent forum where people have access to justice. The small claims court operates in the Magistrate courts of Botswana and has limited powers as prescribed by the Act.³⁰³ The proceedings of the court are open to the public but may be held in private (in camera) for reasons of confidentiality or other special circumstances.³⁰⁴ This court is open only to natural persons (not available to corporations) except as defendants or counter-claimants. The objective of the Small Claims Court is to provide simplified procedures and allow access to justice for those without the means to engage lawyers for claims which are within the powers of the court.³⁰⁵

The Small Claims Courts' jurisdiction is limited to a maximum of BWP 10,000.00.

Key characteristics of the small claims court include the following:

- The atmosphere in the court is relaxed and informal.
- The proceedings are conducted in any of the official languages of Botswana.
- Lawyers are not allowed to represent parties in that court.
- The court may allow or call additional witness (es) to give evidence.
- Interpreters are provided for those who do not understand any of the official languages used in court.
- If a plaintiff is unable to prepare their own documents, the clerk of court is available to assist.
- Strict rules of evidence do not apply in the court and cases before the court must be completed in one session.

The order of the court is final and cannot be appealed against but can be reviewed on the grounds that the court did not have jurisdiction over the matter.

300 Emmanuel Quansah, Note 21, pg.516

301 Note 38, *ibid.*, pg.516

302 Note 38, *ibid.*, pg.516

303 Small Claims Court – Magistrates Court, Government of Botswana 2021

304 Note 41, *ibid.* 2021

305 Note 41, *ibid.* 2021

8.11 Pro deo or Pro bono Legal Aid

Private practitioners have a duty to assist on a pro deo basis, clients who have a deserving case and cannot afford to pay for legal fees. The agreement between the attorney and the client would be that if the client succeeds, the attorney would be entitled to receive the costs recovered.

Under section 56 of the Legal Practitioners Act 1996, every member of the Law Society is committed to render pro deo or pro bono work.³⁰⁶ This requires the court to assign practitioners to cases in which a party, usually an accused person, cannot afford the services of a lawyer to handle their case at a nominal fee.³⁰⁷ Currently, it is court practice that an accused person, usually charged with murder, and who cannot afford legal representation, be assigned a lawyer by the court to help with his/her defence and that, in the interest of justice, the accused has access to legal aid.³⁰⁸ Such aid may be offered after consultation between the presiding judge and the Registrar of the High Court.³⁰⁹

Informa Pauperis Proceedings

This system is administered through the offices of the Registrar of the High Court of Botswana. Successful applicants are referred to practitioners by the Registrar for assistance. Such practitioners have to render their services gratuitously unless the indigent person succeeds and is awarded costs.

8.12 Conclusion

In Botswana, the major players in the provision of legal aid are Legal Aid Botswana and the University of Botswana Legal Clinic. Whilst Legal Aid Botswana provides assistance to poor litigants to a significant extent, services provided are not adequate as it only provides assistance in civil cases and in very limited situations in criminal cases. The University of Botswana Legal Clinic on the other hand, provides assistance to indigent members of the society but its contribution is only marginal. The institution has resource constraints and the legal aid unit was mainly designed to equip students with lawyering skills. The pro bono system also does work in Botswana. Its efficacy depends on the willingness of lawyers generally to assist indigent persons in society. State-funded public defender programmes, Legal Aid Boards, University Law clinics and Independent University Law clinics are part of the South African justice system and are mentioned in this discussion for comparative purposes. It is only when Botswana is in a position to emulate the South African arrangement in this regard that it can be truly said that social assistance and Legal Aid have taken root in Botswana.

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Constitution of Republic of South Africa, 1996

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³⁰⁶ Note 38, *ibid*, pg.512

³⁰⁷ Note 38, *ibid*, pg.512

³⁰⁸ Note 38, *ibid*, pg.512

³⁰⁹ Note 38, *ibid*, pg.512

CHAPTER

NINE

**DISASTER-RESPONSIVE SOCIAL
PROTECTION IN BOTSWANA**

9.1 Introduction

Social protection interventions consist of policies and programmes that are intended to reduce poverty, inequality and vulnerability caused by disasters and other shocks. These policies and programmes are backed by relevant legislation. Effective disaster-responsive social protection is therefore critical to provide humanitarian relief and timely support to victims of various disasters. This chapter presents an analysis of disaster-responsive social protection in Botswana. It begins by describing major disasters found in Botswana. This is followed by an analysis of the policies and the legal framework developed to address disasters. A brief description is then provided on the institutional framework that spearheads the disaster risk management implementation plan, followed by a review of the guiding principles of the Botswana National Disaster Risk Management Plan. The chapter then presents the role played by international non-state actors in disaster mitigation. Finally, an analysis is presented on the key tenets of disaster-responsive social protection and the principles which must be applied when the country encounters disaster of any form and magnitude.

9.2 Major Disasters in Botswana

Since time immemorial, virtually every country has at one time or another, experienced natural and man-made disasters and hazards. In the case of Botswana, the more predictable experiences are included in national development plans and budgeting for an immediate reaction so that the nation is not caught unawares when disasters strike unexpectedly. According to the National Policy on Disaster Management (1996) and National Disaster Risk Management Plan (2009), the government has identified a number of prevalent natural hazards which include drought, floods, windstorms, veld fires, earthquakes, tropical cyclones, pest infestations, animal diseases, other epidemics and asylum seekers.³¹⁰

These disasters affect all people from the young to the elderly. The worst affected are the elderly, the sick, women and children, people living with disability and the economically deprived, who according to Maripe and Rankopo (2018:3) are prone to various hazards due to their disadvantaged social standing such as age, gender, physical ability and mental deficiencies.³¹¹ Often, they do not receive impending disaster warnings or at best, they receive them rather too late. Thirdly, because of their lack of comprehension due to low education levels, it is harder for them to comprehend and react appropriately and in good time. Fourthly, they are often subject to discrimination during humanitarian interventions because of the remoteness of their locations, an action that may be viewed as exclusion and marginalization.

9.2.1 Factors influencing vulnerability to disasters

Although vulnerability has remained part of life in Botswana since time immemorial, the family system with strong bonds to kinfolk masked the problem until the springing up of urban areas where families and individuals migrated and became more nuclearized. The significant growth in the number of children forced vulnerability to be identified and defined for appropriate allocation of resources. Vulnerability became more apparent following the spread of HIV causing the rapid growth in the number of HIV-induced orphans due to bereavement of parents and/or guardians. Research has established that there are emerging categories of vulnerability which forced the government, NSAs and the private sector/corporate to revise the methodology that was being used in providing services to vulnerable people beginning with children orphaned by HIV and AIDS, those living with the virus, those living with disability; those living in the streets; those on substance abuse; and those in residential care. This has forced redirection of the focus from orphan-hood alone to include other vulnerabilities in the mandate. In an endeavour to mitigate the effects of vulnerability, NSAs have partnered with the government to provide social protection, particularly to children living with HIV (CLWHIV), affected households, and those at risk of acquiring HIV even though the virus has ebbed considerably over the years and focus has since shifted to dealing with the aftermath of that pandemic.

³¹⁰ See National Policy on Disaster Management (1996) and National Disaster Risk Management Plan, 2009

³¹¹ See Maripe and Rankopo (2018) page 3

Yet another major cause of vulnerability to disasters is climate change. Climate change is defined as "any change in climate over time, whether due to natural variability as a result of human activity."³¹² The effects of climate change may be characterized by extensive heat, extremely cold winters, flooding, windstorms and prolonged episodes of drought. Changing patterns of rainfall could in some seasons, result in floods and in others, severe drought. In recent times, rains have at times come very late in summer when the ploughing season is almost over and with the winter season setting in earlier than usual, with extremely cold temperatures. It has been observed that in the last few seasons, drought episodes have become more frequent, resulting in crop failure and therefore causing food insecurity and social conflicts among communities, particularly in respect of scarce water and pastures. As reported by OCHA (2009), there has been a massive increase in climate-related disasters in terms of economic damage, and the number of people affected. In 2008, for instance, there were 108 internationally reported disasters and 99% of these were climate-related. As a result, the number of people affected by disasters annually has doubled over the last 20 years from 9 million to 16.7 million in 2008.³¹³

In Botswana, the impact of extremely changing weather conditions is felt heavily by all, but most critically by subsistence farmers. The country's engines of economic growth are diamonds, agriculture, tourism, and the private and informal sector. Besides diamonds, all other 'engines' tend to be climate-dependent or climate sensitive. In particular, two of the highest income earners in Botswana, agriculture and tourism, tend to be very badly impacted by the vicissitudes of the weather, triggered off by climate change.

Drought

Botswana is part of the African continent that is experiencing rapid climate change. Although traditionally, the rains do come in the summer months, in some seasons the rainfall has been quite low or altogether failed, causing drought whereby human-animal conflict has arisen. This is because animals tend to invade human habitations in search of water and food when there is a drought episode. During drought, agriculture and eco-tourism constitute some of the major sufferers because lack of water impacts grass and herbs, which are often used as medicines or shrubbery for animals to graze and crop-growing by subsistence farmers, negatively. As stated elsewhere in this chapter, people dependent on subsistence agriculture have no alternative means of livelihood and survival. During drought, many therefore become beggars and depend on the government for food hampers or rations.

Floods

In Botswana, rainfall ordinarily comes in the summer and most of the time through heavy storms accompanied by thunder and lightning. Often communities are unprepared for these destructive storms. Because very often the poor build their houses with mud, during persistent and heavy rains, water penetrates the mud walls, causing them to slowly melt and the structure may eventually collapse, leaving families in need of emergency shelter, blankets, and food. This lack of preparedness complicates emergency flood response and evacuation procedures. Many people live alongside riverbanks and when there are unexpected heavy rains, these riverside dwellers may become victims of floods. Some people especially in the Northwest and Chobe Districts of Botswana tend to build their houses with reeds, and they do so on riverbanks. Once the riverbanks get over-flooded, all is swept away- houses, animals, property and the people themselves, causing a catastrophe. The rural poor are susceptible to all manner of disasters, particularly floods. Those living in the proximity of dams and within their spillway when they overflow, people are likely to be affected by flooding.

Tropical cyclones

As seen in some parts of the world, a tropical cyclone is one of the most devastating natural hazards in the world. In Southern Africa, cyclones develop in the Southwest Indian Ocean region during summer. Once every few years, cyclones develop and advance over Madagascar, gaining strength in the Mozambique Channel, rising and upon reaching the mainland of Mozambique, wreaking havoc on humans, animals and nature such as forests, grasslands, and crops. This massive cyclone or mini-tornado goes over parts of southern Zimbabwe and eastern South Africa, and parts of Botswana, slowly losing strength but still dissipating. In its wake are destroyed roof-tops, trees, crops, grasslands, everything.

312 Maripe and Rankopo, (2018) page 4

313 See OCHA (2009)

Windstorms

It is common knowledge in Botswana that a windstorm is a very strong wind at times with little or no precipitation. The windstorm is so strong, it can blow down trees and cause damage to crops, pastures and buildings. It may originate or be part of a local/tropical storm or cyclone. In Botswana, a windstorm is notorious for moving at fast speed, leaving in its wake, a heavy cloud of dust, knocking down trees and blowing away rooftops. Some windstorms might be accompanied by hail stones which may kill small stock, poultry, and damage tree leaves, flowering plants and crops. Traditionally in Botswana, the months of August through to early September are characterized by windstorms although at times they may come during other times in the year especially in autumn or even summer, leaving behind a trail of destruction of buildings, trees and other resources.

Veld fires

During the winter and early spring months, grass and trees are dry due to the winter cold and prolonged periods without rain. In the case of Botswana, as elsewhere, this is the time that veld fires become very common, caused by among others, a careless smoker failing to stub out the glowing end of a cigarette before disposing of it; a careless smoker throwing a glowing cigarette stub through the car window into the brush; bush dwellers making a fire for cooking or to keep warm; hunters and gatherers of thatch grass and natural plant resources; illegal hunters; lightning strikes. All these are fertile sources that trigger off veld fires.

Pest infestations

These are common especially after heavy rains. The pests attack crops- the quelea birds, locusts, the African ball worm and the armyworm are all culprits in this regard. The tsetse fly is predominantly found in the Okavango Delta and it attacks both humans and animals causing sleeping sickness (trypanosomiasis disease). Botswana is actively trying to eradicate the disease and with a degree of success. According to a study by (Kurugundla, Kgori and Moleele (Management of Tsetse Fly Using Insecticides in Northern Botswana), it is reported that in countries where the disease is not controlled, there is a high mortality rate impacting agricultural production. They add that generally, the economic and social impacts of sleeping sickness on animal production and human health are severe, limiting annual cattle production and estimate that the removal of this disease could double livestock production and markedly increase cultivation levels.

Animal diseases

In the case of Botswana, foot and mouth diseases first occurred in the 1980/1990s, and after being contained for some time, resurfaced in 2002/2003 impacting the cattle industry heavily. According to the Ministry of Agriculture Performance Audit Report No. 3 of 2018, on the Control of Foot and Mouth Disease, an outbreak of the Contagious Bovine Pleuropneumonia (CBPP) in Ngamiland in 1995 resulted in the eradication of over 300,000 cattle causing a massive cost to government and leaving most of the farmers in the area without any cattle.³¹⁴ Restocking was done at government cost and the farmers, while not getting the entire cattle herd they had owned before the mishap, received a better cattle breed that adapted better to the environment and survived many diseases.

HIV and AIDS, COVID-19 and other epidemics

The HIV and AIDS epidemic had profound effects on Botswana's economic development at both micro and macro levels as the pandemic decimated both young and old denying the country the labour contribution of its productive people. The other long-term effects included reducing the life expectancy across the life cycle, increasing the number of orphans and dependents and changes in the size and structure of the population. Additionally, provision for treatment and medication led to huge financial expenditure literally stalling some areas of economic growth and reversing the gains made in some.

Apart from HIV and AIDS, Botswana experienced the ravages of COVID-19, similar to other countries around the globe. During the peak infection period of June to August, 2020, many people lost their lives. The severe impact of the pandemic forced the closing of schools for several weeks around July, 2021 to prevent rapid infection rates by school-going children and youth who were unvaccinated and to preserve the lives of teachers and the ancillary staff. There has been an intense vaccine rollout and general acceptance of the same and to date; over 1 million people across the country are fully vaccinated. However, many people are slow in terms of getting the immune booster especially people aged 50 and below.

³¹⁴ National Disaster Risk Management Plan (2009).

What clearly emerged during the COVID-19 era were persistent inequalities. For example, one in two children experiences multi-dimensional poverty, which rates as high as 68% in remote rural areas, especially in the Northwest, Ghanzi and Central Districts. It is also clear that children living in rural areas bear the brunt of poverty far more than those of a similar age in urban areas where the rate is 27%. The lack of sanitation is at more than 70%. The impact of COVID-19 on employment was insulated by the declaration of a public emergency during which the government provided an emergency package that cushioned employers and hence prevented mass dismissal of employees.

Malaria outbreaks are an annual epidemic, in the northern parts of the country, especially in the Okavango Delta and other wetland regions. It is no exaggeration that during the rainy season, malaria could affect up to 50% of the people living in the wetlands. Since sanitation problems exist in most rural places where pit latrines and sewerage facilities tend to overflow especially during heavy rains, this may lead to contamination of water sources and outbreaks of water-borne diseases such as cholera and typhoid. Another problem is the threat of contamination of underground water by infusion from pit latrines and overland oil and chemical spillage.

Accidents

Different types of accidents can be envisaged, and these include motor vehicle and industrial accidents. These are explained in the next couple of paragraphs below.

Motor vehicle accidents

Motor vehicle accidents cause loss of human lives, leave families bereaved, people incapacitated, children orphaned and economic loss because of the accident compensations through Motor Vehicle Accident Fund. National Road Safety Committees spread across districts in Botswana are trying to mitigate this crisis.

Industrial accidents

They are likely to increase commensurate with the growth of industries in fast-growing urban areas like Gaborone and Francistown, and peri-urban sites like Palapye, Tlokweng, Mogoditshane. The likeliest causes of an increase in industrial accidents are a drop in the standards of project design, role overload of project staff, supervision, laziness and corruption. Literature in many parts of the world has revealed catastrophes of industrial accidents. For example, a high-rise building collapsed during construction and killed some work crew; a stadium collapsed and killed thousands of spectators during the first match thereafter commissioning; an old multi-floor building constructed on the waterfront crashed down in the middle of the night, killing some occupants who never woke up before death claimed their lives through falling concrete, debris, choked by dust and drowned in the water. Botswana has not experienced accidents of this magnitude and it is possible to avert them by avoiding complacency of any form such as a drop in standards related to a compromise in construction and safety measures.

Mine accidents

Mining accidents are likely to increase due to increased mining activities, sophistication in mining engineering, and the age of mine. Abandoned mines pose a danger to desperate people secretly trying to mine whatever mineral of value remains there without the proper mining equipment. In Botswana, after a protracted period of opencast mining, it is becoming necessary to follow diamonds, copper, coal and other minerals through the shaft mining system which entails miners going deeper into the recesses of the earth to extract minerals there. The deeper you progress through the shaft mining system the greater the likelihood of industrial accidents which may result in injuries or death of miners.

Hazardous materials

Due to mining activities, some of the mineral by-products may be hazardous to humans, animals and the environment. And since Botswana is strategically located in the heartland of southern Africa and therefore the transit route from all directions for goods moved by large haulage trucks and trains to and from Angola, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe, the probability of accidents happening is growing with the volume of traffic. For example, in June, a truck carrying Sulphuric acid rolled over after the Nata turnoff towards Kazungula and spilled its contents triggering long-term environmental pollution. There are likely to be disasters arising from petroleum fuel depots, gas supplies, chemical and waste storage sites, and nuclear radiation. The growth of urbanization and corresponding industrialization may increase the risk of hazardous materials.

9.3 Policies and legal framework to address disasters in Botswana

According to the Botswana National Drought Plan (2020), the nation combats disasters through this all-encompassing national policy framework to ascertain that all relevant policies and frameworks are addressed together as a package. Just as Botswana has identified drought, floods, windstorms and veld fires as prevalent natural hazards, Foot and Mouth diseases, HIV and AIDS and COVID-19 have taken centre stage to throw into chaos all policies and frameworks that negate disaster-responsive social protection and other shocks which are contributing to social protection for all. The all-encompassing national policy framework presents step-by-step processes, interventions, and solutions to poverty reduction, inequality and vulnerability caused by disasters and other shocks. Below, these are briefly discussed.

National Disaster Management Plan (2009) and National Disaster Risk Management Plan (2009)

An operational National Disaster Management Office armed with the all-encompassing National Disaster Management Plan (2009) and National Disaster Risk Management Plan (2009) coordinates government and private enterprise efforts to mitigate disasters and complement social protection interventions that are intended to reduce poverty, inequality and vulnerability caused by disasters and other shocks. These initiatives are considered a major step towards achieving the goal of sustainable development through the implementation of disaster risk reduction measures in the country.³¹⁵

In 2013, the National Disaster Risk Reduction Strategy (2013 to 2018) was launched to mitigate the growing frequency and magnitude of disasters. This strategy contributes towards decreasing disaster risks and alleviates poverty by achieving the following aims:³¹⁶

- To establish and incorporate the foundational guiding arrangements for disaster risk reduction in the country.
- To increase awareness and knowledge of disaster risk reduction methods and opportunities,
- To inform the legal and institutional basis for efficient disaster risk reduction planning and implementation
- To contribute towards the inclusion of disaster risk reduction into development policy, programs and projects.
- To establish a strategic platform for public-private sector cooperation in disaster risk reduction.
- To contribute to community resilience against the threats and effects of disasters.

9.3.2 Botswana National Water Policy (2012)

The Government of Botswana is operating a well-developed National Water Master Plan to meet water demands for all people. Water is seen as a component of the bill of rights, covering every resident of the country. The government is aware of the increasing severity of droughts, and the complex challenges facing the country in terms of development and supply of water resources. In 2006, the National Water Master Plan was reviewed, with recommendations which led to a series of institutional reforms required within the water sector. Based on these recommendations, the government, in April 2008, initiated a comprehensive effort to upgrade and extend water and wastewater services throughout the country.³¹⁷

The ability to provide water to the whole country is central to realizing and raising the standard of living of people across the country. This will further mitigate disasters and complement social protection interventions that are intended to reduce poverty, inequality and vulnerability caused by disasters and other shocks. The development of the National Water Policy represents the first step in a continual process to ensure that water demands meet national needs. This policy represents the first step in a continual process to ensure proper allocation to meet national and individual needs. Furthermore, it represents a giant leap towards realizing national water self-sufficiency and individual demands.

³¹⁵ See Republic of Botswana National Drought Plan (2020) page

³¹⁶ See National Disaster Risk Reduction Strategy (2013 to 2018)

³¹⁷ See Republic of Botswana (2012) Botswana National Water Policy page 2

The development and improvement of water infrastructure have been going around the country since independence in 1966. These efforts have gradually been augmented along the way to cope with population growth and industrialization. In the event of rainfall, several dams have been constructed across the country to trap and conserve water for human, animal and industrial consumption. However, these measures are insufficient given that many places are still without water especially the arid parts in Central, Kgalagadi, Ghanzi, Kweneng, and Southern districts. Some areas have resorted to using borehole water but at times, the water is not reliable and may be contaminated through human activity such as the use of pit latrines. It may also be due to water being brackish/salty and not fit for human consumption. The government has created a masterplan for importing water from the north-eastern dams through huge pipelines. Reticulation to major centres in the south has been proceeding in the context of the National Water Master Plan.

Following an analysis of data on the past and current water scarcity situation, the government in the Vision 2036 document concluded that because of recurrent drought spells; the water situation is likely to worsen. Consequently, it was imperative for the country to work towards becoming water-efficient and secure by promoting integrated water resource management strategies in all policies and advocacy. It has been realized that certain places have 'oceans' of underground water which could service entire towns or villages. For example, Jwaneng's water supply comes from a rich water venation network of well-fields which are harnessed together to provide a high volume for the mine, the town and surrounding areas. Another example is Masama well-fields north of Artesia, 100km from Gaborone which through a gridlock of underground waterways, a major water works station has created a receptacle for a high volume of water. The water is pumped into the North-South water carrier pipeline that feeds the greater Gaborone Area, Molepolole, Kanye and Borolong areas. According to the National Water Master Plan, where appropriate, certain water volumes are branched off from the main pipeline on the long journey to the southern destinations, to nearby or adjacent villages and settlements. It is anticipated that the major waterworks in the southern part of the country will be completed in the foreseeable future.

Education in respect of water conservation has been promoted in earnest during the last three decades of the 20th century, following several episodes of very dry seasons blamed on the El Nino and La Nino phenomena. This national (water education) program enjoyed bipartisan political support. Cabinet Ministers, MPs, and Councilors went on a nationwide campaign to create awareness and educate communities on water conservation strategies. Furthermore, messages in this regard were broadcast on radio, television, and also appeared in newspapers. The strategy has borne fruit to some extent. For instance, it became evident when the business sector started manufacturing water bowsers and Jojo tanks, not only allowing for the conservation of water but creating employment in the process. These were used to trap run-off water from roof tops and conserve water from boreholes. Small dams were created on bigger rivers to serve livestock in places where piped water is not accessible. Additionally, in some cases, people trapped and harvested wastewater to use in their gardens and orchards.

9.3.3 National Forest Policy and Integrated National Wildfire Management Strategy

The National Forest Policy is meant to promote land use systems that ensure the protection of vulnerable and fragile ecosystems. The policy was last revised in 2011 to align it to climate change effects, rapid deforestation caused by unsustainable wood harvesting, use of timber, unpredictable weather conditions, and frequent wildfires. The Integrated National Wildfire Management Strategy Draft (2012) was made into law to promote bio-diversity and ecosystem integrity, conservation of the country's natural resources, protection of lives and property and minimization of the effect of fires on the environment. Furthermore, its goal is to minimize damage to the national economy and provide a land-use management tool for effective fire prevention, rehabilitation and restoration of fire-damaged areas and promotion of research into wildfires.³¹⁸ The Forest Conservation Strategy (2013 to 2018) augments efforts in addressing the main threats to forest destruction such as elephant damage, wildfires, human encroachment, drought, forest mismanagement, and neglected research in forestry. The rural poor are susceptible to disasters, particularly those living in disaster-prone areas. They must be head of the queue when it comes to preparedness for responsive social protection.³¹⁹

³¹⁸ See The Integrated National Wildfire Management Strategy Draft (2012)

³¹⁹ See The Forest Conservation Strategy (2013 to 2018)

9.3.4 National Metrological Services Act (2014)

This Act provides for expanding better meteorological services to the nation for constant, accurate and up-to-date information that is in consonance with the rest of the world. The network covers various climatic regions of the country. The Act further provides for generation and dissemination of information relating to certain parts of the country so that different sectors of the nation will know in advance how to plan and execute their activities, fully aware of the anticipated favour from the weather and the environment in the short and long term. The new narrative is that the poor, the marginalized and vulnerable are susceptible to disasters; therefore the National Meteorological Services Act is part of a network of services towards responsive social protection.

9.4 Institutional Framework Spearheading Disaster Risk Management Implementation Plan

The Constitution of Botswana embodies the institutional framework that spearheads the Disaster Risk Management Implementation Plan. The Constitution, as the National Framework, ensures the devolution of powers to the President and allows for initiatives to cascade down to government Ministries, District Councils, communities, non-state actors (NSAs), and the private sector. Social protection mitigating strategies, risk-reduction, and management strategies are built into this framework to ensure safety, security, and reduction of vulnerability (including natural and man-made disasters). Figure 9.1 illustrates the current structure that spearheads the Disaster Risk Management Implementation Plan in Botswana.³²⁰

Figure 9.1 Institutional framework and arrangements spearheading the Disaster Risk Management (DRM) Implementation Plan

	Policy and Legal Framework	Key Provisions of the Policies and Legal Framework
1.	Constitution of Botswana	Provides an overall framework for social protection, risk-reduction, management, safety, security, and vulnerability (including natural and man-made disasters).
2.	Office of the President	President has overall responsibility for ensuring security, safety, and socio-economic well-being of the citizens. Has the prerogative to declare a state of emergency. Responsible for implementation and monitoring of DRM activities in the country; Develops the tools, techniques, and systems to ensure effective implementation of components such as hazard identification, vulnerability; risk assessment; emergency operations in conjunction with all other levels of government, NGOs, the private sector and communities. Facilitates the development and implementation of disaster risk reduction activities at sector as well as district and community levels; Oversees Botswana Police Service; Botswana Defence Force and all Ministries.
3.	Emergency Powers Act (CAP 22.04)	In the absence of specific legislation, this Act empowers the President to make emergency regulations that are specific to the emergency.
4.	National Policy on Disaster Management (1996)	It's the key instrument for guiding disaster risk management and for driving the preparation of the National Disaster Risk Management Plan (NDRMP). Has step-by-step disaster preparedness measures and activities for reducing/fighting disasters; activation mechanism for effective emergency response and recovery system when disaster strikes; requires all major programmes to be assessed for disaster impact; strategies for reducing vulnerability of populations to various disaster risks are built into the development process; Oversees Botswana Police Service; Botswana Defence Force and all Ministries.
5.	Finance and Audit Act of 1996	Provides for the National Disaster Relief Fund (NDRF). Disaster victims are assisted by this fund to meet life sustenance needs, e. g. shelter, food, and sanitation facilities provision.

³²⁰ See Disaster Risk Management Implementation Plan in Botswana

6.	National Disaster Risk Management Plan by Republic of Botswana and UNDP, 2009).	The President of Botswana has overall responsibility for ensuring security, safety, and socio-economic well-being of all citizens and residents of Botswana. Oversees the implementation of national disaster risk reduction strategies, policies and programs; Declares the state of emergency.
7.	National Disaster Management Technical Committee (NDMTC)	Multi-sector technical advisory body composed of professionals and specialists from various development areas. Provides advisory support to National Committee on Disaster Management (NCDM); Advises NCDM and NDMO on all operations, issues and activities; Has the prerogative to set up sub-committees.
8	District Disaster Management Committee	Each district has a multi-sectoral District Disaster Management Committee (DDMC) at sub-district level. The role is to develop and implement a District Disaster Risk Management Plan, considering all hazards, vulnerability and capacity of resources required to reduce disaster risk; build capacity of all key actors for the implementation of disaster risk management; identify disaster-prone geographic locations and propose structural measures to reduce risk; facilitate the preparation of community-based or village disaster risk management plans; provides technical support in all areas to mitigate against disasters; scrutinizes proposals to ensure they have elements of risk reduction; prepares reports for assessment of drought conditions;
9	Village Development Committee	Under Kgosi and VDC chairperson; Coordinates disaster risk management activities in the village. Prepares a community-based village Disaster Risk Management Plan involving all households in the village with consideration of traditional and indigenous knowledge of disasters and response existing in the village; identifies structural or non-structural measures to mitigate and reduce the risk of disasters in the village and in turn suggest these measures to the DDMC.

Source: Botswana National Disaster Risk Management Plan, 2009

9.5 Guiding Principles for Botswana National Disaster Risk Management Plan

Botswana's National Disaster Risk Management Plan (NDRMP) revolves around four key principles as shown in the National Disaster Risk Management Plan (2009):

- Building Resilience: While the occurrence of natural calamities cannot be stopped, national and community resilience can be built to withstand the impact.
- Safe and Secure Development Planning: Natural disaster risks are intimately related and connected to the economic development of society (e.g. technological processes, urbanization, etc.); hence disaster risks can be managed and reduced through appropriate and precautionary development planning.
- Multi-hazard Approach: Can enhance the effectiveness of disaster risk management planning in Botswana. Substantial disaster risk reduction cannot be achieved if actors in this plan only focus on a few selected hazards.
- Decentralized Approach: Disaster Risk Management activities such as Disaster Risk Reduction and Emergency Management Planning will be premised on a high level of decentralization based on local initiatives, with the active participation of district and community levels as well as other actors.

9.6 International Non-State Actors Mandated to Provide Social Protection to Mitigate Disasters and other Shocks

Disaster Risk Management is both a multi-sectoral and a global issue. The government has always taken a leading role in mitigating disasters and signing various international agreements related to vulnerability reduction and sustainable development. The roles and responsibilities of some international development partners are discussed below.

The Red Cross Society

The Botswana Red Cross Society was first registered in Botswana in 1968 as a society. It is a voluntary relief movement not prompted in any manner by a desire for gain. The mandate is to complement government work in the areas of Health, Social Services and Disaster Management. Its mandate can be summed up as being to alleviate human suffering by providing humanitarian services to the most vulnerable communities. The Society cooperates with local authorities in dispensing with humanitarian assistance, particularly during disasters. The Botswana Red Cross Society was born out of a desire to bring about assistance without discrimination to the wounded on the battlefield, and to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It also gives priority to the most urgent cases of distress. It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. The Red Cross promotes mutual understanding, friendship, cooperation and lasting peace among all peoples.

United Nations

The UN is composed of many organs with specialist expertise to solve world problems including those that are economic, social and cultural. Additionally, it tackles humanitarian problems and provides social protection. Most of the United Nations (UN) agencies are mandated to provide social protection to mitigate disasters and other shocks. For example, UNDP, WFP, WHO UNDAC, UNDRR OCHA framework for international disaster relief plays a coordinating and operational role to facilitate immediate response in the event of disasters. Secondly, they ensure the adequacy, coherence and effectiveness of the international humanitarian response in support of the overall government leadership of the response. The role of the United Nations (UN) is to promote international co-operation in solving international problems of an economic, social, cultural, or humanitarian character, and to promote and encourage respect for human rights and fundamental freedoms for all without distinction as to race, sex, language, or religion. A brief discussion of the role of its relevant organs in the provision of social protection is undertaken below.

United Nations Office for Disaster Risk Reduction (UNDRR) brings governments, partners and communities together to reduce disaster risk and losses and to ensure a safer, sustainable future. It operates on the basis of the United Nations General Assembly resolutions for the institutional and policy framework for international disaster relief. Its mandate is to play a coordinating and operational role in facilitating immediate response in the event of disasters. UNDRR ensures the adequacy, coherence, and effectiveness of the international humanitarian response in support of the overall government leadership of the response.

United Nations Disaster Assessment and Coordination (UNDAC) is a stand-by team of disaster management professionals who are nominated and funded by member governments and UN agencies such as OCHA, UNDP, WFP, UNICEF and WHO. Created in 1993, it is part of the international emergency response system for sudden-onset emergencies. It was designed to help the UN and governments of disaster-affected countries during the first phase of a sudden-onset emergency.

Hyogo Framework for Action (HFA) is the global blueprint for disaster risk reduction efforts that took place between 2005 and 2015. The roadmap is for implementation of Disaster Risk Reduction; making disaster reduction a national and local priority with a strong institutional basis for implementation; identifying, assessing and monitoring disaster risks and enhancing early warning; use of knowledge innovation and education to build a culture of safety and resilience at all levels; reducing the underlying risk factors; strengthening disaster preparedness for effective response at all levels.

United Nations Children's Fund (UNICEF)

The United Nations Children's Fund (UNICEF), originally known as the United Nations International Children's Emergency Fund, was created by the United Nations General Assembly on 11th December 1946 to provide emergency food and healthcare to children and mothers in countries that had been devastated by World War II. The mandate and scope have since grown with the complexity of human societies around the world as they face outbreaks of pandemics that require more than food and healthcare to children and mothers but for the whole community and in some instances, the whole country affected by disaster. UNICEF works across all areas of human social development and social protection, and child protection by providing technical assistance to governments to fulfil their mandates as signatories to the Convention on the Rights of the Child.

Further, UNICEF conducts Needs Assessments and related studies to measure the effect and impact of its services and ensure that the right sort of assistance is. UNICEF also conducts impact studies which are intended to measure if the services provided add value and by how much. The agency also provides humanitarian assistance often followed by monitoring and evaluation. UNICEF in Botswana is represented by the Resident Commissioner with a fully-fledged office and staff to meet social protection and other needs of Botswana as well as of neighbouring countries. In 2021, UNICEF commissioned a study to determine the state of affairs with regard to several issues discussed below. The UNICEF Country Office Annual Report (2021) revealed some structural weaknesses in Botswana's economy such as inequality, lack of diversification beyond the diamond industry, insufficient formal employment for young people, impacts of COVID-19, and weaknesses in the education system. It is hoped that various sectors will utilize the results of such studies to improve service provision.

9.7 Building Blocks for Disaster-Responsive Social Protection

To have disaster-responsive social protection requires some building blocks that are the same or similar to the regular social protection system. International protocols show that disaster-responsive social protection is based on five (5) building blocks as reflected in the Asean Secretariat (2021):³²¹

- *Institutional capacity*
- *Financing*
- *Information system*
- *Program design*
- *Program delivery.*

In a well-run system for disaster-responsive social protection and after-shocks, no effort will be spared by the government to act in the same way as the United Nations Disaster Assessment and Coordination (UNDAC) where there is a stand-by team of disaster management professionals who are nominated and funded as part of the emergency response system for sudden-onset emergencies. To have such a system in place, there must be the adequacy of institutional capacity, finance, information system, program design and delivery. The presence of these building blocks could avert some disasters or mitigate in a meaningful way the ferocity of disaster itself and disaster-affected places in a particular country during the first phase of a sudden-onset emergency. Where there is readiness, the people concerned are not further affected by the delay in getting emergency help or reparations, depending on the type of disaster. The building blocks are briefly discussed below.³²²

Principles and approaches

Disaster-responsive social protection core building blocks are similar to regular social protection systems. Therefore, the following principles and approaches that underpin disaster-responsive social protection are the same as those of the regular social protection system.

³²¹ See Asean Secretariat, (2021) Asean Guidelines on Disaster-responsive Social Protection to Increase Resilience. Jakarta, Indonesia.

³²² See Ibid

Do no harm

Just as moral philosophy principles say, “to do no harm,” in the interactions to provide assistance under the disaster-responsive social protection too, the mantra is to do no harm to people being given assistance. This entails ensuring that initiatives undertaken do not damage the underlying social protection system, for example, overloading and diluting the core policy objectives or placing excessive pressure on frontline delivery staff. Secondly, beneficiaries should not be worse off from receiving emergency support than under the regular social protection system.

Leave no one behind

The design and delivery of disaster-responsive social protection should be aligned to the SDGs so that no one is left behind. This means ensuring that all designs and analyses cater for disaster-responsive social protection and is directed towards the most vulnerable and contribute to reducing social and economic inequalities. In other words, programs and services are designed to address the dimensions and manifestations of exclusion and marginalization so that they reach the poor and vulnerable groups. Finally, consideration must be given to age and gender-specific vulnerabilities over the life cycle.

Flexibility and simplicity

Just as nature acts in different ways, disaster situations come in different shapes and sizes from place to place. Therefore, planning for disaster-responsive social protection should allow for flexibility and simplicity to accommodate adaptation to different circumstances arising in a disaster. Secondly, it is crucial to recognize that information may not come at the outset based on the type or state of the disaster.

Prepare and respond early

Preparedness planning is very necessary for effective early response. It is a key element in disaster risk management (DRM). The DRM is a systematic approach used to identify, assess, and reduce the risks of disaster. It includes a focus on preparedness planning. It is important to include all stakeholders including government ministries. Introducing disaster-responsive features into social protection programs requires a full understanding of the nature of poverty, vulnerability and the relationship and/or overlap between disaster-affected households and those supported by social protection. A robust analysis is needed to help clarify if, and to what extent the inclusion of disaster-responsive features is appropriate and for the most feasible design if needed. An entry point could come through identifying one backbone programme to serve as the main social protection response mechanism. The programme should have large delivery systems and be sufficiently robust to be able to contribute effectively to disaster response. The mechanisms for adjustments in design and delivery components must be added.

9.8 Conclusion

This chapter has shown the importance of disaster-responsive social protection. An account was given of the major disasters that are prevalent in Botswana caused by climate change, diseases, pandemics and accidents. This was followed by an analysis of policies and legislation framework that take place to respond to disasters. Botswana has a wide range of institutional mechanisms in place; however, the country has resource constraints when it comes to implementation. The guidelines on disaster-responsive social protection to increase resilience as espoused by ASEAN Secretariat, (2021) provide a useful framework for government to consider integrating into the social protection menu. Evidently, the government has learnt important lessons from the COVID-19 pandemic regarding how to build a stronger disaster-responsive social protection system. The recommendations from the National Social Protection Recovery Plan call for a paradigm shift that goes beyond poverty reduction; but one that will more effectively and efficiently respond to the varied risks and vulnerabilities faced by all ages.³²³

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³²³ See Republic of Botswana (202) National Social Protection Recovery Plan, page ix

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CHAPTER

TEN

EMPLOYMENT INJURIES,
DISEASES AND DISABILITY

10.1 Introduction

The employer has a common law duty to assess the work place in order to provide a safe working environment for his employees³²⁴. Where an employee is injured at work and institutes a delictual claim against the employer, the employee will succeed if he or she can prove intent or negligence on the part of the employer or of a co-employee if the employer was to be found vicariously liable. Similarly, if an employee contracts a disease and it can be proved that the disease arose out of or in the course of his employment due to the nature of the work, he is engaged in, the employer has a common law duty to compensate the employee for damages suffered in consequence of the disease. These actions were available at common law but now the state has intervened and passed legislation to enable persons who suffer from employment injuries and occupational diseases to be compensated by the employer. In Botswana, employment injuries and occupational diseases are compensated through the Workmen's Compensation Act scheme³²⁵. What follows below is an account of how the Act operates.

10.2 Workmen's Compensation Act

Most social schemes will try to provide an income replacement for those persons affected by a loss of the ability to earn whether this is due to an accident or sickness. The need arises to wherever possible restore the status quo ante of the individual by either helping him to return to work or providing for full or partial replacement of the individual's previous income.

Occupational accident and injury schemes are among the most widespread systems of social security³²⁶. If various branches of social security from different countries are examined, it is clear that almost every country, regardless of continent, will be found to have an insurance scheme to cover these risks³²⁷.

Botswana has a Workmen's Compensation Act which is intended to provide for compensation of workers for injuries suffered or occupational diseases contracted in the course of their employment or for death resulting from such injuries or diseases. It applies to any worker employed by the government, any local authority or statutory corporation in the same way and to the same way and to the same extent as if the employer were a private person³²⁸. The employer will be found liable if the accident arose out of and in the course of a worker's employment and resulted in personal injury³²⁹.

- An employer whose worker suffers personal injury or an occupational disease arising out of and in the course of the worker's employment shall be liable to pay compensation in accordance with the Act³³⁰.
- An employer shall not be liable to pay compensation for any injury or occupational disease which does not incapacitate the worker to the extent that he is unable to work and earn full wages for any length of time or that has been deliberately self-inflicted³³¹.
- According to Section 11(2), an employer shall not be liable to pay compensation for any injury or occupational disease;

“(c) that is proved to have been caused by the worker's willful misconduct such as

being under the influence of intoxicating or narcotic drinks, drugs or other substances;

- deliberate contravention of any law, regulation, or order, whether statutory or otherwise, expressly made to safeguard the health and well-being of workers;
- the willful removal or disregard of any safety measures or other device which the worker knew to have been provided for the purpose of securing the safety of workers or;
- any other act or omission deliberately done contrary to given instructions; or

324 Olivier M.P, Okpaluba, Smit, Thompson. Social Security Law, General Principles. Butterworths. Johannesburg, 1999. pg. 307.

325 Botswana Government: Workmen's Compensation, Chapter (47:03) Laws of Botswana. Government Printer. Gaborone.

326 Note 1 Ibid. Pg. 312

327 Note 1 Ibid. Pg. 312

328 Section 3(f) Workmen's Compensation

329 Section 2 Workmen's Compensation

330 Section 11 (i) Workmen's Compensation

331 Section 11 (2) Workmen's Compensation Act

(d) that can be proved to have been caused due to a health problem that worker has had and known about but had not disclosed to the employer³³².”

Every employer is required to insure and to keep himself insured with such insurers as may be approved from time to time by the Commissioner for Workers Compensation in respect of liability under the Act to any worker employed by him³³³. This does not however apply to the government³³⁴. It is an offence for an employer to fail to insure or keep himself insured.

Workers enjoy a common law right to a safe work environment³³⁵ and the purpose of such social labour legislation (Worker's Compensation) is to;

- “ ... enlarge the common law rights of employees. This history of social legislation discloses that for a considerable number of years, there has been progressive encroachment on the rights of employers in the interests of workmen and all employees. So much has been the purpose of social legislation that employees have been prevented from contracting to their detriment. They have been prohibited from consenting to accept conditions of employment which the legislature has considered too onerous and burden-some from their point of view.³³⁶”
- It is in this light that whatever claim may have accrued to the employer is replaced by insurance coverage. The Act makes it clear that failure to take insurance coverage for employees attracts a P5000 fine or a term of imprisonment of three years or both³³⁷. A conviction for the offence does not absolve the employer from liability to compensate the worker in accordance with the Act.
- Notwithstanding the exclusion of liability as indicated in Section 11 of the Act, the Minister may, where the injury results in death or permanent incapacity, on consideration of all the attendant circumstances, award compensation to such extent as he may consider appropriate³³⁸.

Occupational diseases are listed in schedule 2 of the Act and workers are entitled to compensation should they contract such a disease. According to Section 21(l):

- “ A worker suffering from a scheduled disease or his dependants may obtain from a medical practitioner a certificate certifying that:-
- the worker is suffering from a scheduled disease causing incapacity or that the death of the worker was caused by a scheduled disease; and
- that such disease was due to the nature of the worker's employment and was contracted within such period preceding the date of incapacity or death as may be prescribed in respect of that disease.”³³⁹

The Act provides that where the Commissioner for Workers Compensation, appointed in accordance with section 4 of the Act, is satisfied that the allegations in the certificate are correct, the worker or his dependants if he is dead, shall be entitled to compensation as if such incapacity or death had been caused by an injury arising out of and in the course of his employment.³⁴⁰

Employers are required to report injuries and occupational diseases within seventeen days of the date the injury occurred or disease was diagnosed.³⁴¹ Proceedings under the Act will not be maintainable unless notice of the injury or disease has been given by or on behalf of the worker as soon as practicable. This must be before the worker has voluntarily left the employment in which he was injured or at any rate within twelve months from the date it occurred. In circumstances where death is alleged to have occurred within twelve months from the time of death.³⁴²

332 Note 8 Ibid

333 Section 31 (l) Workmen's compensation Act

334 Section 21 (2) Workmen's Compensation Act

335 Note Ibid. Pg. 325

336 R v Canqan 1956 (3) SA 355(E) 357 – 358

337 Section 31 (4) Workers Compensation

338 Section 11 (3) Workers Compensation

339 Section 21 (1) Workers Compensation

340 Section 21 (2) Workers Compensation

341 Section 9(1) Workers Compensation

342 Section 8(1) Workers Compensation

The Act provides a no-fault compensation for employees who are injured in accidents that arise out of and in course of their employment or who contract occupational diseases.³⁴³ Employees who suffer temporary disablement, employees who are permanently disabled, and the dependants of employees who die as a result of injuries sustained in accidents at work or as a result of occupational diseases are thus compensated for their loss of earning capacity.

10.3 Disability

The issue of disability is one of concern in the country, whether the disability is induced by motor vehicle accidents, unemployment injuries, diseases or is natural. According to the National Policy on Care for People with Disabilities, the Government of Botswana, a few years after attaining independence, began to gauge the need for helping people with disabilities. In the early 1970s, the government commissioned a study on different disabilities that were prevalent in the country in order to analyse the situation.

The Ministry of Health in response to the findings of the above-mentioned project, and realising the need to provide services, introduced the Special Services Unit for the Handicapped (SSUH) in 1975. The SSUH has now been developed into Rehabilitation Services Division under the Ministry of Health.

The Ministry of Education was also supplemented by the introduction of special education concepts while formulating education policy in 1977. These concepts have now led to the establishment of the Special Education Division, which has been set up for planning and overseeing the education of people with special needs.

The Ministry of Local Government, Lands and Housing established the Department of Social Welfare and Community Development in the early 1970s. The services delivered by the department, although not specifically aimed for people with disabilities, benefit all who are in need.

In the background to the National Policy on Care for People with Disabilities, it is stated that the issue of people with disabilities is one of the important socio-economic development problems for developing countries, where the systems established for the integration of people with disabilities are inadequate. Yet countries, organisations, groups and individuals are attempting to provide care to people with disabilities by all means.

The National Development Plans of Botswana, including NDPII, contain some guidance for action for services to people with disabilities. Consideration is given to education, health and other social sectors.

If the issue of disability is not addressed, the impact of disability on the socio-economic development at all levels of society would be an enormous problem for the country in the long run. This observation has led to the emerging recognition that only a national response, which engages all sectors of society meaningfully in the care for people with disabilities, is required.

The national Policy on Care for People with Disabilities outlines the national response to the demand for a co-ordinated delivery of services and care for people with disabilities in Botswana. It describes the role of various government ministries, the private sector, non-governmental and local organisations, community leaders and members, and persons with disabilities, in the national response. The national policy forms the basis on which a national strategic plan will be developed. Within the national strategic plan, different ministries and organisations will formulate their sectoral action plans and projects for implementation.

³⁴³ Olivier M.P. et al; Introduction to Social Security, Butterworths, Duban 2004. Pg. 326.

According to the Policy, the following functions are to be performed by the following ministries amongst others:

Ministry of Education

- Establish special education as an integral part of regular and non-formal education
- Provide national leadership supervision in the development, implementation and maintenance of special education policy at all levels of the education system.
- Provide guidelines for use by Local Authorities and non-governmental organisations on matters pertaining to establishing and managing special education provisions.
- Provide specialists and professionals in all areas of special education in order to assist children and adults with learning difficulties that may arise from physical and /or mental handicapping conditions.
- Provide support to NGOs providing special education

Ministry of Health

- The role of the Ministry of Health shall be:
- To continue the existing disability prevention services under the Primary Health Care and Hospital Care programmes.
- To introduce small-scale rehabilitation facilities in national referral hospitals and district hospitals
- To strengthen the existing community-based rehabilitation services under the Primary Health Care programmes, in order to achieve more effective delivery of services.
- To provide assistance to non-governmental organisations that are providing health-related services to people with disabilities and are qualified for government assistance.
- To oversee the implementation of the community-based rehabilitation strategy under the Primary Health Care programme by the Rehabilitation Services Division through co-ordination, training, supervision and provision of referral services in medical rehabilitation

Ministry of Local Government, Lands and Housing

- To ensure that development plans and policies designed by Local Authorities have adequate provisions for people with disabilities
- To ensure that people with disabilities participate and/or are fully consulted in the planning and development of land that may directly or indirectly affect them.
- To ensure that any development of land has provision for people with disability
- To ensure that sufficient financial, manpower and facilities (including transport and housing) resources are available for the implementation of disability related programmes executed by the Local Authority.
- To ensure proper liaison with government bodies and other agencies in order to coordinate programmes effectively.
- To execute proper policies to assist non-government local organisations in implementing programmes at their level

National Coordinating Committee on Disability

This will be formed, whose membership will include senior officers from the various government ministries involved in disability, representatives of key non-governmental organisations and private individuals with and without disabilities who have demonstrated a high level of interest, concern and dedication regarding care for disabled persons.

10.4 Conclusion

A large number of persons have been excluded from the purview of the Workman's Compensation Act. The excluded categories include domestic workers, informally employed, self-employed persons and so-called dependant contracts. The Act does not place much emphasis on prevention. The aim of such social labour legislation should have been prevention, reintegration, protection, regulation, inclusiveness and compensation. Be that as it may, the Act goes as long way as a social safety net for occupational diseases and accidents.

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Motor Vehicle Accident Fund Act No.6 of 1998.

CHAPTER

ELEVEN

MOTOR VEHICLE ACCIDENTS

11.1 Introduction

Motor Vehicle accidents, occupational diseases and employment injuries are areas of the law where state intervention in the form of social labour legislation is very important. Generally, the state seeks to fill the void in common law where victims would be left without any compensation in cases where a private individual is not able to provide the necessary compensation. In order to address the situation, the state commonly establishes a fund in relation to motor vehicle accidents, where the main objective is the payment of compensation for loss or damage caused by the wrongful driving of a motor vehicle. The Motor Vehicle Accident Fund (MVA) in Botswana becomes a substitute for the common law wrongdoer and is obliged to compensate any third party (person) for any loss or damage which the third party has suffered as a result of any bodily injury or death to any other person³⁴⁴. What follows is an exposition of the MVA Fund Act claims process.

11.2 The Fund

The service provided by the Fund is said to be the provision of third-party insurance coverage. The Fund (first party) undertakes to a motor vehicle driver (second party) in exchange for a premium (fuel levy) to provide compensation on behalf of the second party for loss suffered by a victim (injured person or his dependants – third party) of a road traffic accident caused by the second party's negligence or fault³⁴⁵.

The Fund steps into the shoes of the driver and therefore accepts liability where the driver would ordinarily have been liable to the victim of the road traffic accident that is if the driver had injured or killed another person through wrongful driving³⁴⁶. If the driver has done nothing wrong then the victim would not be able to claim any compensation from the driver, hence in those circumstances the victim's claim against the Fund will similarly fail³⁴⁷.

The basis for the Fund's liability is Section 12 of the Motor Vehicle Accident Fund Act (the Act)³⁴⁸, in terms of which the Fund is obliged to compensate any third party for any loss which he may suffer as a result of bodily injury or death of any person (except the portion of such loss that was caused by that third party's own negligence) directly caused by the negligent driving of a motor vehicle in Botswana (except in places or roads to which the general public has no right of access)³⁴⁹.

The Motor Vehicle Accident Fund Act is intended to provide compensation for certain losses or damage caused in motor vehicle accidents. The compensation paid to a victim of a road traffic accident is meant to put him or her as far as monetarily possible in the position he or she was in before the accident, and is also meant to assuage his or her injured feelings (pain, suffering, loss of amenities)³⁵⁰. The Fund may be seen to be part of Botswana's social security system³⁵¹. The claimant is required to prove his/her injuries and his/her loss to assist the Fund to make him/her an equitable offer.

11.3 Types of Compensation

Medical expenses are reimbursed to the claimant upon proof of expenditure. These are generally paid to the service provider if they are due and payable. Future medical expenses are determined mostly through the services of various medical experts to whom the Fund sends claimants for examination where necessary³⁵². These experts give the Fund reports that indicate the full extent of the claimant's injuries, the necessary future treatment, and the cost of such treatment. This includes both curative and rehabilitative treatment (physiotherapy, occupational therapy, educational therapy, special education, counselling, mobility aids and housing amongst others)³⁵³. Although the money is reflected in the claimant's offer as part of his compensation, it is not given to the claimant as cash but is either paid directly to the service provider as and when the claimant undergoes treatment or reimbursed to the claimant upon proof of expenditure³⁵⁴.

344 Motor Vehicle Accident fund - Claims process in general. Gaborone: This is a booklet which contains information to assist claimants for compensation from Vehicle accidents. Its issued by MVA fund. This chapter draws heavily from the above-mentioned booklet. Courtesy of the General Manager of the MVA Fund.

345 1 The position espoused here is similar to the South African experience. See Olivier, M.P. et al; Social Security Law, General Principles. Butterworths. Johannesburg. 1999 Pg. 307. Motor Vehicle Accident Fund – Claims process in general. Gaborone: This is a booklet which contains information to assist claimants for compensation from Vehicle accidents. Its issued by MVA Fund. This chapter draws heavily from the above-mentioned booklet. Courtesy of the General Manager of the MVA Fund.

346 Note 2 Ibid.

347 Note 2 Ibid.

348 Motor Vehicle Accident Fund Act No. 6 of 1998.

349 Note 2 Ibid.

350 Note 2 Ibid.

351 Note 2 Ibid.

352 Note 2 Ibid.

353 Note 2 Ibid.

354 Note 2 Ibid.

Funeral expenses and solatium for grief are also given as part of compensation. The Fund can only reimburse funeral expenses up to a maximum figure of P5,000³⁵⁵. Past loss of earnings or income is offered where the claimant, due to his/her injuries, was unable to work and therefore lost earnings or income before he/she was made an offer.

Future loss of earnings or income is offered where the claimant, due to his/her injuries will be unable to work even after the time of giving him/her the offer, either for a specified period or for the rest of his/her life. Unlike the past loss of earnings or income, although this money is reflected in the claimant's offer as part of his/her compensation, it is not given to the claimant as cash but paid in annual instalments. The claimant has to produce proof of his/her earnings or income as at the time of the accident, and that he/her was or is unable to work and as a result has lost such earnings or income for the proven time.

General damages are also given by the Fund, especially for pain and suffering, disfigurement, loss of advantage and loss of amenities. Incidental expenses (past and future) are offered, acknowledging that some expenses accrued in the past and will in the future be incurred as a result of injuries sustained. Loss of support for dependants of deceased victims is also compensated for as part of the overall settlement.

The above claims should be made within two years of the date of the accident. The claimant must personally make the claim himself/herself if he/she is of adult age and with full mental capacity. If the claimant is a minor, the parents or guardians must institute the claim. Where the claimant is without full mental capacity, a curator must be appointed to assist him/her. Claimants may also be legally represented to pursue their claims.

The Fund has a prescribed claim form which is available from the Fund's offices, and at all major police stations, hospitals and selected post offices. All completed forms must be submitted with relevant supporting documentation to any of the Fund's offices either by hand or through the post.

11.4 Limitation of Liability

The maximum compensation that the Fund may pay to a passenger as a result of the negligence of his own driver is P36,000 per claimant (even if one's losses exceed this amount)³⁵⁶. The amount of compensation payable is reduced by the extent of the injured or deceased's contribution to the accident, expressed as a percentage³⁵⁷. Where it is proved that the alcohol concentration of a driver exceeds 80 milligrams per 100 millilitres of blood when tested within six hours after the accident, the payable compensation is reduced by fifty percent, even if such driver did not cause the accident³⁵⁸.

The claimant will have his or her compensation reduced by twenty-five percent if he or she did not wear a seat belt when it was available for use³⁵⁹. A similar reduction will be made if the claimant was not occupying a proper seat permanently affixed to the vehicle³⁶⁰ this also applies to passengers occupying the back of a van. Any compensation paid through the Workmen's Compensation Act and by Medical Aid is deductible. Notwithstanding other provisions of Section 15, the maximum compensation payable is P1 000 000³⁶¹.

³⁵⁵ Note 2 Ibid.

³⁵⁶ Section 15(2) MVA Fund Act, 1998.

³⁵⁷ Section 15(4) MVA Fund Act, 1998.

³⁵⁸ Section 15(5) MVA Fund Act, 1998.

³⁵⁹ Section 15(6)(a) MVA Fund Act, 1998.

³⁶⁰ Section 15(6)(b) MVA Fund Act, 1998.

³⁶¹ Section 15(11) MVA Fund Act, 1998.

11.5 Exclusion of Liability

The Fund is not required to pay compensation in the following instances: where no right to compensation would have accrued to the claimant; where the claim is not lodged personally or through an attorney or a government employee; claims for shock suffered by a person who hears or witnesses an accident; loss of business profits; or to a paying passenger of a motorcycle.

Drivers who are intoxicated to the extent of being incapable of having proper control of the vehicle, and passengers who are over the age of twenty-one who were aware of the driver's intoxicated condition or ought to have been aware, cannot be compensated either as third parties or dependants of deceased persons. The Fund is also not obliged to pay compensation where an adult who is injured or killed was being conveyed in a vehicle which was, to their knowledge, unlawfully conveying any passengers or goods. The right to claim compensation from the Fund expires two years from the date of the vehicle accident giving rise to the claim.

Although Section 21 provides a two year claim limit, the MVA Fund Act provides three exceptions: A minor's claim may be lodged at any time within two years after his twenty first birthday; and where the claimant is under curatorship due to mental disorder, and also where the claimant is detained as a patient in terms of the Mental Disorders Act, the prescription of a claim against the Fund shall not run against him or her.

11.6 Culpa (Fault) As a Requirement

The MVA Act requires that a third party's claim must arise from the negligent driving of a motor vehicle. If negligence cannot be proven, the third party cannot hold the MVA liable. Negligence as a form of Culpa (fault) is the minimum requirement for liability. It follows that gross negligence and intent (or dolus) will entitle a third party to claim under the MVA Act.

11.7 Conclusion

The aim of social security is the provision of public resources against economic and social distress that otherwise would be caused by the stoppage or substantial reduction of earnings resulting from, amongst others, sickness, injury, invalidity and death. The MVA Fund is intended to be part of Botswana's social security system and compensation to a victim of a road traffic accident is meant to enhance his/her post-accident quality of life, to put him/her as near as possible to the position he was in before the accident, and also to assuage his/her injured feelings.

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CHAPTER

TWELVE

**SOCIAL PROTECTION FOR
WORKERS IN THE INFORMAL
SECTOR**

12.1 Introduction

The need to extend social protection coverage for workers in the informal sector³⁶² is increasingly receiving attention in many African countries.³⁶³ According to a recent study by OECD/ILO³⁶⁴, informality represents 70% of all employment in developing and emerging countries compared with about 18% in developed countries. The report indicates that there are variations across regions, from 86% in Africa to around 68% in the Arab States and Asia and the Pacific, 40% in the Americas and 25% in Europe and Central Asia. Globally the report states, 81% of all enterprises are informal. This chapter provides an analysis of how comprehensive social protection coverage can be extended to workers in the informal sector in Botswana. The chapter begins by examining the concept of the informal sector and informal employment. Data is then presented on the size and characteristics of the informal sector workers in Botswana. Risks and vulnerabilities facing workers in the informal sector are then discussed. The chapter further explores the response by the Botswana government concerning existing social protection provisions for workers in the informal sector. An analysis is then provided of the current social protection coverage for workers in the informal sector. The chapter concludes by presenting recommendations adopted by the ILO (2015) on various measures that can be adopted to facilitate the extension of social protection coverage for workers in the informal sector. Best practices and lessons learnt from other countries are also examined.

12.2 Defining the Informal Sector, Magnitude and Characteristics

There is no universally accepted definition of the concept of "the informal sector".³⁶⁵ Literature reveals that the concept of the "informal sector" was first coined during the ILO Kenya mission in 1972. The Kenya ILO report "Employment, incomes and equality" defined informal activities as the way of doing things characterized by the following:³⁶⁶

- *ease of entry;*
- *reliance on indigenous resources;*
- *family ownership of enterprises;*
- *small scale of operation;*
- *labour –intensive and adapted technology*
- *skilled acquired outside the formal school system; and Unregulated and competitive markets.*

Recognizing the need to improve the statistical systems of countries where informal sector activities accounted for a significant proportion of total employment, a more comprehensive concept of the informal sector was adopted by ILO at the 15th International Conference of Labour Statisticians in 1993.³⁶⁷ The informal sector was "broadly characterized as consisting of units engaged in the production of goods and services with the primary objective of generating employment and incomes for the persons concerned. These units typically operate at a low level of organization, with little or no divisions between labour and capital as factors of production are on a small scale. Labour relations where they exist are based mostly on casual employment, kinship or personal and social relationships rather than contractual arrangements with formal guarantees".³⁶⁸

In light of the high incidence of the informal economy across nations, on 1st June 2015, the governing body of the ILO came up with recommendations to guide Member States to facilitate the transition of workers and economic units to move from the informal to the formal economy.³⁶⁹ During this meeting of the 104th session, Recommendations R204 "Transition from the Informal to the Formal Economy" was launched. For the purpose of ILO Recommendation R204, the term informal economy refers to:

³⁶² In this chapter the concepts of informal sector and informal economy are used interchangeably.

³⁶³ Guven, M (2019) World Bank Discussion Paper 1933: Extending Pension Coverage to the Informal Sector in Africa: World Bank, Geneva. See also Xaba, Jantjie, Horn & Motala, and S (2002) The Informal Sector in Sub-Saharan Africa. Working Paper on the Informal Economy, Employment Sector 2002/10, ILO Office, Geneva

³⁶⁴ See OECD/ILO (2019) Tackling Vulnerability in the Informal Economy, Development Centre Studies. OECD Publishing, Paris

³⁶⁵ See Schlyter, C (2003) International Labour Standards and the Informal Sector: Developments and Dilemmas. Employment Sector, ILO, Geneva. Also see Charnes, J (2017) Informal Economy, Social Protection and Transition to the Formal Economy: The Terms of a Debate. Open Edition Journals DOI:10.4000/rdctss.2243

³⁶⁶ See Bangasser, P (2000) The ILO and the Informal Sector: An Institutional History. ILO, Geneva, page 10

³⁶⁷ ILO (1993) Report of the Conference, Report for 15th International Conference on Labour Statisticians, Geneva 19th -28th January 1993

³⁶⁸ ILO (1993) Ibid see See paragraph 5,6,8,9 and 10.

³⁶⁹ See ILO (2015) R204-Transition from the Informal to the Formal Economy Recommendations, 2015 (No.204) page 1. These recommendations are presented in this chapter as a way forward for extending social protection to workers in the informal sector.

"all economic activities by workers and economic units that are –in law and practice not covered or insufficiently covered by the formal arrangements the informal economy does not cover illicit activities, in particular the provision of services or the production, sale, possession or use of goods forbidden by law, including the illicit production and trafficking of drugs, the illicit manufacturing of and trafficking in firearms, trafficking in persons and money laundering, as defined in the relevant international treaties."³⁷⁰

For the Botswana context, the National Informal Sector Recovery Plan (2020) proposes a definition of the informal sector based on the ILO R204.³⁷¹ Secondly, the Recovery Plan emphasize the need for a definition of the informal sector that is broad, inclusive, heterogeneous³⁷², and accommodative of current and future dynamic changes occurring within the microenvironment.³⁷³ In terms of operational definition, the Recovery Plan adopts the definition by Statistics Botswana (2020) which defines informal business as those characterized by the following:³⁷⁴

- *Not registered as a company;*
- *Not registered with the professional association;*
- *Less than 5 employees;*
- *Informal accounts or none;*
- *Expenditures are not easily distinguishable from household expenditure*
- *Employees casually hired*
- *Often temporary or mobile or in the owner's home/plot.*

12.2.1 The magnitude of the informal sector in Botswana

Data from 2015/16 Multi-Topic Household Survey estimated that there are 105,455 informal businesses, of which 55% were in households headed by males and 44.5% in households headed by females.³⁷⁵ In terms of employment, the survey showed that there were 179,483 persons employed in the informal sector, of which 50% were females. The industries which employed the majority of the people were wholesale and trade (45.3%) followed by manufacturing (15%) and construction of buildings at 12% respectively.³⁷⁶ The survey report indicates that this sector grew by more than 100% as compared to businesses estimated by the 2007 Informal Sector Survey.³⁷⁷ Typical informal sector businesses include street vendors, food sellers, baked goods sellers, mechanics, hairdressers, airtime vendors, second-hand clothing sellers, informal carpenters, taxi/bus operators, cleaning services and those involved in the wholesale and retail trade, reproduction of CDs and tapes, construction to mention but a few.³⁷⁸ In terms of demographic profile, available information presents the following picture:³⁷⁹

- *Most informal sector business promoters are between the age of 24 and 40*
- *Over 50% of the businesses are owned by women*
- *Nearly 70% of informal sector promoters are single*
- *35.2% of informal sector businesses earn less than P12,000.00 per year*
- *29% of informal businesses earn between P12,000.00 and P36000.00 per year*
- *22% of informal sector promoters previously worked in the formal sector*

³⁷⁰ See *ibid* page 2

³⁷¹ See Republic of Botswana (2020) Botswana National Informal Sector Recovery Plan, Gaborone page vii

³⁷² Also see Guven, M (2019) World Bank Discussion Paper 1933: Extending Pension Coverage to the Informal Sector in Africa: World Bank, Geneva page 11

³⁷³ See *ibid* page 19

³⁷⁴ Statistics Botswana (2020) Quarterly Multi-Topic Survey: Labour Force Module Report Quarter 4:2020, Gaborone page 78

³⁷⁵ See Statistics of Botswana (2018) Botswana Multi-Topic Household Survey Report 2015/16, Gaborone, page 63

³⁷⁶ See *ibid* page 63

³⁷⁷ See Central Statistics (2007) Informal Sector Survey Report. CSO, Gaborone. See also Ministry of Finance (2015) Project to conduct an Informal Sector Study for Botswana. Gaborone

³⁷⁸ National Informal Sector Recovery Plan (2020) page 9. Also see Richard, M (2021) An examination of the Impact of COVID-19 on the Informal Sector in Gaborone.

³⁷⁹ See *ibid* page 10

12.2.3 Characteristics of the informal sector workers in Botswana

The informal sector is vibrant, heterogeneous and dynamic. The National Informal Sector Recovery Plan classifies informal sector workers into three (3) categories namely: informal poor; informal non-poor, vulnerable, and finally, informal non-poor, non-vulnerable. Figure 12.1 illustrate the nature of heterogeneity within this sector:

Figure 12.1: Characteristics of informal sector workers by household type

Informal Sector Household Type	Characteristics
Informal poor	<ul style="list-style-type: none"> Business operates below the poverty line Focus is on short-term consumption Vulnerable to poverty and other risks No savings Require greater social protection Lack decent work Limited access to social services
Informal non-poor, vulnerable	<ul style="list-style-type: none"> Precautionary savings to last for a few weeks Consume all their income Vulnerable to poverty and other risks Require greater social protection Lack decent work Limited access to social services
Informal non-poor, non-vulnerable	<ul style="list-style-type: none"> Precautionary savings Long term savings Stable, profitable Lack some best practices, including bookkeeping and proper registration Need decent work Limited access to social services

Source: National Informal Sector Recovery Plan (2020) page 20

12.3 Risks and Vulnerabilities Facing Workers in the Informal Sector

Workers in the informal sector face various risks and vulnerabilities such as high risk of poverty, irregular incomes, occupational illnesses injuries and illnesses, unsafe and unhealthy working conditions, gender disparities, loss of income due to natural disasters such as COVID-19 and lack of access to appropriate risk-management instruments.³⁸⁰ Women are more vulnerable as they encounter challenges such as a lack of business management skills, including record-keeping skills; and limited access to markets.³⁸¹

³⁸⁰ See OECD/ LO (2019) Tackling Vulnerability in the Informal Economy, Development Centre Studies. OECD Publishing, Paris, page 19-20.
See also see Guven, M (2019) World Bank Discussion Paper 1933: Extending Pension Coverage to the Informal Sector in Africa: World Bank, Geneva page 15-16

³⁸¹ UN (2020) Botswana Annual Results Report, Gaborone page 6

Several studies show that COVID-19 had a devastating impact on the informal economy worldwide leaving many people poor and without access to social protection.³⁸² A recent study investigating the effects of COVID-19 on the informal sector in Botswana reported that 68% of respondents indicated that their businesses were running at minimum or no profit at all. Further, 73% of the respondents indicated that their businesses were on the verge of collapsing.³⁸³ The findings of this study also revealed that 87% of the respondents did not have a crisis management plan for the sustainability of the businesses. The findings from the National Informal Sector Recovery Plan also confirm that informal sector workers experienced severe hardship, particularly during April 2020 lockdowns. The report indicates that over 80% of workers indicated a loss of revenue of up to P5000.00 comparing their April 2020 performance with that of April 2019.³⁸⁴

The findings from a recent study conducted by Helming³⁸⁵ revealed that workers in the informal sector experience major challenges. The study identified challenges relating to operating spaces for their business; such as a lack of appropriate shading, weather conditions, the absence of storage facilities and theft. In addition, the need for business and financial skills were articulated by key informants participating in the study³⁸⁶. Yet another challenge identified by participants was that they have business or private bank accounts making it difficult for them to get financial assistance from CEDA and LEA. The study calls upon the government to design social security programmes for the workers in the informal sector and to develop business and skill training for these workers as well as introducing a distinct tax regime that will accommodate their financial needs.³⁸⁷

12. 4 Response by the Government of Botswana to Address Risks & Vulnerabilities

There is evidence of high political commitment by the Government of Botswana to address risks and vulnerabilities encountered by workers in the informal sector. With the advent of COVID-19, the government formulated policies and strategic plans aimed at mitigating the impact of the pandemic on this sector and other vulnerable populations.³⁸⁸

Figure 12.2 Provides a summary of responses by the government in the form of policy instruments and plans:

Figure 12.2 Government’s commitments and priorities for workers in the informal sector

Policy Instrument/Plan	Key Provisions in the Policy/Plan
Vision 2036 Theme: “ Achieving Prosperity for All”	“ Botswana will have a vibrant micro and small enterprise sector that contributes significantly to the economy creating decent jobs and providing sustainable livelihoods for our people. Necessary support structures will be developed to encourage the firms in the informal sector to be organized and formalized” (Vision 2036) ³⁸⁹
National Development Plan 11 Theme: “ Inclusive growth for the realization of sustainable employment and poverty eradication”	Broad strategy of NDP 11 is to “ develop diversified sources of economic growth; the use of domestic expenditure as a source of growth and employment creation and pursuing an export-led growth” (NDP 11): ³⁹⁰

382 World Bank (2021) Social Protection for the Informal Economy: Operational Lessons for Developing Countries in Africa and Beyond, Washington, DC. See also United Nations (2020) Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19. New York and ILO (2020) COVID-19 crisis and the informal economy: Immediate response and policy challenges. ILO Brief, Geneva
 383 Richard, M (2021) An examination of the Impact of COVID-19 on the Informal Sector in Gaborone, page 50.
 384 See National Informal Sector Recovery Plan (2020) page 15
 385 Helming, S (2023) Challenges and Needs of Botswana’s Urban Informal Sector: An Exploratory Analysis of Roadside Vending in Gaborone, FES, Gaborone
 386 Ibid, page 6- 9
 387 Helming, S (2023) Challenges and Needs of Botswana’s Urban Informal Sector: An Exploratory Analysis of Roadside Vending in Gaborone, FES, Gaborone, page 11
 388 See Republic of Botswana (2021) Botswana Annual Performance Report 2020/21, Gaborone
 389 See Republic of Botswana (2016) Vision 2036-Achieving Prosperity for all. Lentswe la Lesedi, Gaborone page 14
 390 See Republic of Botswana (2017) National Development Plan 11, April 2017- March 2023. Ministry of Finance and Economic Development, Gaborone page, xv

<p>Botswana Domesticated Sustainable Development Goals (SDGs)</p> <p>Theme: Leave No One Behind</p>	<p>Goal 8: Target 8.3 “ Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship and encourage the formalization and growth of micro-small and medium sized enterprises, including through access to financial services” (Statistics Botswana, 2018)³⁹¹</p>
<p>Botswana National Social Protection Framework (2018)</p>	<p>Priority 3: “ Strengthen linkages between social assistance and active labour market programmes and use the social registry for this purpose”</p> <p>Priority 5 “ Design comprehensive pension arrangements that will extend the legal coverage to all workers whether in the formal or informal sectors and their dependents” (NSPF, 2018)³⁹²</p>
<p>Botswana National Social Protection Recovery Plan (2020)</p> <p>Theme: Sustainable Resilient Recovery towards High Income Status</p>	<p>Recommends the need for the Ministry of Local Government and Rural Development to design and implement social insurance programme accessible to workers in the informal sector (Republic of Botswana, 2020)³⁹³</p>
<p>Guidelines for Botswana COVID-19 Pandemic Relief Fund (2020)</p>	<p>The Relief Fund provided a wage subsidy to enable eligible businesses affected by COVID-19 to keep workers employed and to provide some cash flow for citizen employees operating in the informal sector. Food hampers were also provided to those in need. (Ministry of Finance and Economic Development, 2020)³⁹⁴</p>
<p>Botswana National Informal Sector Recovery Plan (2020)</p>	<p>The Informal Sector Recovery Plan was launched in August 2020 to mitigate the impact of COVID-19 on the informal sector workers. The plan has two (2) goals:</p> <p>Goal 1: Establishment of an Informal Sector Agency</p> <p>Goal 2: Economic revitalization of the informal sector. (Republic of Botswana, 2020)³⁹⁵</p>
<p>Economic Recovery Transformation Plan (2020)</p> <p>Theme: Build Back Better</p>	<p>The ERTTP was prepared to respond to the severe impact of COVID-19 on the economy. The goal of ERTTP is to support economic recovery post COVID-19; accelerate economic transformation into a sustainable growth path.³⁹⁶</p>

391 Statistics Botswana (2018) Botswana Domesticated Sustainable Development Goals, Stats Brief, Gaborone page 31

392 Republic of Botswana (2018) National Social Protection Framework, Gaborone p 24-25

393 Republic of Botswana (2020) Botswana National Social Protection Recovery Plan: Part 2: The Action. Gaborone, page 8

394 See Ministry of Finance and Economic Development (2020) Guidelines for COVID-19 Pandemic Relief Fund, Gaborone, page 7

395 Republic of Botswana (2020) Botswana National Informal Sector Recovery Plan, Part 2: The Action, Gaborone, page 4-8

396 Republic of Botswana (2020) Midterm Review of National Development Plan 11, Gaborone, page 137. Also see Republic of Botswana (2021) State of Nations Address, November 8th 2021, Gaborone

12.5 Analysis of Social Protection Coverage for Workers in the Informal Sector

Workers in the informal sector in Botswana enjoy limited coverage of social protection compared to their counterparts in formal employment. For example, when it comes to social insurance (particularly pensions) majority of workers do not have coverage as these schemes are designed for formal employees who make monthly contributions towards their pensions.³⁹⁷ Nevertheless, since most of these workers are poor and vulnerable, they qualify to be considered for social assistance and social allowance programmes when they meet eligibility criteria. Figure 12.3 illustrate existing social protection coverage for workers in the informal sector.

Figure 12.3: Risks & vulnerabilities and existing social protection programmes

Type of Risk & Vulnerability	Social Protection Coverage
Poverty	Social Assistance is available which is means tested (Poverty Eradication Programme, Ipelegeng, Gender Empowerment Programmes, Youth Development Fund).
Unemployment and underemployment	No unemployment benefits No pension coverage During COVID-19, workers received COVID-19 Relief food baskets and wage subsidies
Pregnancy/Maternity benefits	Vulnerable Group Feeding Programme available for pregnant and lactating mothers who are vulnerable Medical care is provided during pregnancy and child-birth at subsidized fees (P5.00) Maternity leave benefits are limited or not available
Poor health, illness (Chronic diseases, HIV and AIDS etc.)	Health care coverage is available at all public health facilities at a subsidized fee (P5.00) Community Home Based Care is available and free Anti-Retroviral Therapy (ARV) Private Health Insurance is limited or not available
Employment injuries and accidents	Health care coverage is available at all public health facilities at a subsidized fee (P5.00) Private Health Insurance is limited or not available
Motor vehicle accidents	Coverage is available through Motor Vehicle Accident Fund (MVA)
Disability	Disability Cash Transfer is available; but means tested Community Home Based Care
Natural Disasters/COVID-19	COVID-19 Relief Fund Disaster Relief Fund Community Home Based Care
Old Age	Universal Old Age Pension available for workers who are 65 and above Limited pension coverage for workers below 65 years Community Home Based Care

³⁹⁷ See Guven M (2019) World Bank Discussion Paper 1933: Extending Pension Coverage to the Informal Sector in Africa: World Bank, Geneva

12.6 Way Forward: Extending Social Protection to Workers in The Informal Sector

The informal sector in Botswana is growing at an alarming rate and it is the source of employment for the youth and young adults. As shown in Figure 12.4, workers in this sector have limited access to social protection. The aftermath of COVID-19 compounded the situation as many workers lost their jobs and became vulnerable to covariate and idiosyncratic shocks. The response by the government in the form of a COVID-19 Relief fund to mitigate the impact of the pandemic is commendable. However, more needs to be done in future to fast track the implementation of the National Informal Sector Recovery Plan (2020); the Social Protection Recovery Plan (2020) and the Economic Recovery and Transformation Plan (2020).

As a way forward to extend social protection to workers in the informal sector, the government must commission an extensive needs assessment study to determine the needs of workers in the informal economy. This assessment should determine the type of risks and vulnerability across the lifecycle; design relevant social protection schemes; determine eligibility criteria and coverage; identify sources of financing; design monitoring and evaluation framework; and finally design legal and policy framework. In carrying out this exercise, the study must be guided by ILO Recommendation No. 204 "Transition from the Informal to Formal Economy". With respect to social protection, the Recommendation provides that countries should adopt the following measures:³⁹⁸

- "Ensure that an integrated policy framework to facilitate the transition to the formal economy is included in the national development strategies or plans as well as in poverty reduction strategies and budgets, taking into account the role of different levels of government, and ensuring close coordination between the relevant bodies and authorities. This integrated policy framework should address the establishment of social protection floors, where they do not exist, and the extension of social security coverage (paras. 10, 11 and 12);
- Progressively extend in law and practice, through the transition to the formal economy, to all workers in the informal economy, social security, maternity protection, decent working conditions and minimum wage that takes into account the needs of workers and considers relevant factors, including but not limited to the cost of living and the general levels of wages in their country (para. 18);
- Pay particular attention to the needs and circumstances of those in the informal economy and their families in building and maintaining national social protection floors within their social security systems and facilitating the transition to the formal economy (para.19);
- Progressively extend, through the transition to the formal economy, the coverage of social insurance to those in the informal economy and, if necessary, adapt administrative procedures, benefits and contributions, taking into account their contributory capacity (para. 20)
- Encourage the provision of access to affordable quality childcare and other care services in order to promote gender equality in entrepreneurship and employment opportunities and to enable the transition to the formal economy (para. 21)
- Reduce compliance costs by introducing simplified tax and contribution assessment and payment regimes and improve access to social security coverage with respect to the formalization of micro and small economic units (para. 25).

In addition, the need assessment study may also benefit from the work published by the Guven, Jain and Joubert of the World Bank Group on extending social protection to workers in the informal sector and other similar studies in the African region.³⁹⁹ In terms of best practices, Botswana may draw lessons from countries such as the Gambia, Ghana, Kenya, Liberia, Malawi, Mauritius, Namibia, Nigeria, Rwanda, Seychelles, Sierra Leone, South Sudan, Uganda and Zambia. These countries are implementing successful social insurance schemes for workers in the informal sector.⁴⁰⁰ Finally, there is a need for government to partner with key stakeholders such as civil society organizations, trade unions, academics, development partners as well as Botswana Informal Sector Association⁴⁰¹ to come up with strategies to improve working conditions of workers in the informal sector.

³⁹⁸ See ILO (2021) Extending Social Security to workers in the informal economy: Lessons from international experience, Geneva, page 21

³⁹⁹ See World Bank (2021) Social Protection for the Informal Economy: Operational Lessons for Developing Countries in Africa and Beyond, Washington. This report recommends that social insurance scheme for informal economy must (i) have institutional arrangement (ii) contributions must be invested (iii) the scheme must have viability assessment tool and (iv) behavioral nudges must be addressed.

⁴⁰⁰ See WIEGO (2022) Social Protection for self-employed informal workers in Sub-Saharan Africa: A Rights based assessment of the impact of COVID-19. WIEGO Resource document No 24. Manchester, UK.

⁴⁰¹ See statement by Metsing, T, T (2020) Building Better Post COVID-19: Improved Working Conditions and Inclusive Social Protection System, Botswana Informal Sector Association, Gaborone, <https://kisimagiving.org/2023/01/12>

12.7 Conclusion

This chapter has demonstrated that the informal sector in Botswana has grown significantly since the last Informal Sector Survey of 2007. Data from Statistics Botswana (2018) shows that there are currently 105,455 informal sector businesses employing about 179,483. The chapter examined the nature and characteristics of informal sector workers demonstrating that this is a diverse and heterogeneous economy. Risks and vulnerabilities facing workers in the informal sector were explored such as poverty, unemployment and underemployment, lack of maternity benefits, illness, disability, employment injuries, old age and natural disasters. The chapter highlighted how COVID-19 compounded these risks and vulnerabilities. An analysis was made of the response by the Government of Botswana through social protection programming and social policy formulation. In conclusion, recommendations were presented on measures that could be adopted to extend social protection coverage for workers in the informal sector.

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CHAPTER

THIRTEEN

**THE ROLE OF NON-STATE ACTORS
IN SOCIAL PROTECTION**

13.1 Introduction

This chapter presents the role of Non-State Actors (NSA) in social protection provisions. The chapter begins by describing the concept of NSA. This is followed by an analysis of the different types of NSAs and their typical roles. An analysis is then provided on the role of international, regional and local NSA in promoting social protection in Botswana. The chapter concludes by presenting critical issues facing local NSAs and ways in which a multi-sectoral response in the social protection sector could be promoted.

13.2 What are Non-State Actors?

Non-State Actors (NSAs) are independent organizations and/or individuals which are not affiliated, directed or funded by the government. Some of them operate in more than one country. Article 71 of the Charter of the United Nations defines non-state actors/NGOs as not-for-profit entities organized to address issues in support of public goods. Non-state actors do not always operate alone. Increasingly, they develop forms of cooperation with international institutions and national governments with different goals. Their structure, interests, and influence vary widely as there are different types. They are formed to pursue social causes including advocating for social protection. As history has shown, most of them become important agents in resolving international conflicts or addressing global issues. For instance, the United Nations is a prime example of an international organization set up purely for political purposes while others such as the WTO and World Bank focus on economic interests of its members or beneficiaries.

Some non-state actors operate in more than one country, for example, the International Committee of the Red Cross, Doctors without Borders, Stepping Stones International, and HOPE worldwide to mention but a few. Their humanitarian efforts have helped to ease pain and suffering by providing social protection and relief in conflict-ridden areas and local communities. These NSA coordinate with state actors (government) to provide the needed assistance to the affected people. In some instances, they link up on humanitarian projects with multi-national corporations like Coca Cola and influential individuals such as Bill Gates and Warren Buffet. Examples of international non-state actors are the United Nations (UN), North Atlantic Treaty Organization (NATO), World Trade Organization (WTO), World Bank, the International Monetary Fund (IMF), European Union (EU), Friedrich-Ebert-Stiftung, and Southern Africa Development Committee (SADC) among others. Their formation is generally based on formal treaties to meet common interests among its members.

These organizations are subordinate to international laws and conventions. The role they play requires action from numerous actors as this is critical in heightening or lessening human security and has been recognized as influential in international politics. Although they do not have the powers and authority of nation states or governments, nevertheless their actions and decisions influence domestic and foreign policy. For example, the World Bank and IMF give loans to some African and Asian nations to try and stabilize them economically and politically. The fundamental role and impact of NSAs revolve around these aspects: a) promoting political and social causes, b) governance or decision-making, c) promoting human rights, and d) advancing peace and order. Almost all nations recognize their contribution to local communities and often depend on the assistance they provide. In a nutshell, some NSAs influence the direction and even the domestic and foreign policy of state actors (governments).

13.3 Types of Non-State Actors and their Roles- An Overview

There are many types of non-state actors working for different purposes but with the ultimate goal of addressing issues in support of public goods. Overall, there are eight (8) key types of Non-State Actors⁴⁰².

Figure 13.1 Types of Non-State Actors and Roles

	Type of Non-State Actor	Role of Non-State Actor
1.	Non-Governmental Organizations	(NGOs) formed by volunteers and independent of government and are non-profit entities to pursue social causes and other advocacies. Some pursue specific political objectives. Some are local, others international, some are donors or implementers of projects.
2.	Multinational Corporations	Fundamentally they are business organizations that have assets and operate in different countries. Some of them have become bigger or even wealthier than small and underdeveloped countries.
3.	Inter-Governmental Organizations	Based on formal treaties by countries forming associations with one another to create what is called, supranational organizations whose powers and authorities supersede the powers and authorities of individual nations. These NSAs are also governed by international laws and conventions. The rationale for creating them is to meet common interests among its members for humanitarian, political or economic/trade purposes, e. g. SACU, SADC and European Union.
4.	Violent Non-State Actors/ non-state armed groups	Formed to pursue their goals using violence or armed struggle, as well as unlawful and harmful conduct. Examples include liberation movements like Angolan MPLA, Namibian SWAPO, Zimbabwe's ZANU, South Africa's ANC, etc. They are called violent non-state actors (VNSAs), non-state armed actors or non-state armed groups because of their purpose.
5.	Decentralized Autonomous Organizations (DAOs)	Formed as a result of the block-chain technology. They are owned by individuals or groups and are independent and free of state influence. Their purpose is financial transactions using crypto currencies such as Bitcoin and the Ether of the Ethereum platform. Because of their financial muscle, DAOs have considerable power to influence global affairs.
6.	Transnational Diaspora Communities	These are formed by ethnic or national communities in pursuit of social and political change in their countries. Although without substantial influence over global affairs, their causes have been supported and advanced by both states and other non-state actors. Due to their participation in socio-political affairs, this has resulted in the rise of displaced or diaspora politics.
7.	Unrepresented Nations and People	Are non-state actors who abide by their own norms and standards. Mainly these include indigenous peoples who resist change induced by modern social and political order, e. g. indigenous peoples of the world.
8.	Influential Individuals	Could also be considered non-state actors. These include business magnates who use their wealth and connections to influence national and international affairs.
Source: Haroun Alfarsi, 2022		

⁴⁰² See Reference Non-State Actors Explained: Types and Roles Posted on March 29, 2022 by Haroun Alfarsi. <https://www.profulus.com/topics/non-state-actors-explained-types-and-roles/> Retrieved June 14, 2022.

13.4 Roles of Non-State Actors in Social Protection

Some Non-State Actors (NSAs) play an important role in social protection in Botswana. They have been formed to pursue social causes and advocacies including the sphere of social protection. As history has shown, most of them become important agents in terms of easing or removing vulnerability to poverty and orphanhood.

As stated earlier in this chapter, some NSAs operate in more than one country, while others operate locally. Their efforts on the humanitarian front have helped to remove vulnerability to poverty and ease the pain of orphanhood and suffering in local communities and in conflict-ridden areas. They collaborate with State Actors and inter-governmental organizations (IGOs) to provide assistance to the affected people and areas. In some instances, they link up on humanitarian projects with multi-national corporations like Coca Cola and influential individuals such as Bill Gates and Warren Buffet to ease or remove vulnerability to poverty, orphan hood and disasters.

The most popular and powerful international non-state actors include UN, NATO, WTO, World Bank and the International Monetary Fund, EU and SADC among others. Some of these are formed by a group of world governments for particular purposes as stated elsewhere in this chapter. For instance, the United Nations was formed to prevent wars which have had the most devastating effects. War is a human-induced destruction tool of all types of nature (flora and fauna), the physical infrastructure, the environment, and injuries that are both physical and psychological. Most of the UN agencies are mandated to provide social protection, and mitigate disasters and other shocks.

The formation of these international non-state actors is generally based on formal treaties to meet common interests among its members. Although subordinate to international laws and conventions, as a collective, the role they play requires action from numerous actors to surpass individual governments. This is critical in heightening or lessening human vulnerability to poverty, orphan hood and disasters or calling for peace among warring nations.

Even though they do not have the powers and authority of nation states or governments, nevertheless the actions and decisions of NSAs influence domestic and foreign policy. For example, the World Bank and International Monetary Fund (IMF) have granted loans to some governments whose status was listed as in economic crisis. Almost all nations recognize the contribution of NSAs in local communities and often depend on the assistance they provide. In some instances, they give positive contributions to social protection by easing or removing poverty, orphan hood and disasters.

The next section provides an overview of the role played by different non-state actors in Botswana. These range from international, regional and local; their role as key development partners in the promotion of social protection across the life course has been notable. Major partners include the United Nations (UN), and its arms which include United Nations Children's Fund (UNICEF), Food and Agricultural Organization (FAO), World Food Programme (WFP), World Bank (WB), United Nations Fund for Population Activities (UNFPA), International Labor Organization (ILO), and United Nations Development Programme (UNDP). Other agencies include the United States Agency for International Development (USAID) and Friedrich-Ebert-Stiftung (FES). Local partners include BOCONGO, BONASO and other affiliated non-governmental organizations. Figure 13.2 presents an overview of the major contributions of NSAs to the social protection sector in Botswana

Figure 13.2: Non-State Actors and their role in social protection

Non-State Actor	Major contributions to social protection provision in Botswana
United Nations (UN)	UN-wide Social Protection Floor Initiative (SPF-I) coordinates the UN's development efforts in the area of social protection and provides better technical assistance with lasting and effective results.
United Nations Children's Fund (UNICEF)	UNICEF, an organ of the UN, works across all areas of social protection, child protection and human social development, by providing technical assistance to the government to fulfil its mandate as a signatory to the Convention on the Rights of the Child. The programme focuses on promoting the well-being of Batswana children, especially the most disadvantaged children and families, to have access to and benefit from quality social services, knowledge and opportunities, and thereby have a fair chance in life. Key areas of intervention include child protection; HIV/AIDS; health & nutrition; education; and social policy. UNICEF also provides policy guidance, introducing innovations, research, and advocacy. Key populations reached by UNICEF are infants, orphans, needy students, pre-school children and school going children. UNICEF has funded several evaluation studies in social protection including the study on Evaluation of the Coupon System, Ipelegeng, Situational Analysis of Orphans and Vulnerable Children, Vulnerable Group Feeding Programme and many others. These studies have made an impact on social protection reform.
United States Agency for International Development (USAID)	USAID is operating as BOTUSA in Botswana. Many NSAs receive OVC funding to mitigate effects of HIV and AIDS and sexual and reproduction health issues. For example, in August 2016, Project Concern International (PCI) was granted a five-year award to implement the Botswana Comprehensive Care & Support for Orphans and Vulnerable Children (OVC) program, funded by the President's Emergency Plan for AIDS Relief (PEPFAR). The program was aimed at strengthening community agencies to support and provide HIV and AIDS related services to OVC and their parents/caregivers. They assist government programmes on the prevention of mother-to-child transmission, HIV treatment, adolescent sexual and reproductive health, educational campaigns, organizational capacity building; environmental issues.
Food and Agricultural Organization (FAO)	FAO is a UN agency that advocates for the expansion of social protection to effectively reach men and women living in rural areas and to promote linkages between social protection and agriculture, food security, nutrition, natural resource management, decent rural employment and resilience building. FAO is committed to maximize the impact of social protection by building and strengthening nationally owned social protection systems that are integrated in broader livelihood promotion and rural development strategies. During 2020-2022 period, FAO provided Botswana with technical support in the following areas a) access to the Green Climate Fund for Botswana's green resilient recovery efforts in the context of COVID-19 b) provided assistance to the Aquaculture and Inland Fisheries sectors c) provided capacity for horticulture farmers in Botswana. The key population reached by FAO include school going children, youth and rural farmers.
World Food Programme (WFP)	The World Food Programme (WFP) is the food-assistance branch of the United Nations. It is one of the world's largest humanitarian organizations addressing hunger and promoting food security. During the drought period of the 1960s, WFP provided support to Botswana in the form of food relief for school going children. WFP continues to assist Botswana in providing food assistance and other technical support in related areas.

World Bank (WB)	World Bank provides a wide range of financial and technical support to the Government of Botswana. WB is active in the social protection space, agriculture, education, health, information and technology to mention but a few. In 2015, WB conducted a situational analysis of social protection which led to the formulation of the National Social Protection Framework (2018). Other technical support includes Management Information Systems, development of Single Registry, and M& E systems
United Nations Fund for Population Activities (UNFPA)	UNFPA began operations in Botswana in 1971. It is the UN sexual and reproductive health agency. The strategic partnership is in the area of preventive social protection. The programme supports improvement of policy programming for adolescents and young people's rights to access sexual reproductive health information and services. UNFPA plays a key role in tracking the SDG 2030 agenda, implementation and timely delivery of 2021 population census and dissemination of census products.
International Labor Organization (ILO)	ILO advance social justice and promotes decent work. In Botswana, ILO works closely with the Ministry of Labour and Home Affairs and other strategic private partners that promote decent work like the labour movements, BOCCIM etc. ILO is more interested in the working age population. Technical support provided has been in a wide range of policy formulation, research, training and advocacy support. The ILO was instrumental in providing financial and technical support in the development of the National Employment Policy (2021). In terms of ratification of ILO Conventions, Botswana has not ratified the 102 Social Security Minimum Convention 1952 (No 102) which provides a wide range of social security rights to individuals and families.
United Nations Development Programme (UNDP)	UNDP continues to play a leading role in partnership with FAO, ILO, UNICEF and the World Bank in the transformation of the national social protection. UNDP Country programme document for Botswana for 2022-2026 reports the following activities concerning social protection a) capacity development for expansion of inclusive social protection systems and efficient local public service delivery; b) development and implementation of gender sensitive social protection systems; c) transformation of the informal and private sector; d) strengthening of climate change adaptation and mitigation, sustainable livelihoods and land management.
Friedrich –Ebert-Stiftung (FES)	Effective and efficient social protection sector requires strong political commitment, strong civil society and good democratic governance. Since its establishment in April 1974, FES has played a key role as a cooperation partner in strengthening political institutions in order to enhance the democratic development of Botswana. Early projects of FES targeted political partners, small businesses, trade unions, radio journalists, and academic research. From the 1990s onwards, the focus shifted to institutional reforms, economic and social policy, local democracy and policy dialogue with civil society. FES played an increasing role in promoting regional integration with different programmes in the SADC Region. Since the beginning of 2000, FES has provided support in the area of youth and youth politics. FES played a crucial role since 2001 to develop and strengthen social protection systems in SADC. Through the SADC CORE Group in Social Protection, now called Southern African Social Protection Experts Network (SASPEN), the SADC CODE on Social Protection was developed and popularized amongst SADC nations. FES sponsored training on social protection for trade union members and provided funding for policy engagement, conferences and research activities regionally and locally.
(BOCONGO)	BOCONGO promotes participation of civil society organizations across six thematic themes. Social Protection is one of the strategic areas. The council is responsible for the implementation of the NGO Policy which was revised by Parliament in 2012.

<p>HOPE worldwide (Botswana)</p>	<p>HOPE worldwide Botswana is a faith-based organization that forges synergetic partnerships to implement holistic, evidence-based programmes to empower vulnerable children, their families and communities to mitigate HIV and AIDS related challenges; gender inequalities and poverty; promoting women empowerment in communities to work together in groups using their talents and resources to improve their economic conditions; mitigating the Impact of HIV and AIDS; providing critical services designed to minimize HIV's impact including prevention programs and linkage to testing and counselling; supporting Orphans and Vulnerable Children; offering early development opportunities for rural and low-income children to ensure their success in school and beyond.</p>
<p>Marang Child Care Network Trust Network Trust</p>	<p>Established for equipping NSAs for the protection and care of children, to complement existing government efforts to strengthen NSAs work with OVCs, development of capacity and technical skills of NSAs to source funding and ease resource and manpower constraints.</p>
<p>Stepping Stones International (SSI)</p>	<p>SSI is a non-governmental, non-profit organization that works to unlock the potential of orphaned and vulnerable adolescents (aged 12-18 +). SSI is the first programme of its kind in Botswana focused exclusively on adolescent development. The programme uses a holistic approach by nurturing the mental, physical and emotional well-being of our youth to create realizable opportunities for them to become self-sufficient. Through the leadership programme, youth gain life skills, leadership, entrepreneurship and community mobilization competencies to assist them in the attainment of post-secondary education or full-time employment.</p>
<p>SOS Children's Village</p>	<p>Established in 1949, it depends on donations from sponsors throughout the world. It's the largest non-governmental organization providing care to children without parental care and families at risk; In Botswana, children are provided with residential accommodation to ensure that they grow up in a loving environment and their rights are protected; to keep families together; provide alternative care when needed; support young people on their path to independence; advocates for the rights of children for a brighter future.</p>
<p>FNB Foundation</p>	<p>FNB Foundation is the Corporate Social Responsibility arm of the Bank. The Foundation was established to aid education, arts and culture, sports and recreation, environmental sustainability, as well as social and welfare development in Botswana. It identifies beneficiaries who are in need and deserving of assistance in kind, whether by way of infrastructure development, the provision of necessary working capital, or cash donations for specific purposes. Priority areas are youth development, social welfare, environmental sustainability, arts and culture, sports and recreation and education.</p> <p>The FNB bank gives the Foundation up to 1% after tax profits to give back to the communities. The funds are channelled either directly from the Foundation to the Communities or through the Staff Volunteer Programme. Over the years FNBB Foundation has donated more than 45 Million pula to the communities through different projects, on an annual basis we dedicate on average depending on how the bank has performed between 5 to 8 Million to assist our communities.</p>

13.5 Key Issues and Recommendations

Lack of coordinated multi-sectoral response

Non-State Actors play a crucial role in the promotion of the social protection sector. However, there is poor coordination and harmonization of efforts within and between these agencies on the one hand and the government on the other hand. There is a need for the establishment of a Social Protection Floor for Botswana that brings these players together on a periodic basis to share information, exchange ideas and provide capacity building, and strengthen partnerships.

Lack of resources threatens sustainability of the civil society sector

A majority of civil society organizations face serious financial crises as a result of closure or downsizing of several foreign funding programmes. In 2017, there were 27 civil society organizations that were forced to suspend their programmes due to the closure of the EU's Empowerment of Non-State Actors programme. Part of this funding supported orphans and vulnerable children⁴⁰³. As a coping mechanism, some have changed their mandate and mission to reflect donor priorities. For example, Botswana Network for AIDS Service Organizations (BONASO) changed its programming function from HIV alone to HIV integrated with other health issues to qualify for the PEPFAR and the Global Fund.⁴⁰⁴ To remedy the situation, BOCONGO must accelerate the implementation of the National Policy on NGOs and establish a Resource Mobilization Strategy with the view to be less dependent on government and donor agencies.

Lack of expertise and capacity building

Civil society organizations lack expertise and capacity in critical issues such as good governance, Monitoring and Evaluation, and Information Management Systems. They ought to forge partnerships with academic institutions to strengthen capacity building and expertise. There is much that academic institutions can do for free in the areas of research and evaluation, M&E, grant writing, good governance and establishment of information and management systems.

13.6 Conclusion

The objective of this chapter was to examine the role of Non-State Actors (NSAs) in promoting social protection in Botswana. The chapter documented the important contribution of NSAs in areas such as provision of technical support a wide range of policy formulation, research, training, advocacy, capacity building and strengthening of the social protection system. The chapter highlighted the need for a coordinated multi-sectoral support between the government and NSAs in order to build an efficient, effective and integrated social protection regime in Botswana.

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403 See USAID (2018) 2017 Civil Society Organization Sustainability Index for Sub Saharan Africa, 9th Edition- Dec 2018. USAID page 28

404 See Ibid, page 27

CHAPTER

FOURTEEN

**HUMAN RIGHTS APPROACH TO
SOCIAL PROTECTION**

14.1 Introduction

A clear gap in the debate on social protection in Botswana has been the lack of a thorough analysis of the human rights based framework. The aim of this chapter is to consider the current state of social protection in the country and to explore the feasibility to introduce a rights based approach to social protection. Through this analysis, it will be clearly shown that although Botswana is officially committed to providing social safety nets to the poor and vulnerable, social protection is not yet entrenched in the legal framework. A thorough analysis is made using the Human Rights-Based framework for social protection developed by the United Nations General Assembly and the Human Rights Council.

14.2 The Human Rights Based Framework for Social Protection

The Human Rights Based Framework (HRBF) for social protection was developed in 2012 by Ms Sepulveda, a Special Rapporteur for the United Nations General Assembly and the Human Rights Council. The HRBF ensure that states abide by the international obligations of social protection. By adopting this framework, the poor and vulnerable populations will be reached in the most effective and holistic manner.⁴⁰⁵ The framework draws its roots from the international and regional instruments discussed earlier in the chapter and from other tools developed by the UN community. The core principles of this framework are:

- Ensuring an adequate legal and institutional framework and adopting long-term strategies
- Adopting comprehensive, coherent and coordinated policies
- Respecting the principle of equality and non-discrimination
- Ensuring that the implementation of conditionalities (co-responsibility) does not undermine the human rights of beneficiaries
- Ensuring transparency and access to information
- Ensuring meaningful and effective participation
- Ensuring access to accountability mechanisms and effective remedies

The section that follows provides a brief overview of the extent to which the Human Rights Based Framework has been implemented in Botswana in the past 50 years. Data for this analysis has been obtained from available government reports and policy documents, empirical studies, international reviews and other relevant sources.

Ensuring an adequate legal and institutional framework and adopting long-term strategies.

A critical aspect of the human rights approach is that social protection schemes must be enshrined and defined in the national legal framework as well as supported by a national strategy and a plan of action.⁴⁰⁶ In Botswana, numerous social protection schemes have been developed as outlined earlier in the chapter. However, these provisions are only implemented through policy guidelines rather than being embedded in a proper rights-based approach.⁴⁰⁷ In fact, the Constitution of Botswana does not have any provision dealing with social protection rights. Consequently, there are no adjudication structures to ensure that the rights of beneficiaries are protected. In the absence of a comprehensive legal framework and structure, beneficiaries of the current social protection provisions may encounter difficulties in enforcing their entitlements.⁴⁰⁸ Fombard (2011:35) contends that a solid constitutional framework that provides a right to social security is more effective than an approach that allows the State to act on the basis of compassion and humanitarianism.⁴⁰⁹

405 M, Sepulveda & C, Nyst, *The Human Rights Approach to Social Protection*. Ministry of Foreign Affairs, Finland (2012)

406 *Ibid*, p.26

407 See D. Ntseane & K Solo, *Social Security and Social Protection in Botswana* (2007)

408 *Ibid*

409 C Fombard. *An Overview of the Constitutional Framework for the Right to Social Security with special reference to South Africa*. A paper presented at the International Seminar in Colombia July 13 2011, p. 35

Despite the absence of constitutional coverage, it should be noted that a few social insurance programs are protected by the law. Regrettably, these provisions only cover beneficiaries who are formally employed. For example: employment injuries and occupational diseases are compensated through the Workmen's Compensation Act scheme.⁴¹⁰ Here, the employer has a common law duty to assess the work place in order to provide a safe working environment for his employees. Where an employee is injured at work and institutes a delictual claim against the employer, the employee will succeed if he or she can prove intent or negligence on the part of the employer or of a co-employee if the employer was to be found vicariously liable. Similarly, if an employee contracts a disease and it can be proved that the disease arose out of or in the course of his employment due to the nature of the work, he is engaged in, the employer has a common law duty to compensate the employee for damages suffered in consequence of the disease. These actions were available at common law but now the state has intervened and passed legislation to enable persons who suffer from employment injuries and occupational diseases to be compensated by the employer.

Further, Motor Vehicle accidents, occupational diseases and employment injuries are areas of the law where state intervention in the form of social labour legislation is very important. Generally, the state seeks to fill the void in the common law where victims would be left without any compensation if a private individual is not able to provide the necessary compensation. In order to address the situation, the state establishes a fund in relation to motor vehicle accidents where the main objective is the payment of compensation for loss or damage caused by the wrongful driving of a motor vehicle. The Motor Vehicle Accident Fund (MVA) in Botswana becomes a substitute for the common law wrongdoer and is obliged to compensate any person (third party) for any loss or damage which the third party has suffered as a result of any bodily injury or death to any other person. The Fund is intended to provide compensation for certain loss or damage caused in motor vehicle accidents⁴¹¹. The compensation paid to a victim of a road traffic accident is meant to put him as far as monetarily possible in the position he was in before the accident and also meant to assuage his injured feelings (pain, suffering, loss of amenities). Since the Fund is meant to be part of Botswana's social safety net, compensation of a victim of a road traffic accident is meant to enhance his post-accident quality of life to put him as near as possible to the position he was in before the accident and also assuage his injured feelings (pain, suffering, loss of advantage and loss of amenities). The claimant is required to prove his injuries and his loss to assist the Fund to make him an equitable offer.

Finally, through the amended Employment Act, female officers who are in full employment are entitled to Maternity leave in line with the ILO Conventions. The following key provisions apply to protect women and the new born:⁴¹²

- Female employees are entitled to a total of 12 weeks paid maternity leave made up of 6 weeks before and 6 weeks after confinement.
- An additional 2 weeks maternity leave must be given to an employee where she furnishes a medical certificate signed by a medical officer or registered nurse or midwife that she is suffering from an illness arising from her confinement and is unfit to return to work.
- For a period of 6 months upon return to work an employee is entitled to two paid 30 minutes breaks per day for the purposes of nursing a child. The employee may request to aggregate the 30 minutes and take one hour once a day.
- Maternity allowance must be paid at a rate not less than 50% of basic pay and other benefits an employee would otherwise have been entitled to receive.
- Government, local authorities, parastatals and some private sector companies now pay full salary maternity allowance for the first three children.
- Absence from work on account of being on maternity leave does not constitute an interruption of employment.
- An employer who without just cause terminates the employment of a pregnant woman within 3 months of her expected confinement is required to pay her 12 weeks maternity allowance.

The foregoing discussion demonstrates that the legal framework is available only for social insurance programmes; social allowance and social assistance schemes are protected through policy provisions. The next section examines the nature of these policy instruments and examines the extent to which they comply with the Human Rights Based Framework.

410 Workmen's Compensation, Chapter 47:03 Laws of Botswana

411 See Motor Vehicle Accident Fund Act No.6 of 1998

412 Employment Act Cap 47:03

Adopting comprehensive, coherent and coordinated policies

A Human Rights Based approach calls upon States to design an integrated and coordinated social protection strategy that reduces fragmentation and ensures capacity building of all stakeholders implementing social protection programs⁴¹³ The Government of Botswana should be applauded for the establishment of social protection policy instruments that guide implementation of various social safety nets. From time to time, these instruments are evaluated to make them relevant to the needs of beneficiaries. However, Botswana falls short of the HRBF standard as social protection policies and schemes are fragmented and scattered throughout various government departments and ministries. Currently, the following Ministries implement social protection schemes; Ministry of Local Government and Rural Development, Ministry of State President, Ministry of Labor and Home Affairs, Ministry of Health, Ministry of Agriculture, Ministry of Entrepreneurship, Ministry of Education and Skills Development and Ministry of Youth, Gender, Sport and Culture. Non-State Actors such as non-governmental organizations and churches also play a critical role in militating against poverty and other social ills. At the local level, local authorities play a key role in the implementation process.⁴¹⁴ There is a lack of coordination mechanism in place to ensure that all these players work as a team. Hence, the non-existence of a consolidated social policy or a long-term coordinated strategy on social protection. A development to be celebrated is the creation of the Department of Social Protection in the Ministry of Local Government. However, the coordination function of this department is very limited as its Director does not even have supervisory power over implementers in the local authorities. What is needed to facilitate a comprehensive, coherent and coordinated policy environment is the creation of the Ministry of Social Development which will bring together all relevant stakeholders under one roof.

Respecting the principle of equality and non-discrimination

Adoption of HRBF requires the States to eliminate discrimination in laws, policies and practices and to take special measures to protect the most vulnerable segment of society.⁴¹⁵ Available data show that since independence in 1966, the Government of Botswana has made an attempt to address issues of non-discrimination and equality in the provision of social protection. In the 1970s, the government articulated for the first time, the need to promote social protection through the principle of social justice and equality of opportunity for all.⁴¹⁶ This commitment was again strongly reinforced in the subsequent National Development Plans.⁴¹⁷ Further, the Long Term Vision for Botswana (Vision 2016) refers to the principle of social inclusion and equality as being central to ending poverty and fostering shared prosperity as well as empowering the poor.

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“ All people will have access to productive resources regardless of ethnic origin, gender, disability, or misfortune. Botswana will have succeeded in helping people to escape from the poverty trap... There will be a social safety net for those who find themselves in poverty for any reason.

This will go hand in hand with the provision of good quality social security, in partnership with the private sector and NGOs, aimed at vulnerable groups such as the elderly, disabled, orphans and terminally ill”

The strong articulation of social protection as one of the pillars of Vision 2016 has marked a major shift in social policy reforms. Further, Vision 2036 also makes a strong case for the promotion of an effective social protection regime leaving no one behind.

Ensuring that the implementation of conditionalities (co-responsibility) does not undermine the human rights of beneficiaries

From the perspective of HRBF, States are to provide social protection without imposing conditions for receipt of these services.⁴¹⁹ Conditional Cash Transfers (CCTs) are often implemented to reduce poverty by encouraging parents to invest in health and education of their children. The largest CCTs programmes are found in Brazil, Mexico, Chile, Turkey, Burkina Faso, Bangladesh and Cambodia. Some pilot programs are also being implemented in sub-Saharan Africa.⁴²⁰ Botswana is fortunate in that no conditions are tied for beneficiaries to receive their cash transfers and other benefits. The social protection regime addresses various forms of risks and vulnerability across the life cycle and beneficiaries and their caregivers are expected to conform to policy guidelines and standards.⁴²¹

413 See M. Sepulveda & C. Nyst, *The Human Rights Approach to Social Protection*. Ministry of Foreign Affairs, Finland (2012) p 31

414 F. Ellis., N. Freeland., D. Ntseane., S. Turner & P. White. *Report on a Social Development Policy Framework for Botswana*. Phase II: UNICEF (2010). See also D. Ntseane & K. Solo (2007)

415 Op sit, p.25

416 Republic of Botswana, *National Development Plan 1970-1975*. Gaborone Printer, Gaborone.

417 See Republic of Botswana *National Development Plan 1991-1997: 1997-2003; and 2003-2008*.

418 Government of Botswana. *Presidential Task Force*. Government Printer, Gaborone (1997) p.9

419 M. Sepulveda & C. Nyst (2012) p. 32

420 A. Fiszbein & N. Schady. *Conditional Cash Transfers: Reducing Present and Future Poverty*. World Bank, Washington (2009). See also N. Mathers & R. Slater. *Social Protection and Growth: Research Synthesis*. Overseas Development Institute, Australia (2014).

421 T. Seleka., H. Siphambe., D.Ntseane., N. Mbere., C. Kerapeletswe & C. Sharp. *Social Safety Nets in Botswana: Administration, Targeting and Sustainability*. Lightbooks, Gaborone

Ensuring transparency and access to information

Yet another key aspect of the HRBF calls for transparency and access to information to safe guard against corruption and wastage. In addition, beneficiaries are to be empowered to have the right to seek and receive information without fear or intimidation. To this end, social protection schemes are to have built-in mechanisms for the disclosure of information about every step in the implementation process.⁴²²

The most recent comprehensive evaluation of social protection programs revealed that a majority of beneficiaries in Botswana are aware of various social protection schemes.⁴²³ As a matter of fact, before a scheme is implemented, communities are informed through their area Councilors, Members of Parliament, Village/Ward Development Committees and as well as through the radio, TV and print media. As reflected earlier in the chapter, the government has formulated policies and guidelines for each social safety net. These documents articulate how the schemes are administered, who is targeted, coverage issues as well as the nature of the assistance. Social workers are charged with the responsibility of informing beneficiaries about these issues and to encourage them to register if they qualify so that their standard of living may be uplifted. Despite these measures, people residing in remote areas are often not reached due to unavailability of transport and shortage of staff. The creation of poverty maps could assist in ensuring that all the poor and vulnerable groups are properly reached and targeted. The map can either be based on unmet basic needs or household income/consumption patterns within village wards or urban neighbourhoods.⁴²⁴

Ensuring meaningful and effective participation

Apart from access to information, participation is a fundamental element of the human rights framework. Conversely, states are encouraged to put in place adequate mechanisms for beneficiaries to participate in the design, implementation, monitoring and evaluation of social protection schemes.⁴²⁵ In Botswana, there is compelling evidence from past evaluation reports that beneficiaries are fully involved as research respondents during the evaluation of social protection schemes.⁴²⁶ This is indeed a step in the right direction as their voice is taken into consideration during data collection processes. However, during the design, implementation and monitoring stages, their input, very often, is hardly ever utilized. A participatory framework ensures that there is a constant flow of information on whether programmes meet the actual needs and whether eligible beneficiaries are reached and targeted. As a way forward, beneficiaries could be co-opted into existing structures such as the Council Social Welfare Committee or they could have a separate advisory committee which advises Local Authorities, Ministry of Local Government and other structures. They should also be actively involved during the implementation, monitoring and evaluation stages of these services to provide feedback on bottlenecks and best practices.

Ensuring access to accountability mechanisms and effective remedies

Social protection that embraces HRBF incorporates a complaints mechanism which guarantees anonymity and allows an appeal process that is independent, accessible, simple, fair and effective.⁴²⁷ A review of literature shows that in the case of Botswana, a mechanism for appeal has been put in place for social protection recipients through policy procedures and guidelines.⁴²⁸ The first line of appeal is through the social worker in an agency where the beneficiary is receiving assistance. If the beneficiary is not assisted satisfactorily, he/she then can refer the case to the immediate supervisor. If a resolution is not reached, the Head of the Department is then called in to mediate; then the Assistant Council Secretary and finally the Permanent Secretary in the Ministry of Local Government. On rare occasions, beneficiaries appeal to His Excellency the President. In general, although beneficiaries may have unresolved complaints, they rarely move beyond the interventions of a social worker. In the absence of a legal framework, where independent courts can intervene, beneficiaries remain largely unprotected.

422 See M, Sepulveda & C, Nyst (2012) p.

423 F, Ellis et al (2010)

424 J Van Domelan. Reaching the Poor and Vulnerable: Targeting Strategies for Social Funds and Other Community-Driven Programs, World Bank (2007)

425 See M, Sepulveda & C, Nyst. p.59

426 R. Mupedziswa., D. Ntseane & J Kayser. Human Security in the Southern African Development Community Region: Learning from Botswana Social Protection Initiatives. Regional Development Dialogue Vol 33:2 (2012); See also UNICEF, Evaluation of the Coupon System for Assistance of Destitute and Orphan- Headed Household, Gaborone (2010) F, Ellis et al (2010) and T Seleka et al (2007)

427 See M, Sepulveda & C, Nyst. p.62

428 See Revised National Policy on Destitute Persons

14.3 Conclusion

This chapter has examined the extent to which social protection in Botswana adheres to the Human Rights Based Framework. It is evident from this analysis that social protection programmes are not adequately protected by a legislative or constitutional provision in accordance with this framework. A constitutionally entrenched right-based approach is needed to ensure the sustainability of these schemes and to protect beneficiaries against corruption and abuse of power. Further, the issue of fragmentation of policies and services has been highlighted as an issue of concern that leads to duplication of services and ineffective utilization of resources. Therefore, a holistic framework that is preventative, inclusive and integrated would be required. This can only happen through the creation of a dedicated Ministry of Social Development where all key stakeholders will operate under one mandate guided by a social policy framework. Finally, more efforts must be invested in ensuring meaningful and effective participation of beneficiaries in the design, implementation, monitoring and evaluation of social protection programmes.

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CHAPTER

FIFTEEN

**CONCLUSION AND
RECOMMENDATIONS**

15.1 Introduction

The Government of Botswana provides a wide range of social protection (SP) schemes for families and children. These services are aimed at reducing poverty as well as providing a social safety net for individuals, families and groups. The most recent data from Statistics Botswana show that by the end of year 2021, 57.9% (387,503) of households in Botswana were enrolled in one or more social protection schemes. Out of these households, 55.9% were female-headed, while 44.1% were male-headed households.⁴²⁹ Table 15.1 show the origins of Botswana's social assistance and social allowance programmes and the risks and vulnerabilities they address.

Table 15.1: Origins of social assistance and social allowance programmes

Programme	Start Date	Nature of Risk and Vulnerability
Destitute Persons	1980	Loss of income, disability, chronic health, old age, isolation
Community Home Based Care	1995	HIV and AIDS pandemic, poverty, loss of income
Old Age Pension	1996	Loss of income, unemployment, old age, poverty, isolation
Disability Cash Transfer	2015	Disability, loss of income, poverty
World War II Veterans	1998	Income poverty, unemployment, inadequate skills, risky behaviour
Orphan Care Programme	1999	HIV and AIDS pandemic, poverty, schooling enrolment, child labour
Vulnerable Needy Children	1980	Schooling enrolment, multi-dimensional poverty, abuse,
Vulnerable Group Feeding & School feeding	1966	Malnutrition, stunting, schooling enrolment, illness, abuse
Remote Area Development Programme	1974	Social Exclusion, poverty, unemployment

Source: Republic of Botswana (2020) National Social Protection Recovery Plan

Table 15.2 shows social protection schemes at a glance for the period 2016/17 to 2018/19.

Table 15.2 Beneficiaries of Social Protection 2016/17 – 2018/19

2016/17 (Baseline)		2017/18			2018/19	
Programme	Registered Beneficiaries	Supported Beneficiaries	Registered Beneficiaries	Supported Beneficiaries	Registered Beneficiaries	Supported Beneficiaries
Destitute Persons	35 366	35 366	36 513	36 513	37 934	37 934
Community Home Based Care	1 313	1 313	1 262	1 262	1 218	1 218
Old Age Pension	108 499	95 649	109 454	103 727	116 384	110 896
Disability Cash Transfer	5 528	4 709	6 231	5 386	7 282	6 583
World War II Veterans	1 735	1 569	1 486	1 396	1 375	1 349
Orphan Care Programme	29 375	29 375	27 517	27 517	25 780	25 780
Vulnerable Needy Children	35 550	35 550	35 693	35 693	35 606	35 606
Drought Induced Households	5 478	5 478	5 481	5 481	5 589	5 589
Source: Ministry of Local Government & Rural Development- Department of Social Protection.						

15.2 The Social Protection Sector at a Glance

This section analyses the social protection sector based on past evaluation reports and interviews with key stakeholders. The various programmes are assessed in terms of their relevance, effectiveness, efficiency, sustainability, impact and degree of social inclusion. This assessment is guided by the UNDP (2011)⁴³⁰ framework for evaluating programme results and outcomes. Four categories of ratings were developed as follows:⁴³¹ “Achieved” means that the programme objectives and targets were met (achieved); “Good progress towards achievement” means that though objectives and targets have not been achieved, there was a likelihood that they would be achieved within the set timeframe. “Modest” outcomes on the other hand, speaks to the fact that programme objectives and targets had only been partially achieved, and finally “Not achieved” means that very little or no change had occurred towards the achievement of objectives or targets.

Relevance

Evaluation criteria of relevance focus on the extent to which programmes are aligned with national policies and strategies and whether the programmes meet human development needs of the intended beneficiaries. From the SWOT analysis performed in Chapters 8 and 9, it is evident that there is high political will and commitment on the part of the government to provide social protection to all who qualify for specific programmes. This is also demonstrated by the development of the policy framework and guidelines to guide implementation. Second, as shown in Chapter 2, the Mid-Term Review of NDP 11 identifies challenges experienced under the social protection sector and makes deliberate commitment to propose policy reforms for the remainder of the plan. In addition, social protection programmes are adequately aligned and linked with Botswana’s Vision 2036 and the Sustainable Development Goals. To this end, it can be concluded that an overall rating of relevance has been achieved for all programmes.

Effectiveness

Effectiveness criteria address whether the programme implementation contributed towards the stated outcomes. Key questions in this regard include: What outputs and outcomes did the programme achieve and the extent to which beneficiaries benefited? To what extent beneficiaries are reached by the programme and whether the needs of the beneficiaries are being taken into account in the design, implementation, monitoring and evaluation of programmes?

A review of programmes shows that most programmes have clearly stated objectives except for Destitute Persons, Old Age Pension and Ipelegeng programmes. When it comes to the monitoring and evaluation framework, only two programmes, Poverty Eradication Programme and RADP Affirmative Action Programme, have Results Frameworks. Most programmes have not developed targets set to measure achievement. Evaluation studies reveal that implementers have tended to only focus on inputs. It is therefore impossible to measure the effectiveness of these programmes in the absence of output and outcome indicators.

Lack of proper records and administrative data also affects the monitoring and evaluation process. Statistics Botswana is playing a crucial role in capturing household data through multi-topic surveys. There is a need for programme implementers to work closely with this agency for M&E purposes.

Programmes are fragmented and lack proper harmonization and coordination. There is duplication of effort and efficiency losses as implementers work in silos. The lack of coordination is evident both within the programmes and between the programmes⁴³². The vision of the National Social Protection Framework is “to establish a comprehensive and well-coordinated social protection system that is efficient, effective and sustainable”.⁴³³ The Framework also proposes the establishment of a Social Registry to integrate and harmonize data on beneficiaries as well as a National Social Protection Steering Committee to lead the coordination of the social protection sector.⁴³⁴ It is hoped that the aspirations of NSPF will be realised in the near future.

⁴³⁰ See UNDP (2011) Outcome –level Evaluation: A companion guide to the handbook on planning, monitoring and evaluating for development results for programme units and evaluators.

⁴³¹ See Republic of Botswana/UNDP (2014) Terminal Evaluation of the UNDP Botswana Country Programme 2010-2014. UNDP, Gaborone

⁴³² See Republic of Botswana (2019) Botswana National Poverty Eradication Policy page 12

⁴³³ Government of Botswana (2018) National Social Protection Framework, page 4

⁴³⁴ Ibid page 11

Another problem affecting programme effectiveness is that a majority of the programmes were established through government directives with little input from communities and intended beneficiaries, resulting in a “one size fits all” approach. Thus, beneficiaries have apparently routinely not been consulted at the design stage of programmes as the top-down approach has been the norm. Lack of buy-in by beneficiaries at the programme design stage leads to poor programme outcomes as the beneficiaries do not take ownership. Beneficiaries have also been blamed for not being fully committed in ensuring that their income generating projects are successful leading to collapses of some of their projects. This situation negatively impacts effectiveness and hence calls for more resources directed towards building capacity, and resilience through psychosocial support and skills training. On a positive note, at the programme evaluation stage, beneficiaries are usually consulted to express their views on how the programme could be improved.

Poor targeting also affects programme effectiveness as many beneficiaries enrolled in most of the programmes are non-poor and many poor households do not receive benefits.⁴³⁵ Deficiencies have also been identified when it comes to determining eligibility for enrolment across all programmes. This creates costly exclusion and inclusion errors. To improve targeting NSPF recommends that for the Orphan Care, Destitute Persons, Needy Students/Needy Children programmes, households must be targetted instead of targeting individuals; that Social Protection should consider using a common targeting mechanism and move away from in-kind transfers; introduce parenting and nutrition education and strengthen psychosocial support and case management.⁴³⁶ Additionally, consideration ought to be made to introduce a Family Support Grant instead of the current fragmented piece meal approach to benefits.

Policies and guidelines are in place for most programmes. However, there are implementation inefficiencies leading to inadequate service provision to beneficiaries. Social workers are expected to carry out assessments of beneficiaries for almost all protection programmes; yet they are very thin in number, on the ground. The problem of staffing constraints has been documented as a major set-back in the implementation of social protection in many studies commissioned by the government, but the situation has not been improving despite the fact that there are many unemployed social work graduates. Social workers in the field have acknowledged that they find it impossible to conduct on-going monitoring of those who are registered because of the multiple roles they have to play in the delivery of social work interventions. To remedy the situation, measures ought to be taken by the government to increase the number of social workers to a level where one social worker takes care of around 200 beneficiaries as opposed to the current situation where they are responsible for huge numbers.

Social protection is not a legal constitutional right in Botswana. The absence of a legal framework means that beneficiaries cannot demand their rights to benefits. Chapter 14 recommends the need for a social protection system that is enshrined in the constitution and that operates through a Human Rights Based Framework

Given these major challenges and constraints, it can be concluded that overall, only modest achievement has been realised in terms of effectiveness of social protection programmes. It is hoped that new policy reforms articulated in the NDP 11 Mid-Term Review such as the Review of Economic Empowerment and Social Protection programmes, finalisation and adoption of the National Poverty Eradication Policy, adoption and implementation of the National Social Protection Framework, implementation of VGFP evaluation study, Development of Family and OVC policies etc, will materialise to enhance programme effectiveness.

435 See Statistics Botswana (2018) BMTHS page 76

436 Ibid page 14

Efficiency

Evaluation criteria of efficiency focus on resource allocations and utilization of budgetary provisions. It addresses the question of whether allocated funds are executed properly to avoid over-expenditure or under-expenditure and also whether resources are focused on the set activities and implemented within deadlines.⁴³⁷

The budget for the social protection sector is financed fully by the government through tax and non-tax revenue. During the fiscal year 2019/20, the government allocated P4.7 billion to the MLGRD to implement various social protection programmes. The bulk of the budget was absorbed by Ipelegeng (21%); Vulnerable Group Feeding Programme (36.7%); Old Age Pension (20%) and Orphan Care Programme (8%).⁴³⁸ The rest of the funds (1.3%) were allocated to other remaining programmes. UNICEF reports that about 0.6% of GDP is allocated to child and family benefits, and comparatively, this is higher than the global average of 0.4%.⁴³⁹ This level of support shows government commitment given the global economic downturn and unfavourable domestic conditions. For example, the economy contracted by 8.5% in 2020 due to major reversals in both mining and non-mining growth. The trade sector was also affected with exports declining and imports over the year, resulting in a trade deficit of P26 billion, up from P14.3 billion in 2019.⁴⁴⁰

In terms of budget execution, analysis by UNICEF (2020) reveals that over the past five years, the MLGRD has scored 100% on both budget credibility and execution. The report further underscores that the Ministry "has strong execution rates which is a sign of good budget planning".⁴⁴¹ Performance by the MLGRD to deliver on budget implementation is commendable. Looking forward, programme efficiency could be enhanced by adopting the following strategies:

The government ought to consider means-testing tertiary scholarships. In terms of budget distribution, tertiary scholarships account for half of the total social assistance spending.⁴⁴² Some students come from well-to-do families where parents can afford to pay tertiary tuition. Funds from a reduced scholarships bill could therefore be redirected in an effort to increase the share of resources going to poor and vulnerable households. This approach would be consistent with the aspirations of Vision 2036 Human and Social Development pillar which says that by 2036 "the nation will promote equal opportunities for all and ensure that prosperity is widely shared through active participation, leaving no one behind. That all members of society will not only enjoy material well-being but also political, cultural, social, financial and spiritual well-being."⁴⁴³

The government should commission studies to conduct cost-effectiveness analysis on all social protection programmes with the view to identify possible wastage and to determine ways to redirect resources towards achieving more with less.

Financing the social protection sector is becoming increasingly difficult given resource constraints. The government ought to consider forging strong public-private partnerships (PPP) in financing social protection programmes. Additional resources may go a long way towards improving programme coverage and quality service delivery.⁴⁴⁴

It is evident from this analysis that despite some challenges, government's approach to funding is targeted at planned activities in line with established policies and guidelines. Therefore based on this analysis, it can be concluded that the government is making good progress towards achieving efficiency.

437 See UNDP (2011) Outcome –Level Evaluation: A companion guide to the handbook on planning, monitoring and evaluating for development results for programme units and evaluators

438 See UNICEF (2020) Botswana Budget Brief: Social Protection Fiscal Year 2019/20, UNICEF, Gaborone page 9

439 See Ibid page 10

440 Republic of Botswana (2022) Botswana Annual Performance Report 2022, Gaborone

441 See Ibid page 11

442 See Ibid page 11

443 Vision 2036 Achieving Prosperity for all, page 18.

444 See Wang, Y (2000) Public-Private Partnerships in the Social Sector: Issues and country experiences. ADBI

Sustainability

Sustainability addresses the following questions

- a) Can the social protection programmes be sustained in the short, medium and long term given the available resources?
- b) Do the programmes have an exit graduation strategy?
- c) Can the beneficiaries sustain themselves if the government were to discontinue the programmes?

Botswana is rated as an upper middle-income country which is fully committed to supporting initiatives geared towards human and social development. This is well articulated in various government policies and strategies. In the Vision 2036 document, for instance, the government makes a bold statement that “social protection will continue to be provided to support the most vulnerable members of society”.⁴⁴⁵ Be that as it may, can these programmes be sustained given the budget deficit forecast at P26.6 billion, depletion of foreign reserves, the huge fiscal impact resulting from COVID-19, rising unemployment and fluctuating diamond sales?⁴⁴⁶ The evident answer is that long-term sustainability may not be guaranteed. To enhance programme sustainability, the following actions could be taken:

There is a need for the government to strengthen preventive social protection mechanisms instead of focusing on crisis intervention. This is a clarion call for deliberate actions to prevent multidimensional poverty by promoting good health outcomes for all, providing quality education, housing, sanitation and clean water, life-long learning skills, and active employment policies. It is also critical to provide targeted social protection transfers that reduce risks and vulnerability, build beneficiary resilience and a sense of purpose.⁴⁴⁷ To this end, it is imperative for the government to fast track the adoption and implementation of the National Poverty Eradication Policy and the Poverty Eradication Strategy and Action Plan.

The MLGRD has developed a National Social Protection Recovery Plan after a situational analysis was conducted on the impact of COVID-19 crisis on social protection provisions. The major finding of the study was that there is a need for a paradigm shift, in efforts to go beyond poverty reduction to building resilience, to distribute wealth and to invest in all Batswana so that they share in the benefits of the country's economic growth.⁴⁴⁸ The need to build resilience is absolutely critical to curb the high dependency syndrome. The Ministry should fast track the recommendations of this report to enhance the sustainability of the social protection programmes.

In view of the fragmented nature of the benefits for children and families, the government should commission a feasibility study focusing on the possibility of introducing a Child Support Grant and a Basic Household Income Grant. The proposed study should assess the feasibility, financial sustainability and cost-effectiveness of various options for supporting households that are poor and vulnerable.

There is a need to develop Exit Strategies for most social protection programmes. Currently only one initiative, the Poverty Eradication Programme has a clear Exit Strategy. Risk Mitigation Strategies must also be infused into the programme designs to capture major risks threatening the success of the programmes and actions to mitigate the risks.

Capacity building must be a major priority to equip beneficiaries with requisite employable skills. Research shows that only a few beneficiaries graduate from government support. The majority continue to perpetually receive assistance. This tends to defeat the efforts of the government and the good intentions of the programmes to effectively eradicate poverty. The new Ministry of Entrepreneurship provides a window of opportunity and hope in promoting citizen economic empowerment and wealth creation for poor vulnerable households.

Based on the available data, it is concluded that the overall rating of programmes sustainability is therefore modest.

⁴⁴⁵ See VISION 2036 page 20.

⁴⁴⁶ See Republic of Botswana (2022) The 2022/2023 Budget in Brief, Ministry of Finance and Economic Development page 2.

⁴⁴⁷ See Schone, T (2022) The Preventive Social Welfare State as a Driver of Economic Growth and Social Justice. ILES Conference, Gaborone.

⁴⁴⁸ See Republic of Botswana (2020) Botswana National Social Protection Recovery Plan, page ix

Impact

Impact assessment addresses the following questions:

- a) To what extent has the programme brought about change in the livelihood of the beneficiaries?
- b) Is any qualitative change discernible in the lives of beneficiaries as a result of the existing social protection interventions?

Assessment of impact is exceedingly critical in programming to measure change as a result of an intervention. However, the following challenges have been observed from the literature:

Evaluations of most social protection programmes have taken the summative route rather than adopting impact evaluation designs. Therefore data are not available on the overall impact these programmes have had in the lives of beneficiaries. What is well documented are inputs, budget allocation, extent of coverage and type of benefits provided. Most programmes do not have an M&E framework that articulates output, outcome, and indicators. It is therefore recommended that programmes ought to begin to develop monitoring and evaluation tools in preparation for future impact studies. This also requires capturing accurate administrative data through continuous programme monitoring.

The Ministry of Health commissioned an impact evaluation study on the Vulnerable Group Feeding Programme in 2018. One of the major limitations that emerged from the evaluation reports was “lack of design document or agreed objectives, performance indicators or time frame for the programme”.⁴⁴⁹ Nevertheless, evaluators were able to generate a Results Matrix using Theory of Change. Future impact studies on this programme will benefit from baseline data developed by evaluators on inputs, activities, outputs, outcomes and impact measures.⁴⁵⁰ On a positive note, the RADP Affirmative Action Framework (2014) does have a Results Matrix.

Despite the lack of impact measures, available findings from previous studies show that social protection programmes have contributed significantly to uplifting the lives of poor people from poverty and multidimensional deprivations. A majority of beneficiaries enrolled in various programmes are able to buy food and clothing, pay school fees, and connect electricity, and some that were enrolled in the Poverty Eradication Programme have grown their businesses and generated employment.

Overall, it would appear that much still needs to be done in the area of impact analysis of social protection programmes. The NSPF recommends that there ought to be robust monitoring and evaluation to ensure that programmes are efficient and effective. Programme implementers are also encouraged to do regular monitoring and to improve data management. Based on this assessment, programmes score modest achievement in respect of the aspect of impact.

⁴⁴⁹ See Mokoro (2019) Evaluation of the Vulnerable Group Feeding Programme. Mokoro, Oxford page 450
⁴⁵⁰ See *Ibid* page 74

Contribution to social inclusion

Key evaluation questions on social inclusion are as follows:

- a. Was gender equality taken into consideration in the design of the programme?
- b. Are marginalized and disadvantaged groups especially women, people with disabilities, remote area dwellers and youth included in the programme?

Social inclusion and equality are key to the realization of Vision 2036 pillar 2 Human and Social Development. Marginalized groups are to be provided with decent employment, comprehensive social protection and social safety nets⁴⁵¹. In addition, people living with disabilities (PLWD) are to be empowered to have equal access to services and opportunities enjoyed by all⁴⁵². Below an assessment is made on whether social protection programmes in Botswana promote social inclusion, and this analysis is done based on available literature:

Most social protection programmes are pro-poor with the exception of the Vulnerable Group Feeding Programme, Primary School Feeding, Old Age Pension Scheme and Orphan Care Programme.

To a large extent, pro-poor programmes such as Destitute Programme, Orphan Care Programme, Community Home Based Care, RADP, Poverty Eradication Programme and Ipelegeng, profile poor and marginalized populations. Females are normally over-represented by virtue of the fact that they outnumber males when it comes to poverty rates. However, due to inclusion and exclusion errors in targeting, some deserving poor are not always covered. To enhance social inclusion, proper targeting mechanisms should be a priority in programming for the realization of Vision 2036 aspirations.

Profiling of beneficiaries ought to adopt the multi-dimensional approach to addressing all deprivations. The government must abolish the "one size fits all" approach in programming. This can be achieved when beneficiaries get fully involved in the design of the programmes.

The implementation of the Affirmative Action for Remote Area Communities is a step in the right direction to enhance inclusion and equality for RACs. The government should embrace and make use of the recommendations of the recent Mid-term impact assessment to identify gaps and improve programme effectiveness.

People living with disabilities require special attention as a majority of them continue to face social exclusion.⁴⁵³ The newly formulated Policy on PWD should be finalised and recommendations implemented. Research is needed to evaluate how social protection interventions impact PWDs. It is pertinent for the government to consider developing an Affirmative Action Framework for PWDs.

Given these findings, the overall rating of the evaluating criteria of social inclusion is: Good progress towards achievement

451 See Vision 2036 page 20

452 Ibid page 20

453 See Omotoye, M (2018) Public Policy Implementation Prospects and Challenges in Botswana: Case of National Policy on Care for People with Disabilities. BIDPA, Gaborone

15.3 Conclusion

This chapter has provided a synthesis of the social protection sector in Botswana by examining critical broad issues of relevance, effectiveness, efficiency, sustainability and social inclusion. This analysis has revealed areas where there are strengths as well as weaknesses in the system and proceeded to provide recommendations on possible remedies in each area. The next section makes recommendations per each programme reviewed.

Key recommendations

Programme	Emerging Critical Challenges	Recommendations
<p>Destitute Persons Programme</p>	<p>1) Some potential beneficiaries are not taking advantage of this programme because of the stigma associated with this programme.</p> <p>2) The programme objectives and function cover people with disabilities yet there is a separate programme created for this group.</p> <p>3) The elderly population do not misuse the cash component. Instead, some have built houses, paid school fees etc.</p> <p>4) Temporary Destitute persons not willing to graduate from the programme and engage in income generating programmes.</p> <p>5) The policy is outdated and must be reviewed to accommodate the changing socio-economic development terrain. Eligibility criteria for assessing destitute persons must be reviewed to cater for current poverty trends.</p>	<p>1) Department of Social Protection (DSS) to re-name the programme Temporary Social Support Programme.</p> <p>2) People with disabilities should be enrolled under the Disability Cash Grant Programme and not under the Destitute Persons or other programmes.</p> <p>3) Government should consider introducing cash support grants for children and families instead of the current food coupon system.</p> <p>4) DSP must eradicate the spirit of dependency syndrome through provision of psychosocial support. Technical and business management training should be introduced for beneficiaries enrolled in the Ipelegeng programme in collaboration with key stakeholders.</p> <p>5) MLGRD should fast track the review of the Destitute Persons programme, and use the findings to inform the formulation of the new policy.</p>

Orphans	<p>1) Orphans in Botswana, experience enormous hardships such as psychological distress, economic hardships, lack of parental nurturing, anxiety about safety, withdrawal from school, increased abuse and risk of HIV infection, malnutrition and illness, lack of love and affection, loss of inheritance, stigma, discrimination and isolation.</p> <p>2) Orphans in rural and remote areas experience high failure rates at primary and secondary schools and therefore fail to access training and employment opportunities.</p> <p>3) Compared to their counterparts, orphaned children are more likely to be moderately or severely malnourished and they miss out on being vaccinated against the common childhood diseases.</p> <p>4) Issues of orphans are very complex as they transition from youth to adulthood. There is a need for continuous psychosocial support and mentoring even after graduation from the programme at 18 years.</p>	<p>1) DSP to continue to improve psychosocial support services and strengthen programming for orphans and needy children in partnership with key stakeholders. Monitoring and Evaluation of this programme should be put in place to measure impact.</p> <p>2) Government to continue to prioritize basic education spending to improve the quality of education for children in rural and remote areas.</p> <p>3) Government to implement the recommendations of the 2019 Evaluation of the Vulnerable Group Feeding Programme to improve efficiency and effectiveness of this programme. There is also a need to promote multi-sectoral approaches for nutrition sensitive programming.</p> <p>4) Finalise the proposed National Policy on Needy and Vulnerable Families.</p>
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<p>VGFP</p>	<p>1) VGFP is not effective as only a small fraction of children (14%) benefit from this intervention. Tsabana and Malutu have become social protection tools for most poor households.</p> <p>2) Commodities do not reach intended beneficiaries on time due to delays in tendering processes, ineffective procurement system, transport shortages and other supply chain problems.</p> <p>3) Although most parents and caregivers fully utilize VGFP, they lack nutritional education and parental skills. In some homes, Tsabana and Malutu are not prepared properly.</p> <p>4) Malnutrition and stunting are on the increase in Botswana as well as childhood obesity and overweight.</p> <p>5) The current National Nutrition Strategy covers the period 2015- 2020 and hence has been overtaken by events.</p>	<p>1) Ministry of Health to continue to find ways to reformulate Tsabana to make it child-friendly and be provided for children aged 6 to 24 months. Provisions for children up to 36 months should be restricted to districts that are drought-stricken.</p> <p>2) Ministry of Local Government & Rural Development should put effective delivery systems in place to ensure efficiency and effectiveness of programme delivery. In the long term, procurement of VGFP ought to be done at the district level to prevent delays. MLGRD to consider outsourcing procurement and distribution of food commodities.</p> <p>3) Ministry of Health should increase the number of Health Education Assistants with nutrition education to educate parents and caregivers on nutritional needs of children.</p> <p>4) The Ministry of Health should continue to strengthen nutrition education in public and private primary schools and at the community level. Behaviour Change Communication strategy around health and nutrition should be strengthened.</p> <p>5) The Ministry of Health should take advantage of the findings of the impact assessment of VGFP(2019) and other related studies to revise the National Nutrition Strategy.</p>
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<p>Primary School Feeding Programme</p>	<p>1) One of the objectives of the programme is to provide children with a balanced diet; however, the food basket provided to school children is lacking in fruit and vegetables.</p> <p>2) There are delays in delivery of food commodities due to an ineffective procurement system.</p> <p>3) Currently there is no policy guiding the implementation of the school feeding programme. Existing guidelines are also outdated.</p> <p>4) There is weak monitoring and evaluation of the programme. Therefore it is not possible to measure the impact of this programme against the intended objectives.</p> <p>5) There is a lack of a coordinated approach between key players (MLGRD, Ministry of Health, Ministry of Agriculture, Botswana Vulnerability Assessment Committees, Teachers, District Drought Committees, Parents Teachers Association etc).</p>	<p>1) Ministry of Health must revise the nutritional content of the school menu to provide a more balanced diet for the children. Efforts must be made to make use of locally produced fresh vegetables and fruit.</p> <p>2) There is a need to decentralize procurement of school feeding to Local Authorities. Full implementation of the Home Grown School Feeding programme may improve the effectiveness of school feeding. In the short term, MLGRD should review the procurement system to make it more effective.</p> <p>3) MLGRD should develop a policy on school feeding in collaboration with key stakeholders. Existing guidelines need to be reviewed and updated to take into consideration emerging needs of children and correct inefficiencies in the system.</p> <p>4) MLGRD should put in place M&E for this programme to enable tracking of its impact on programme objectives.</p> <p>5) Effective school feeding programmes could benefit from a strong multi-sectoral partnership led by MLGRD.</p>
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<p>Old Age Pension</p>	<p>1) The cash grant of P530.00 is now inadequate to cover basic needs given the rising cost of living and inflation. A majority of the elderly population residing in rural areas are very poor.</p> <p>2) There is no legislative framework for the elderly to address their needs of the elderly in a holistic manner including their health concerns, psychosocial well-being, finances, safety, security, housing, sanitation and other aspects of life.</p> <p>3) OAP discriminates against prisoners and those held in custody for various crimes.</p> <p>4) To date no evaluation has been conducted to measure the efficiency, effectiveness, and impact of OAP on beneficiaries and their families.</p>	<p>1) Government should consider means testing OAP to address sustainability concerns and to increase the amount for poor beneficiaries who do not have other sources of income. In addition, it will also be important for government to strengthen partnerships with private companies for the benefit of improving the quality of life for the elderly population.</p> <p>2) It is pertinent for the MLGRD to commission a need assessment on the elderly population that will influence the formulation of policy on the care of the elderly in Botswana. There is also a need for the development of a legal framework to protect the rights of the elderly.</p> <p>3) Pensioners serving prison sentences should continue to receive OAP to enable them to support their family members whilst serving a prison sentence.</p> <p>4) MLGRD in partnership with development partners should commission an impact study on this programme. Efforts must go into putting in place a Results Matrix that compels programme implementers to conduct effective monitoring and evaluation.</p>
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<p>Community Home Based Care</p>	<p>1) Nurses and social workers lack adequate resources to implement CHBC (vehicles, ambulances, medication, training in palliative care).</p> <p>2) Extended family support is disintegrating together with the spirit of volunteerism. This may be due to social change factors such as a rise in nuclear families, poverty, unemployment, food insecurity, and urban-rural migration to mention but a few.</p> <p>3) TB/HIV co-infections are high at the rate of 60%. This situation may lead to more people enrolling in CHBC.</p> <p>4) Poor adherence to HIV treatment as well as an increase in non-communicable diseases constitute a growing health concern.</p> <p>5) The food basket provided is no longer enough to meet dietary requirements prescribed by medical doctors and dieticians.</p>	<p>1) The Ministry of Health and MLGRD should consider increasing resources to enhance the effectiveness of the CHBC programme.</p> <p>2) CHBC volunteer programme should be strengthened. Volunteers should be trained and provided with the necessary resources. More men ought to be recruited into the programme. DMSAC in partnership with traditional leaders should revive family values and BOTHO in family support.</p> <p>3) The MOH needs to strengthen public health education on TB/HIV issues. The Ministry should also speed up the implementation of the Comprehensive National Plan to Remove Human Rights Barriers to HIV and TB services (2020).</p> <p>4) The MOH should fast track the “Treat all” strategy. Adherence counselling must be strengthened especially amongst key populations at risk.</p> <p>5) Government should review the support provided to CHBC beneficiaries given the high cost of living and food insecurity. There is a need to forge private partnerships with food chain stores to assist the government to supply a nutritious food basket for beneficiaries.</p>
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<p>Remote Area Development Programme</p>	<p>1) There are limited economic opportunities in RAD communities; lack of markets, infrastructure, telecommunications, poor roads, lack of educational opportunities, exploitation, marginalisation and discrimination.</p> <p>2) Government continues to use a top-down approach in the provision of assistance to RADP communities. Most projects are designed without input from local communities.</p> <p>3) There is limited capacity on the part of MLGRD to implement the RADP programme (staffing, transport and other resources) This impacts negatively the impact of the programme on the quality of life of beneficiaries.</p> <p>4) There is limited capacity for Multi-Sectoral response and “delivery as one” due to limited presence of key stakeholders in settlements and distance and funding.</p>	<p>1) Government should fast track the implementation of the Affirmative Action Framework and in particular the recommendations of the recently completed mid-term impact evaluation study of 2022.</p> <p>2) MLGRD must forge effective partnerships with RADP communities and engage them in the design, implementation and evaluation of projects and programmes to promote buy in and to suit the lifestyles of these communities.</p> <p>3) Government ought to continue to strengthen multi-sectoral responses to RADP. Mechanisms must be put in place to enforce the implementation of the Affirmative Action Framework.</p> <p>4) MLGRD must promote the culture of “delivery as one” in line with the Re-Set Agenda and the National Transformation Strategy.</p>
<p>Poverty Eradication Programme</p>	<p>1) The literature shows that PEP projects fail due to beneficiaries’ lack of interest in business ventures, dependency syndrome and general lack of commitment.</p> <p>2) PEP beneficiaries face stiff competition from well-established chain stores. This affects marketability of products leading to collapses of projects.</p> <p>3) Most policy documents guiding PEP were developed recently and are still in draft form.</p> <p>4) PEP has the potential to improve the quality of life of beneficiaries and to eradicate poverty provided weaknesses and threats are addressed.</p>	<p>1) PEP should continue to strengthen psycho-social support and resilience skill techniques to ensure that beneficiaries grow their business and exit the programme.</p> <p>2) Government should continue to protect small businesses through affirmative action marketing strategies.</p> <p>3) Government must fast track adoption of policies and guidelines; specifically, Draft Botswana National Poverty Eradication Policy (2019); Revised Draft Poverty Eradication Programme Guidelines (2020); Draft PEP Guidelines (2020).</p> <p>4) Government should implement the recommendations of the recent Ministry of Finance/BIDPA study on the Evaluation of Socio-Economic Programmes (2022).</p>

Ipelegeng	<p>1) The programme does not have clear objectives aligned with poverty eradication and employment creation yet this is the main focus of programming.</p> <p>2) Low wages make it impossible for beneficiaries to improve the quality of their livelihoods. The rotational nature of the programme leaves out many deserving poor from benefitting from the programme making it difficult for beneficiaries to graduate from the programme.</p> <p>3) Worsening unemployment and rising poverty means there may be a need to enrol many more beneficiaries.</p> <p>4). The programme does not provide for long-term employment of beneficiaries; the quota/ lottery system leaves out many deserving poor beneficiaries.</p>	<p>1) Ipelegeng programme should be properly linked to poverty eradication programmes and its objectives aligned with the national objectives of poverty reduction and the National Social Protection Framework.</p> <p>2) The Ministry of Local Government should review Ipelegeng wages to at least the minimum wage level. There ought to be a well-established capacity building component that provides beneficiaries with productive skills that will make them graduate into either formal employment or self-employment.</p> <p>3) MLGRD should come up with strategies for more private sector involvement in Ipelegeng and other poverty eradication programmes. This could come in the form of funding, capacity building, employment creation and communication strategy.</p> <p>4). MLGRD should re-design the Ipelegeng programme in consultation with beneficiaries and key stakeholders with a view to increase wages, increase employment duration, and permanent employment of beneficiaries, as well as inclusion of skills-building, entrepreneurship training, savings schemes, health and safety and other critical components.</p>
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Appendix 1

Letter by the ILO Director General on the Future of Social Protection post COVID-19

Since the last edition of the World Social Protection Report, in 2017, the world has been rocked by a crisis unlike anything in living memory. While we will not know the full implications of the COVID-19 pandemic for some time, one thing is already clear – the value of social protection has been unequivocally confirmed.

The pandemic response generated the largest mobilization of social protection measures ever seen; to protect not just people's health but the jobs and incomes on which human well-being equally depends. As we seek now to create a human-centered recovery, it is imperative that countries deploy their social protection systems as a core element of their rebuilding strategies.

There are glimmers of optimism amid the devastation wrought by the pandemic, and this renewed appreciation of the importance of social protection is one. The crisis not only underscored its indispensability, but radically reconfigured policymakers' mindsets. They can no longer ignore the precarious situation of the many front-line workers whose essential role became clear during the crisis, or of the informal workers who have frequently been excluded from social protection schemes.

Another hard reminder provided by the crisis has been that we are only as safe as the most vulnerable among us; our well-being and destinies are intimately entwined, regardless of our location, background or work. If some people cannot count on income security while sick or in quarantine, then public health will be undermined and our collective well-being jeopardized.

This renewed appreciation of social protection was well reflected in the adoption of the conclusions on social protection by the governments, employers and workers of the ILO's 187 Member States at the International Labour Conference in June 2021. This served as a powerful reminder that rights-based social protection systems, anchored in the principle of solidarity, are at the core of decent work and social justice.

As we start to look beyond the crisis to recovery, it is essential that we do not forget the painful lessons it has taught us. We must not allow complacency to creep in. Now is the moment to strengthen and invest in social protection systems everywhere, including social protection floors, so we are better prepared for whatever future crises may come. This means implementing a rights-based approach, with universal social protection systems that guarantee access to adequate, comprehensive support throughout people's lives, regardless of the type of employment they have or the nature of their work. This is essential for the human-centred, equitable recovery we need.

This World Social Protection Report provides a global overview of recent developments in social protection systems and examines the impact of the COVID-19 pandemic. Based on new and robust data, it offers a broad range of global, regional and country statistics on social protection coverage, the benefits provided, and related public expenditure.

The report also identifies the protection gaps that must be closed, and sets out key policy recommendations for achieving the goal of universal social protection for all by 2030. This will require concerted collaboration between governments and workers' and employers' organizations, UN agencies and other stakeholders.

Many countries stand at a crossroads, debating the future of their social protection systems. I urge them to look forward with hope, heed the call of this report, and use the window opened by COVID-19 to pursue the high road to universal social protection. It is an ethical and rational choice, and one that paves the way to social justice for all.

Social Protection In Botswana: Socio-Economic And Legal Perspectives

About the book

The book provides a comprehensive analysis of the social protection programmes in Botswana, starting with the evolution of social protection from the pre-colonial era to the Fourth Industrial Revolution era. Social security law and how it is administered to protect citizens against vulnerabilities such as illness, maternity, employment injury, and accidents are analyzed. A review of regional, international, and local legal instruments relating to social protection is presented, showing the applicability of these instruments to the Botswana context. The book then examines the administrative and institutional framework that guides the delivery of social protection. This includes the role of the state and non-state actors such as civil society organizations, churches, and development partners. A comprehensive review of social protection benefits for children, families, and communities and their impact on poverty alleviation is made—the strengths, weaknesses, threats, and opportunities these programmes present are brought forward. The book makes a point that Legal Aid for vulnerable populations is crucial for developing countries where poverty and unemployment are high. In addition, there is a need for preventative social protection measures to mitigate the impact of disasters such as climate change, COVID-19, and other disasters. An analysis of disaster-responsive social protection demonstrates how countries can design well-targeted programs to respond to disasters. Analysing social protection coverage for workers in the informal sector highlights best practices and lessons learned from other countries. Since social protection is not the only concern for the state, the role of non-state actors in social protection is presented. Finally, concern is expressed that social protection is not a right in Botswana; hence the feasibility of the Human Rights Based Approach is explored. The book concludes by providing recommendations to improve the social protection regime. This book will benefit policymakers, administrators, and implementers of social protection programs. It will be a valuable textbook for students in social science and humanities. Academics and researchers will find this book very resourceful in their research work. Finally, advocacy groups such as Trade Unions will find this book helpful as they lobby and advocate for workers' rights and decent work.

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