

Republic of Botswana

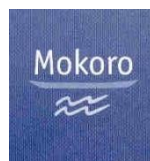
A Social Development Policy Framework for Botswana

Phase I: Situation Analysis

26 May, 2010.



MASDAR



Preface

This is the report of Phase I of an exercise to help the Department of Social Services in the Ministry of Local Government to develop a coherent social development policy framework and implementation plan for Botswana. It takes into account the comments received on a draft that was submitted on 15 March and discussed by the Reference Group on 7 April.

We are grateful for the opportunity to contribute to this interesting and important exercise. We are especially grateful to the many people in central and local government and in other organisations who have been so generous with time and information. Most of all, we thank the members of urban and rural communities in Kgatleng and Ngamiland who agreed to tell us about their experience and ideas with regard to current programmes. We hope that this document will help to lay the foundations for a strong social development policy for Botswana.

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Abbreviations

AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral
ATM	automatic teller machine
AU	African Union
BAIS	Botswana AIDS Impact Survey
BCD	Botswana Council for the Disabled
BFTU	Botswana Federation of Trade Unions
BFHS	Botswana Family Health Survey
BIDPA	Botswana Institute for Development Policy Analysis
BIG	basic income grant
BNYC	Botswana National Youth Council
BOCONGO	Botswana Council of Non-Governmental Organisations
BONASO	Botswana Network of AIDS Service Organisations
BONELA	Botswana Network on Ethics, Law and HIV/AIDS
BPOPF	Botswana Public Officers' Pension Fund
BSW	Bachelor of Social Work
CBO	community-based organisation
CCT	conditional cash transfer
CEDA	Citizen Entrepreneurial Development Agency
CRC	Convention on the Rights of the Child
CSG	child support grant
CSO	Central Statistics Office
DMSAC	District Multi-Sectoral AIDS Committee
DSS	Department of Social Services
EC	European Commission
EPF	Economic Promotion Fund
FAP	Financial Assistance Policy
FBO	faith-based organisation
FDI	foreign direct investment
FRS	Food Relief Services
FWE	Family Welfare Educator
GDP	gross domestic product
GOB	Government of Botswana
HIES	Household Income and Expenditure Survey
HIV	human immunodeficiency virus
IFAD	International Fund for Agricultural Development
IPC	International Poverty Centre
ISPAAD	Integrated Support Programme for Arable Agriculture Development
ICT	information and communication technology
IT	information technology
kg	kilogram
LIMID	Livestock Management and Infrastructure Development
LIPW	labour intensive public works
M&E	monitoring and evaluation
MDG	Millennium Development Goal
MFDP	Ministry of Finance and Development Planning

MICS	Multiple Indicator Cluster Survey
MIS	management information system
ml	millilitre
MLG	Ministry of Local Government
MOA	Ministry of Agriculture
MOE	Ministry of Education and Skills Development
MOH	Ministry of Health
MSW	Master of Social Work
MT	metric ton
NA	not applicable or not available
NAC	National AIDS Council
NACA	National AIDS Co-ordinating Agency
NAMPAADD	National Master Plan for Arable Agricultural and Dairy Development
NBFIRA	Non-Bank Financial Institutions Regulatory Authority
nd	not dated
NDP	National Development Plan
NER	net enrolment rate
NGO	non-governmental organisation
np	no page number
NSPR	National Strategy for Poverty Reduction
NSP	National Settlement Policy
ODI	Okavango Development Initiative
OECD	Organisation for Economic Co-operation and Development
OVC	orphans and vulnerable children
PMTCT	prevention of mother to child transmission
PoS	point of sale
PSNP	Productive Safety Nets Programme
PTA	Parent Teacher Association
PTR	pupil-teacher ratio
PWP	public works programme
RAD	remote area dweller
RADP	Remote Area Development Programme
RDC	Rural Development Council
RHVP	Regional Hunger and Vulnerability Programme
S&CD	Social and Community Development
SOBERS	Social Benefits Payment and Reconciliation System
STPA	Short-Term Plan of Action
UB	University of Botswana
UEA	University of East Anglia
UEPS	Universal Electronic Payment System
UHT	ultra-high temperature
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
VDC	Village Development Committee
VGFP	Vulnerable Group Feeding Programme
WDC	Ward Development Committee
WFP	World Food Programme

Summary

1. **The purpose of this assignment** is to provide the information required by the Ministry of Local Government to assist the Department of Social Services to develop a coherent social development policy framework and implementation plan that meets the needs of the most vulnerable members of society, as well as building the 'caring, compassionate nation' to which Botswana aspires in its Vision 2016.
2. A team of Botswana and external consultants are undertaking this task between November 2009 and May 2010. This is the report on **Phase I: a situation analysis of social development programmes** and their strengths and weaknesses, aimed at identifying emerging needs. In Phase II, the terms of reference require the team to establish a framework for a social development policy, including principles, objectives and institutional design.
3. During Phase I, the consultants have reviewed documents and data, interviewed government and NGO staff and undertaken fieldwork in Kgatleng and Ngamiland districts. In each of those districts, interviews and focus group discussions were held in one urban ward, two villages and the District Council.
4. **Social development has been defined** as "a process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development" (Midgley, 1995:25). It encompasses all policies that seek to ensure the equitable access of citizens to services and opportunities that improve their welfare and wellbeing. Though not primarily focused on the most needy, social development does emphasise social inclusion. It covers equitable access to mainstream social services such as education and health, as well as special programmes for disadvantaged or excluded social groups. It builds on notions of individual and community rights and entitlements, as well as on the state's responsibilities to all its citizens.
5. Social development policy and programmes in Botswana must address a number of **concerns and challenges**.
 - Despite economic progress, **poverty** remains widespread.
 - Much of this poverty is **structural** in nature, deriving from the environmental, demographic and economic character and context of the country. There is no guarantee that people can develop their way out of structural poverty.
 - Botswana's new wealth is **not evenly distributed**. The nation has the third highest Gini coefficient in the world.
 - Various groups suffer **vulnerability**, often exacerbating their poverty.
 - Some individuals and groups are **marginalised** – economically, socially, geographically or some combination of these.
 - Marginalisation often leads to **social pathologies**. The nation is particularly concerned about the social and economic status and behaviour of its **youth**.
 - The concept of citizens' **rights** poses a different kind of challenge to a social development policy. Social protection is not enshrined in the Constitution, but there is a growing tendency to see it as an obligation of the state to its citizens. (A Bill of Child Rights is part of the Children's Act, 2009.)

- There is a growing concern in some quarters that the perceived generosity of social protection programmes, combined with imperfect administration and occasional local political pressure, may not only be fiscally unsustainable but is also creating the wrong kind of society in Botswana.
 - Some individuals and households are considered to be **‘double dipping’** – for example poor, elderly people who are supported by the destitutes programme and receive old age pensions, or households with several registered orphans or destitutes.
 - It is argued in some quarters that more programmes, such as the old age pension and orphan care, should be **means tested** – although the administrative cost would probably outweigh any savings.
 - It is increasingly felt that too many people, willingly or unwillingly, are becoming **dependent** on state support. Efforts to graduate destitutes out of welfare support and into sustainable income generation are inadequate and often ineffective. They must contend not only with some beneficiaries’ reported reluctance to graduate, but also – and much more seriously – with the constraints imposed by structural poverty. A major step has been taken with the transfer of able-bodied destitutes to the lower-paid *Ipelegeng* public works programme. This makes people work for their benefits, but does not reduce their poverty or their dependency, and makes no provision for graduation. The policy interface between *Ipelegeng* and support for destitute persons needs a thorough reappraisal.

6. A social development policy for Botswana should show how and why it links to **other policy** at international and national levels. Some of the key linkages are shown below.

Table 1. Policy linkages for social development in Botswana

International policy frameworks	National policy frameworks	Broad national policies	Specific national policies
Millennium Development Goals	Vision 2016	National Strategy for Poverty Reduction	National Policy on Orphans and Vulnerable Children (not yet approved)
African Union Social Policy Framework for Africa		Revised National Policy on Rural Development	National Youth Policy
SADC Code on Social Security		Community-Based Strategy for Rural Development	National Policy on Needy and Vulnerable Families (not yet approved)
Convention on the Rights of the Child		Strategic Framework for Community Development (in preparation)	Revised Remote Area Development Programme
Convention on the Elimination of All Forms of Discrimination against Women		National Population Policy	National Policy on the Rights of Persons with Disabilities (not yet approved)
		National Policy on Gender and Development	National Policy on Sport and Recreation
		National Strategy for Promoting Good Social Values	Revised National Policy on Education
			National Health Policy
			National Policy on HIV/AIDS
			National policy on Non-Governmental Organisations

7. This situation analysis covers the **principal social development programmes currently operating in Botswana**. They may be roughly classified as follows.

Table 2. Principal programmes covered in Phase I situation analysis

	Unconditional	Conditional
Cash transfer	State old age pension War veterans' pension	<i>Ipelegeng</i>
Transfer in cash and kind, with development support	Destitutes programme	
Transfer in kind		Primary school feeding Secondary school feeding Vulnerable Group Feeding Programme
Transfer in kind, with other psychosocial/development support	Community home-based care Orphans and vulnerable children Remote Area Development Programme	

8. The study also refers to the substantial **crop and livestock production subsidies** that government provides, currently through the Integrated Support Programme for Arable Agriculture Development (ISPAAD) and the Livestock Management and Infrastructure Development (LIMID) programme. In the education sector, government's 'cost sharing' scheme exempts parents on lower incomes from paying **secondary school fees**.
9. Despite the apparent abundance of policy shown in Table 1 above, it is notable that some key social protection programmes operate only with guidelines and lack a **formal policy statement**. None is directly supported by **law**. Some key programmes have never been **reviewed**.

Table 3. Status of social protection policies and programmes

Programme	Date of approved policy	New policy awaits approval	Guidelines only	Year policy/ programme reviewed
Community home-based care	-	-	✓	-
Orphans and vulnerable children	1999	✓		2006
Primary school feeding	-	-	✓	-
Secondary school feeding	-	-	✓	not dated
Vulnerable Group Feeding Programme	-	-	✓	-
Destitute persons	2002	✓	-	2008
State old age pension	-	-	✓	-
War veterans' pension	-	-	✓	-
Remote Area Development Programme	2009	-	-	2010
<i>Ipelegeng</i>	-	-	✓	-

10. Gaps in policy formulation, review and analysis are a particular concern when the **cost of social protection programmes** is considered. Table 4 below excludes over P200m per year budgeted for crop and livestock production subsidies.

Table 4. Budgets of principal social protection programmes, 2009/10

Programme	Budget, 2009/10 Pm	No. of beneficiaries	% of national population
Community home-based care	160	3,702	0.2
Orphans and vulnerable children	47	48,119	2.6
Primary school feeding	208	301,970	16.6
Secondary school feeding	172	165,097	9.1
Vulnerable Group Feeding Programme	216	230,985	12.7
Destitute persons	207	40,865	2.2
State old age pension	256	91,446	4.8
War veterans' pension	15	2,940	0.2
Remote Area Development Programme	49	43,070	2.4
<i>Ipelegeng</i>	260	19,431	1.1
Total	1,590		

Note: beneficiary numbers are the most recent available (either 2008/09 or 2009/10). The national population used is the CSO estimate for 2010. For further details, see Table 9 on page 30 and Annexes 2-9.

11. Despite fears of a national trend towards dependency, most of these programmes benefit only a small **proportion of the population**. In 2009/10 the destitutes programme, for example, assisted 2.2% of the population; the state old age pension 4.8%. The only programmes benefiting more than 5% of the population are school and vulnerable group feeding. Primary school meals reached 16.6% of the national population in 2009 (Table 9, page 30). **Distribution of beneficiaries across the country** varies. An estimated 76% of the national population lives outside the towns and cities; yet 96% of destitutes were located in these predominantly rural areas in 2009/10, as were 93.5% of old age pensioners. Conversely, 29.2% of *Ipelegeng* beneficiaries in 2008/09 were in the towns, which have only 24% of the national population – although this proportion fell back to 13% in 2009/10.
12. **Record keeping** for these various programmes is in a state of transition. Cash payments such as pensions, and the provision of food rations to orphans and destitutes, are making increasing use of modern information and communications technology, facilitating real time monitoring of transfers and expenditures. Many other programmes are still recorded and reported manually, however, in chains of communication from the handwritten reports of field staff through local authority computers and fax machines to computers in Gaborone where the data are captured manually. As this report shows, many data sets are incomplete due to poor reporting, staff transfers, loss of files, virus attacks and computer crashes. Optimum policy and service to the people require comprehensive, accurate and timely record keeping.
13. The **institutional framework** for social development comprises many agencies. The Department of Social Services in the Ministry of Local Government plays a central role, although it lacks capacity and would benefit from restructuring. But other departments of the ministry are responsible for feeding programmes and for *Ipelegeng*. The Ministries of Agriculture, Education and Labour and Home Affairs are all responsible for important policy and programme areas. The Ministry of Finance and Development Planning has a key strategic role through its oversight of budgets, national development planning and poverty and population policy issues. The Office of the President is extending its oversight and co-ordination functions. At least a dozen national councils are involved in various aspects of social development – notably the Rural Development Council, the Vision 2016 Council and the National Council on Population and Development. Many of these bodies include representatives of civil society.
14. Making a social development policy practically useful will depend on appropriate **institutional arrangements**. Future options for the maintenance and delivery of a clearer social development vision include a Ministry of Social Development and/or a Social Development Council. Any such initiatives would of course have to be justifiable in terms of increased efficiency, enhanced co-ordination and more effective delivery outweighing the multiple costs of the reorganisation that would be involved.

They would also have to reflect and enhance the evolving lines of accountability within and between central and local government.

15. Social development depends on skilled and committed **social and development workers**, able and willing to work with the poor, the disadvantaged and the marginalised. Three modes of service are needed: social work, development facilitation and the administration of social protection programmes. Much of the burden currently falls on Social and Community Development staff of local authorities, and most of their time is taken up with administrative roles. There is little time for real social work, and few staff are trained in community development or other skills that can help people graduate from livelihood support.
16. It is easier to make policy than to implement it effectively. **A social development policy** risks joining the many other worthy policy documents that languish on civil servants' bookshelves. It also faces a more specific risk: being too big and broad to make much practical difference. But this situational analysis does show important gaps, uncertainties and ambiguities in the current social development framework. In particular, Botswana needs to confront, debate and take a stance on the challenges of structural poverty; citizens' rights to or expectations of state welfare support; and the achievement of a compassionate, just and caring nation that will be a practical expression of *botho* long beyond 2016.

1. Introduction

1.1. Background

1. After more than four decades of what the World Bank calls “one of the world’s great development success stories”, poverty is still widespread in Botswana. The country is now classified in the middle-income group of nations, having achieved an average annual growth rate of about 9% in recent years (World Bank, 2009). But an estimated 23% of the population were still living below the poverty datum line in 2009 (down from 37% in 2002). Poverty is worst among children and the elderly, and families raising children suffer more poverty than those who are not (BIDPA, 2009a: 10-11). The prosperity that the nation has achieved is concentrated in relatively few hands. Botswana has the world’s third highest recorded Gini coefficient (a measure of the concentration of income), at 0.61 (UNDP, 2010).
2. Part of Botswana’s ‘development success story’ has been its use of mineral revenues to upgrade economic and social infrastructure across the nation. Some of this infrastructure, such as health facilities and schools, benefits everyone, including the very poor. There is substantial provision, too, for social welfare and safety net programmes, including nationwide labour intensive public works and a universal old age pension.
3. Yet unease persists about the state of the nation. Not only is poverty widespread and income distribution skewed. There are also fears that the poor are locked into structural poverty and increasing dependence on state support. There are fears, too, that society is losing some of its traditional qualities and values – of caring for the weak, striving for self reliance and working together.
4. These concerns are not new. Around the 30th anniversary of independence in 1996, Vision 2016 was developed to frame aspirations about what sort of nation Botswana should be at the 50th anniversary. While affirming the existing four national principles of democracy, development, self reliance and unity, the Vision urged commitment to a fifth - *botho*, the indigenous concept of decent and caring human behaviour.

Many people have become concerned about the perceived deterioration of national moral and cultural values, with corruption, economic crime and the increasing incidence of teenage pregnancies being cited as examples... the country may be facing a form of collective “identity crisis”. The process of rediscovering a collective identity based upon shared values will be an essential part of establishing the Vision.

GOB, 1996a: np.

5. Pillar 3 of Vision 2016 is *A Compassionate, Just and Caring Nation*. The targets include more equitable income distribution; the eradication of absolute poverty; the provision of “a social safety net for those who find themselves in poverty for any reason” and “good quality social security... aimed at vulnerable groups”; good health facilities; adequate nutrition; and no new HIV infections (GOB, 1997a: 9-10).
6. The 2009 performance report on progress towards Vision 2016 noted that “some downsides of change have surfaced”:

In this environment of change, leaders will need to reflect on appropriate ways to support ‘the family’, youth, the poor and Setswana culture in general. They need to do so so that the societal goals of Vision 2016 can be achieved.

Vision 2016 Council, 2009: 7.

7. These concerns, and the commitments embodied in Vision 2016, show a growing consensus that development in Botswana does not just mean economic growth. It means a much broader process of

change across society and livelihoods. While a succession of economic development policies and growth strategies have been clearly articulated and effectively implemented over the decades, the nation has lacked a social development policy to structure and frame this broader effort. Working with UNICEF, the Ministry of Local Government (MLG) has therefore commissioned an initial exercise to prepare a social development policy framework for Botswana.

8. Undertaken between November 2009 and May 2010, this work comes soon after the finalisation of the tenth National Development Plan (2009-2016). It overlaps with a number of other significant policy processes. The 2003 National Strategy for Poverty Reduction (NSPR) is under review: as part of that exercise, the effectiveness of social protection policy and social safety nets for poverty and vulnerability reduction is currently being assessed. The 2002 National Policy on Destitute Persons, a key element of current social protection strategy, was reviewed in 2008, leading to a new Policy and Guidelines on Needy and Vulnerable Families that have been prepared but not yet approved. Community development has been an important strategy in Botswana since independence. MLG is currently reassessing it and developing a new strategic framework for it. A revised policy on care for people with disabilities is also being prepared.
9. Preparation of a social development policy framework for Botswana is therefore not an isolated exercise. It must take these other policy processes and strategic reviews into account in outlining how the nation can address its social development challenge before and beyond the 50th anniversary of independence.

1.2. Terms of reference

10. The terms of reference (TOR) for this exercise (Annex 1) argue that

A well designed social development policy is a comprehensive agenda that has many facets for the effective mitigation of poverty. At the highest level social development should be well integrated and coordinated with (in future) pro-poor economic growth policies. In addition, good governance and support by key government officials is essential.

11. The TOR state that the **purpose** of the assignment is

to provide the information required by the Ministry of Local Government to assist the Department of Social Services to develop a coherent Social Development Policy Framework and Implementation Plan that meets the needs of the most vulnerable members of society, as well as building a 'caring, compassionate nation' by 2016.

12. Its objectives are

1. *assessing and describing the current state of affairs in the social development sector in Botswana including strengths and weaknesses...*
2. *making recommendations for improvements to the system, including for a future outline Social Development Policy Framework and Implementation Plan...*

13. The exercise is divided into **two phases**:

- I. a situation analysis of social development programmes, identifying their strengths and weaknesses and identifying emerging needs;
- II. establishment of a framework for a policy for social development, including principles, objectives and institutional design.

14. This is a report on Phase I of the assignment, outlining the current status of social development in Botswana. The report on Phase II will, as shown, propose the framework for a Botswana social development policy. It will not propose the policy itself. Further work – Phase III of this exercise – will be required for that task.

1.3. Participating agencies

15. The MLG Department of Social Services (DSS) has taken the lead in arranging this exercise on behalf of MLG and the Government of Botswana. It developed the TOR with UNICEF. The two agencies are funding the work jointly, with additional support from the Regional Hunger and Vulnerability Programme (which is funded by the United Kingdom Department for International Development). International consultancy inputs are being provided by MASDAR, in association with two other groups from the UK: International Development UEA and Mokoro Ltd. These consultants are working with a team from the Botswana Institute for Development Policy Analysis (BIDPA).
16. A Reference Group has been formed to guide the assignment. Its tasks are to monitor and advise the consultancy team; to appraise their progress in the light of the TOR; to evaluate their performance; and to advise on further actions needed to achieve a social development policy for Botswana. The group held a first meeting to receive the team's inception report, and met again for a presentation of a draft of this Phase I report, on which it commented.

1.4. Approach and methods

17. Preparation of the social development policy framework began in November 2009 and will be completed in May 2010. None of the consultants have been engaged on the task full time. One of the tasks for the lead consultant during Phase I has been to facilitate communication and co-ordination among the scattered members of the team and their variously scheduled inputs. As noted above, meetings of the Reference Group serve as milestones in the process.
18. The TOR (Annex 1) comprise a main text and an annex that sets out the requirements in more detail. There are minor differences in wording between the two. The team have taken the annex to the TOR as their principal guide to the task.
19. Although carried out over six months, this exercise has a limited budget. The number of work days available has restricted the amount of detailed investigation and field surveys that could be carried out. The inception report (December 2009) noted the very broad scope of the TOR and the need to focus on the core concerns of DSS that can be adequately addressed. The work has comprised review of documents and data; interviews with government, local authority, NGO and UNICEF staff; and discussions with beneficiaries of social protection programmes and community leadership. A partial list of persons met and meetings held is shown at Annex 10. Names of those met at district and community level are excluded as some of them were told that, for confidentiality reasons, they would not be identified.
20. The assignment is being carried out in close collaboration with DSS and UNICEF. The consultants have emphasised a consultative and participatory approach in order to achieve analysis and recommendations that correspond to Botswana's perceptions and priorities while reflecting international best practice.
21. In Phase I, particular importance is attached to the views of citizens who benefit from social protection programmes or help to guide them at community level. Individual interviews and focus group discussions have therefore been held with beneficiaries and community leaders, although budget restrictions meant that this could only be done in two districts. Kgatleng and Ngamiland were chosen in an attempt to span the geographic and socio-economic variation across the country, while recognising

that no two districts can represent all of Botswana. In each district, the team interviewed staff of central and local government and held individual and focus group discussions with social protection beneficiaries and local leadership in two rural communities and one urban ward. The findings of these field studies are quoted at various points in this report in order to provide detailed local evidence on the issues and trends that it identifies.

1.5. This report

22. Section 5 of the TOR requires the structure of the Phase I and II reports to follow the headings that it specifies. Chapter 2 of this report introduces the concept of social development, summarises the nature of policy and policy processes in Botswana, and then outlines the wider social sector in the country. Chapter 3 focuses on current social protection programmes, the challenges that arise from them and the gaps that need to be filled. It also addresses related roles and issues, including gender, indigenous social protection, the impact of social protection, and strategic options for social protection transfers.
23. The remaining chapters of this report introduce a number of elements and issues that must be taken into account in the preparation of a social development policy framework. Chapter 4 addresses institutional issues within government, including the relationship between central and local authorities. Chapter 5 reviews funding and budgetary aspects. Chapter 6 considers a key concern of DSS in the delivery of social protection: the status of social work and social workers. Chapter 7 turns to a key operational concern: the information systems required for efficient delivery of social protection. The report concludes in chapter 8 by looking outwards to international best practice and setting the scene for Phase II of the exercise: what are the implications for social development policy in Botswana?

2. Policy context

2.1. Social development policy in Botswana

1. Social development has been defined as “a process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development” (Midgley, 1995:25). In general social development is thought to encompass all policies that seek to ensure the equitable access of citizens to services and opportunities that improve their welfare and wellbeing. Social development policies are often contrasted with economic efficiency and growth policies that are preoccupied with raising material living standards, but are perhaps indifferent to the distributional consequences of growth, or the ability of all citizens to participate in the gains that growth makes possible. Though not primarily focused on the most needy, social development is therefore substantially about social inclusion, and it covers equitable access to mainstream social services such as education and health, as well as special programmes for disadvantaged or excluded social groups. Social development builds on notions of individual and community rights and entitlements, as well as on the state’s responsibilities to all its citizens.
2. As a deliberative process which fosters strategies to link social interventions with economic development efforts, it follows that social development needs to be guided by a policy framework which reflects a national consensus about the nature of those links and the overall direction in which both are headed. Just as an overarching economic policy is necessary to achieve coherence between sectoral or area-based economic processes and interventions, a social development policy can ensure that individual and ad hoc social programmes and services are strategically aligned to a process that is more than the sum of its constituent activities. Social development is therefore a policy arena in its own right, complementing and promoting economic development rather than simply making up for its deficiencies. Social development policy aims both to protect people from extreme poverty, the vagaries of the market, adverse personal circumstances and social discrimination, and to support and guide processes of human capital formation and reproduction so that all social groups can realize their full potential to contribute to the nation’s social and economic wellbeing.
3. In fulfilling such a role, a social development policy can typically be expected to concern itself with the following main areas:
 - social protection, including social assistance for the chronically poor and those affected by adverse personal circumstances due to age, sickness, disability or social discrimination, and social insurance for those affected by disasters, accidents or other shocks to prevent them becoming destitute;
 - promotion of opportunities for marginalised social groups to improve their livelihood and food security through better access to employment and productive resources, so that they are less likely to require social assistance or be vulnerable to risks and shocks;
 - defending and upholding internationally recognised rights and entitlements of all citizens with respect to:
 - employment and minimum labour standards
 - food security and nutrition
 - education and training
 - health care and control of infectious diseases
 - gender and empowerment of women

- the family, and reproductive health and rights
- population and migration
- housing and urban development
- children and youth
- ageing and disability
- culture, language and ethnicity
- recreation and sport
- crime, justice and rehabilitation of offenders
- environmental quality and sustainability.

4. This is a huge and varied agenda, but the main point about a social development policy is not that it should be prescriptive about all aspects of the above on a sector-by-sector basis; rather, it should examine how these fields of activity can be made to interact and complement each other in the best interests of the core social development concerns outlined above, through public action and into the long term.

5. Botswana has established a comprehensive array of social programmes and services, as detailed in sections 2.3 and 3.2 below and in Annexes 2-9. As a result, important progress has been made in access to education, health services, social protection and services for specific social groups, while employment has been created on public works programmes for those who are needy and able-bodied. Particularly impressive is the way in which the country has risen to the challenge of HIV and AIDS, setting the standard for the rest of Africa. Nevertheless, recent reviews of social programmes (Bar-On, 2002; BFTU, 2007; Seleka *et al.*, 2007) and interviews with government staff at various levels have highlighted a number of general concerns about the operation of these programmes and services which suggest a need for action at the sector level:

- co-ordination between programmes, and between local and central level implementing agencies within programmes, has often proved deficient or problematic;
- implementation capacity at both local and central levels has been weak; social workers are often preoccupied with day-to-day programme administration at the expense of their core professional responsibilities, and require better professional training to equip them for their varied duties;
- monitoring and record keeping of programmes is deficient in many respects, such that proper evaluation of their effectiveness and cost-effectiveness has not been possible;
- ambiguity in criteria for targeting of benefits has sometimes been exploited by local politicians seeking to expand programmes for electoral gain;
- concern is repeatedly expressed that the ready availability of social programmes is in danger of creating a 'dependency syndrome', whereby people modify their behaviour to qualify for various benefits rather than engage in productive activities, while children in recipient households grow up regarding a life on welfare as the limit of their ambitions;

- loss in mineral revenues during the present global economic downturn, and predicted for the longer term as diamond reserves are depleted, is likely to constrain future government spending on social programmes;
 - at the same time, a misplaced reliance on growth-oriented economic policies and trickle-down as drivers of social development is blamed for a rising trend in social problems, not only amongst the poor.
6. As a result of such concerns, awareness has grown of the need to establish an overarching policy framework for social development in Botswana, within which existing social policies, programmes and services can be aligned, coordinated and synergised. A policy framework of this kind has a number of potential advantages over present arrangements in Botswana. It can assist in achieving complementarity and coherence in the management of different programmes, minimising overlaps and duplication; it can improve targeting and help identify gaps in coverage between programmes and in administrative and professional capacities among implementing agencies; it can establish procedures for better budgetary control, record keeping, monitoring and evaluation (M&E), and for incorporating M&E findings into improved programme design; it can enable a more holistic approach to poverty reduction which balances protection for the needy with promotion of productive employment for the able-bodied and a role for communities in tackling social breakdown and maintaining core social values; and it makes possible the systematic linking of social and economic spheres of policy to the benefit of both.

2.2. Current policy framework and processes

7. A social development policy for Botswana must link into the existing policy framework at international and national levels. Internationally, Botswana has many commitments in this regard, including the Millennium Development Goals, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. In 2008, the country participated in the finalisation of the **African Union (AU) Social Policy Framework for Africa**. This framework

moves away from treating social development as subordinate to economic growth. Rather, the framework justifies social development as a goal in its own right. It acknowledges that while economic growth is a necessary condition of social development, it is not exclusively or sufficiently able to address the challenges posed by the multi-faceted socio-economic and political forces that together generate the continent's social development challenges.

...a social policy must be concerned with the redistributive effects of economic policy, protect people from the vagaries of the market and the changing circumstances of age, illness and disability, enhance the productive potential of members of society, and

Guiding principles for the African Union Social Policy Framework

Social policies must encapsulate the principles of human rights, development imperatives and be embedded in the African culture of solidarity.

It must be intimately linked to economic and political policies aiming at advancing society's well-being.

Policy for social development as a broader goal should be coordinated with, but not subordinate to, economic growth and political development.

Social policy formulation must include bottom-up approaches to allow the participation of beneficiaries and recipients in decision-making.

Social policy should have a long-term development perspective.

The different stakeholders should work together in well-coordinated partnerships that enable them to complement and not compete with one another.

African Union, 2008: 10.

reconcile the burden of reproduction with that of other social tasks.

African Union, 2008: 10.

8. Since independence, policy in Botswana has generally emerged from consultative processes steered by the relevant government agencies. In some major fields of policy development, Presidential Commissions have undertaken national consultations at all levels from community *kgotlas* to central government structures. Major policy initiatives resulting from consultative exercises have typically been formulated as White Papers for review by Parliament. Approved policy gives direction to planning and to the implementation of government responsibilities. The institutional arrangements that flow from it also frame the roles and actions of non-governmental institutions and of individual citizens. None of Botswana's social protection programmes is directly supported or driven by legislation, although there are international and national legal frameworks for some broader dimensions of social development, such as women's and children's rights.
9. Recent years have seen changes from previous policy practice. White Papers are no longer a standard feature. Major policy statements, such as the current draft on orphans and vulnerable children, may not be put to Parliament in this format. Overall, policy formulation and review processes are taking longer, as are the programme revisions that usually result from adjustments to policy. For example, the draft policy just mentioned was finalised in 2009, to replace a Short-Term plan of Action on Care of Orphans that was approved in 1999 and meant to be replaced by a longer-term approach after two years. It took six years for the 2009 revised Remote Area Development Programme (RADP) to be finalised on the basis of a 2003 evaluation. It is also notable that several key social protection and welfare programmes, such as the state pension, school feeding and the *Ipelegeng* labour-intensive public works (LIPW) programme, lack clear policy statements. Furthermore, some key changes in policy now flow from executive decisions rather than consultative review processes. An important example for this study is the decision to transfer able-bodied beneficiaries of the destitutes programme to *Ipelegeng*.
10. The implementation of policy, particularly within the broad framework of social development, requires many modes of collaboration and partnership. From government's social development perspective, collaboration between MLG, the Ministry of Finance and Development Planning (MFDP) and line ministries such as Health and Education is particularly important. Linkage with the executive and oversight roles of the Office of the President is also vital. As will be emphasised in section 4.1, clear lines of authority and efficient co-ordination between central and local government are also essential in the execution of social development policy. The extent and effectiveness of partnerships between government and civil society vary from one sector of social development policy to another. They are well developed in the case of support for people with disabilities (section 2.3.3) and for those affected by AIDS (Annex 2), but less so in sectors such as care for destitutes (Annex 5) and the elderly (Annex 6).
11. As noted in section 1.1, **Vision 2016** provides an overarching statement of national priorities that social development policy should reflect. It is based on seven pillars that were intended to drive social and economic development for Botswana from 1997 to 2016: (1) An educated, 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. While all the pillars are relevant, the first three have a more direct bearing on social development. The pillar on education was intended to achieve universal and compulsory education up to secondary level, and full access to good quality vocational and technical training; introduce business and entrepreneurship courses at all levels of education; and attain full access to information and technology (all by the year 2016). The second pillar is, amongst others, intended to ensure that Botswana work productively ("through a new culture of hard work and discipline"), that the economy is diversified enough to absorb the workforce, and that all Botswana,

irrespective of gender, ethnicity, age and other characteristics, have access to paid employment. The third pillar directly relates to poverty and social protection. It is meant to ensure equitable distribution of income and to eradicate poverty by 2016. An effective system of social safety nets would, according to the pillar, be made available to protect those unable to take advantage of existing economic opportunities. This pillar is also intended to ensure full access of all Batswana to 'good quality health services, sanitation and nutrition', and to effectively address the impacts of HIV/AIDS. The implementation of the vision is currently overseen by the Vision Council, whose primary responsibility is to monitor and evaluate progress. The council is comprised of representatives of public, civil society and private sector organizations.

12. Botswana is committed to achieving the **Millennium Development Goals** (MDGs). As Table 5 shows, it is making good progress in this regard, and the 'supportive environment' is almost universally 'strong' according to the United Nations Development Programme (UNDP). The only goal whose achievement is judged unlikely is that there should be no person living below the income poverty datum line. Several targets with regard to gender, child mortality, health and the environment are judged only potentially likely to be met.

Table 5. Millennium Development Goal status in Botswana

Goals	Targets	Will goal be met by 2015?	Supportive environment for achieving goal
1 Eradicate Poverty and Hunger	1. No person living below the Income Poverty Datum Line by 2016	Unlikely	Strong
	2. Reduce by 50% the proportion of people who suffer from hunger and malnutrition by 2016	Likely	Strong
2 Achieve Universal Primary Education	3. To achieve universal access to 10 years of basic education by 2016	Achieved	Strong
	4. To improve the relevance and quality of basic education by 2016	Likely	Strong
3 Gender Equality and Empowerment	5. To reduce gender disparity in all education by 2015	Achieved	Strong
	6. To reduce gender disparity in access to and control productive resources by 2015	Likely	Strong
	7. To reduce violence and discrimination against women, and the incidence of rape by 50% by 2011	Potentially	Strong
	8. To increase the participation of women in leadership, governance and decision-making by at least 60% by 2016	Likely	Strong
4 Child Mortality	1. To reduce the Infant Mortality Rate (IMR) from 48/1000 live births in 1991 to 27/1000 in 2011	Potentially	Strong
	2. To reduce by 2/3, the under 5 mortality rate (U5MR) from 63/1000 live births in 1991 by 2011	Potentially	Strong
	3. To reduce the PEM rate amongst children from 18% in 1990 to 8% by 2011	Potentially	Strong
	4. To increase the proportion of 1 year old children who are fully immunized from 67% in 1990 to at least 80% by 2009	Likely	Strong
5 Maternal Health	13. To reduce maternal mortality rate from 326/100 000 live births in 1991 to 150/100 000 by 2011	Potentially	Strong
6 Combat HIV/AIDS and	14. To halt and reverse the incidence of HIV, particularly amongst the youth by 2016	Likely	Strong
	15. To reduce the number of infants born to HIV infected	Potentially	Strong

Goals	Targets	Will goal be met by 2015?	Supportive environment for achieving goal
Other Diseases	mother who are HIV positive by their 18th month by half by 2006 and to zero by 2009 16. To reduce the morbidity and mortality caused by TB 17. To reduce the incidence of confirmed cases of malaria to below 20 per 1000 people	Likely Potentially	Strong Strong
7 The Environment	18. To reduce by 50% the proportion of people without sustainable access to safe drinking water by 2016 19. Reduce conflict between population growth, land usage and environmental and natural resources degradation 20. Promote environmental education and awareness necessary to reduce contamination and achieve sustainable development	Likely Potentially Potentially	Strong Good Good
8 Global Partnerships	21. Develop further, an environment conducive for beneficial trade and foreign direct investment 22. In cooperation with the private sector, make available the benefits of new technologies	Likely Likely	Strong Strong

Source: UNDP Botswana, 2010.

13. **National Development Plan (NDP) 10** is a plan rather than a policy, but clearly needs to be taken into account in the formulation of social development policy. It sets out policies and programmes which will be implemented during 2009-2016 to contribute to the achievement of Vision 2016. Hence, its theme is “accelerating achievement of Vision 2016 through NDP 10”. The plan comes up with strategies for achieving Vision 2016 targets for each of the seven pillars. Its goal for achieving the pillar *An Educated and Informed Nation* is “to provide an adequate supply of qualified, productive and competitive human resources” and “to achieve universal primary education by 2016”. (The Vision was originally intended to achieve universal and compulsory education up to secondary level, rather than just primary.) A National Human Resource Development Strategy will be developed during NDP 10 to ensure, among others, that human resource development is in line with labour market needs. The NDP 10 goals for achieving the pillar *A Compassionate, Just and Caring Nation* include eradication of absolute poverty, adequate social protection, affordable and quality health services, prevention of new HIV infections and mitigation of AIDS impact. Strategies for achieving each of these goals have been developed as part of NDP 10. Among these are sustainable employment creation (particularly in rural areas), human resources development, social assistance, child protection, social cohesion, community- and area-based schemes, use of innovative building technology, use of indigenous building materials, consolidation of public housing delivery, home ownership, and free provision of antiretrovirals (ARVs) to people living with HIV.
14. NDP 10 refers to the **NSPR**, which (as noted in section 1.1) is currently under review. The current NSPR outlines strategic pathways for achieving this vision through broad-based labour-absorbing economic growth; provision of quality social services; promoting cost-effective pro-poor social safety nets; effective response to the HIV pandemic; and strengthening institutions for care of the poor. A Multi-Sectoral Sub-Committee on Poverty Reduction was established to co-ordinate implementation of the NSPR and to oversee monitoring and evaluation of poverty alleviation programmes. As the review of the NSPR and the present exercise are proceeding in parallel, it is important that a future NSPR reflects and helps to implement Botswana’s social development policy. Another overarching national policy is the 2002 **Revised National Policy on Rural Development** (GOB, 2002a). Although this does not currently have a high profile, it will be important to link social development policy to its provisions. Social protection is one of the nine fields of strategy that it identifies (*ibid.*: 16). The 1997 **Community-Based Strategy for Rural Development** was adopted and absorbed into the revised rural development

policy, but does not appear to have made much practical progress. It offers a clear exposition of the challenges facing rural development policy in Botswana (GOB, 1997; see section 3.1 below). The 2009 **National Strategy for Promoting Good Social Values** has a broad scope that is highly pertinent to social development.

Botswana's extensive range of social protection programmes already reach most poor and vulnerable groups in rural areas... Since the poor and vulnerable are disproportionately concentrated in rural communities, it is imperative that these welfare oriented interventions continue and that their coverage and accessibility to the needy are enhanced. The challenge... therefore is how to improve the coverage, targeting, adequacy, efficiency and effectiveness of the social protection schemes. In addition, these programmes should have an in-built mechanism for facilitating those able to improve their livelihoods to do so, and to graduate from dependence on social protection schemes.

It is also noted that income transfers through social protection could generate positive 'multiplier' effects on the rural economy in terms not only of supporting the poor, but stimulating effective demand for goods and services, thereby boosting private sector employment. One of the challenges... therefore is how to get the most out of these schemes to stimulate local business.

Revised National Policy for Rural Development (GOB, 2002a: 7-8).

15. As was shown above, a major element of social development policy – the draft **National Policy on Orphans and Vulnerable Children** – has been formulated but not yet approved. Another key element, the **National Youth Policy**, came into force in 1996, aimed at people aged between 12 and 29 (section 2.3.4). A Revised National Youth Policy was approved in 2010, accompanied by a National Action Plan for Youth (GOB, 2010d, 2010e). This is a vitally important aspect of social development for Botswana, given national concern about lack of gainful employment for young people and their potential marginalisation from society. In 1998, to reinforce the 1995 Policy on Women in Development, Botswana adopted a National Gender Programme Framework, which will soon be superseded by a **National Policy on Gender and Development**. In 1997, a **National Population Policy** was approved. A Revised National Population Policy was approved in 2010. One of its objectives is to “promote the institution of marriage and strengthen the role of the family in providing protection and social support” (GOB, 2010f: 24).
16. Social development includes the provision of safety nets and efforts to help people build sustainable livelihoods through income generation. Some of the latter work is done through the programmes of MLG, such as the rehabilitation of destitutes and attempts to build new livelihoods for remote area dwellers. Other programmes, ongoing in various formats since the 1970s, are the responsibility of the Ministry of Agriculture (MOA). They aim to support crop and livestock production by rural people, making these ventures feasible by various forms of subsidy. Most recently, the **Livestock Management and Infrastructure Development Programme** (LIMID) has included support to resource-poor livestock producers, although it currently lacks funds and has been under review. The **Integrated Support Programme for Arable Agriculture Development** (ISPAAD) subsidises ploughing, fertiliser and seed costs for farmers with a budget of P200m a year for three years, and is scheduled for evaluation in 2011. The key policy question that arises from these long-running efforts is whether production subsidies should remain part of the country's social development strategy. The Revised National Policy for Rural Development states that such schemes “have had little discernible impact on agricultural production” (GOB, 2002a: 5).
17. As can be seen, Botswana is not short of policy, although this section has also pointed out key social programmes that are not guided by any clear policy statement. Contradiction between policies is not a major challenge to social development. There are certainly overlaps and duplications: the National Population Policy, for instance, covers a vast number of sectors and issues. Of greater concern is the extent to which these social policies actually guide the actions and choices of government and citizens. Some of them – together with the strategies and action plans that they inspire – stay on the shelf and

make little practical difference. Others, when expressed in legislation or in operational guidelines (such as the Gender Equality Policy and the National Policy on Destitute Persons respectively) do have daily practical impact on the lives of Botswana. The challenge in preparation of a social development policy is to make a policy that makes a difference.

2.3. The wider social sector

2.3.1. Education and social development

18. Education has been a key development priority for Botswana since Independence. There are several policies geared towards the development of quality education in Botswana. The goals of the Revised National Policy on Education of 1994 are to produce a competent and productive workforce, to provide life-long education to all sections of the community and to achieve efficiency on educational development (GOB, 1994). Through one of its pillars, *An Educated and Informed Nation, Vision 2016* aims to achieve universal basic education up to secondary school level. As the name suggests, the Early Childhood Care and Education Policy of 2001 is primarily meant to “develop care and education services for children aged 0-6 so as to promote opportunities for their physical, emotional and mental growth and stimulation as well as increasing opportunities for women to participate in productive activities” (GOB, 2001b: 5). Government has steadily increased spending on education. Real education expenditure increased by 8.8% per year between 1980 and 2008. As a share of total government expenditure, education spending increased from 18.8% in 1980 to 22% in 2008. As a share of GDP, it increased from 4.2% in 1984 to 10.6% in 2001 and 8.9% in 2008.
19. One of the MDG targets is to achieve universal primary education for all by 2015. To achieve accessible, equitable and quality education, one of the goals of NDP 10 is to increase the net enrolment rate (NER) to 100% by 2016. The NER for the 6-12 years age group increased from 89.2% in 1997 to 90.1% in 2000, but in 2009 it was 85.8%. NERs for girls were consistently higher than those for boys during 2001-2007, but they showed a declining trend from 2003 to 2007. NERs are low because some pupils enrol after the age of 6 and others graduate earlier than 12 years. However, there could be some children aged between 6 and 12 years who have never been to school because of poverty (BIDPA, 2006). Overall, Botswana may not realise its universal education target by the year 2015.
20. Total enrolment in primary schools has increased over time, from 292,233 in 1991 to 330,775 in 2009. During this period, there was a gradual increase in the number of boys in primary schools. From 1991 to 1995, girls’ enrolment in primary schools exceeded boys’ enrolment. However, the reverse then prevailed up to 2009, when boys’ enrolment exceeded that of girls by more than 1%.
21. Transition rates from primary to junior secondary school increased from 92.9% in 1998 to 99.6% in 2009, indicating that Botswana are responding to the government policy on acquisition of basic education for all. This is also attributed to the change in education policy to allow every Botswana child to proceed, irrespective of the pass levels attained in primary school, until Form 3 (ten years of basic free education). Thus, there is a great likelihood of reaching 100% by 2016. The transition rate from junior to senior secondary schools increased from 49% in 2004 to 66% in 2008. The increase was a result of the expansion of some senior secondary schools and the introduction of the ‘double shift’ programme. However, the NDP 9 target of 70% was not achieved, and it is unlikely that the NDP 10 target of 100% will be achieved by the year 2016.
22. The pupil-teacher ratio (PTR) is one of the indicators used to assess quality of the education system. Since 1991, Botswana has experienced a notable decline in this ratio, from 30.5 in 1996 to 25 in 2009, indicating positive progress. The number of classrooms has also increased over time. The numbers of trained primary teachers increased from 9,687 in 1994 to 12,964 in 2009, while those of untrained teachers fell from 2,034 to only 50 during the same period. This may be attributed to the 1994 Revised National Policy on Education which emphasised raising educational standards at all levels. The same is

observed at secondary level, where trained teachers increased from 3,917 in 1995 to 11,347 in 2006 and the number of untrained teachers declined from 795 to 206 during the same period.

23. Early childhood education is recognized as an integral part of basic education. The Ministry of Education, Skills and Development is charged with the responsibility of coordinating and developing the early childhood education programme. Currently, pre-primary education is predominantly privately run (56%), followed by communities (17%), NGOs (11%) and churches (12%). Councils and staff facilities (offered by employers), respectively account for only 3% and 1%. Pre-primary (reception) enrolment increased from a total of 20,860 in 2006 to 21,388 in 2009, showing an upward but slow trend. The number of pre-schools also increased, from 486 in 2006 to 514 in 2009. Most of the pre-schools are found in towns, with Gaborone recording the highest number (72). However, there are pre-schools in every district, and communities and NGOs have shown a commitment to opening them in even the most remote settlements – a development that parents observe eagerly as they seek access to the programme for their children.
24. Primary level pass rates (Grades A to C) remained more or less stagnant from 2003 to 2006. They only varied marginally from 81% in 2003 to 80% in 2006. The following three years experienced a decline in performance, from 73% in 2007 to 70% in 2008 and 68% in 2009. Performance at Junior Certificate shows a fluctuating trend. The overall pass rate improved from 68.8% in 2001 to 89.3% in 2005, before it dropped to 72.6% and 69.6% in 2008. Thus, the figure for 2008 is comparable to that for 2001, indicating that little, if any, improvement was made during the period. The average A-C grade pass levels at Botswana General Certificate of Secondary Education level increased from 17.1% in 2001 to 27.2% in 2006, but had dropped to 20.8% by 2008 (NDP 10). Again, the figures for 2001 and 2008 indicate slow, if any, improvement in performance.
25. Lifelong learning is also an integral part of Botswana's education system. The Botswana College of Distance and Open Learning has significantly increased its number of courses. Enrolment, which averages 4,500, has far exceeded the NDP 9 target of 1,000. This shows a positive response to the distance and open learning system. Adult literacy has increased over the years, from 34% in 1981 to 76% in 2003.

2.3.2. Health and social development

26. The Ministry of Health (MOH) is responsible for overall oversight and delivery of health services (including the formulation of policies, regulation and norms, standards and guidelines). It is the major provider of health services through a wide range of health facilities and management structures. Until recently the Ministry of Local Government (MLG) was mandated to provide primary health care through a network of clinics, health posts and mobile stops as well as community based preventive services. However, government has now decided to move this mandate to the MOH with effect from April 2010. In other sectors, there are a number of private practitioners, and mine, NGO and mission facilities.
27. Government introduced a health policy in 1995 to enhance co-ordination of the provision of health care (GOB, 1995). The policy was also meant to improve MOH's ability to deliver its functions. It pays attention to public sector health service delivery given resource availability, relationship of the public sector with other providers in the sector and duties and rights of the Ministry as a provider of health care. The 1995 policy is under review to address current dynamics in the health sector such as worsening morbidity and changes in factors that influence health status. The revised policy will cover the areas of leadership and governance, service delivery, human resources for health and health financing (GOB, 2010a).
28. Health expenditure has received increasing priority over time. The real rate of growth of health expenditure has been amongst the highest compared to other expenditure lines. It increased by about

10 percent per year between 1980 and 2008. As a percentage of total government expenditure, health increased from 4.1% in 1990 to 11.7% in 2006, but declined to 8.7% by 2008. As a percentage of GDP it increased from 1.8% in 1980 to 4.0% and 3.3% in 2007 and 2008, respectively. This increase was mainly due to the government's response to HIV/AIDS related challenges, although most HIV/AIDS expenditure is not captured here as it is under the Office of the President's budget.

29. To tackle the problem of HIV and AIDS, the National Strategic Framework for HIV/AIDS (2003- 2009) aims to address three critical areas; to increase the number of people within the sexually active population who adopt key HIV prevention behaviour; to decrease HIV transmission from HIV positive mothers to their babies; and to decrease transmission of HIV through blood transfusion in the country. The PMTCT programme aims to ensure that children born to HIV positive mothers are safe from the virus. By the end of 2009, 86% of all those eligible for treatment had been enrolled and were receiving therapy. The Masa ARV programme began in 2002/2003. It now reaches about 114,406 patients (GOB, 2009f). To ensure proper co-ordination of efforts aimed at reducing the spread of HIV, various structures have been put in place. These include the National AIDS Council (NAC), responsible for provision of leadership and policy direction; the National AIDS Co-ordinating Agency (NACA), serving as the secretariat for the NAC; formulation of Ministerial and Departmental policies outlining workplace HIV and AIDS programmes; and establishment of District Multi-Sectoral AIDS Committees (DMSACs), Sub-DMSACs and Village Multi-Sectoral AIDS Committees to co-ordinate HIV and AIDS programmes and activities at the different local levels (BONASO, 2004).
30. Trends in the number of health facilities reveal a mixed picture, with some facilities remaining more or less stagnant and others increasing substantially. General hospitals increased only slightly from 16 in 1996 to 17 in 2008. Primary hospitals also increased only slightly from 14 in 1996 to 17 today. Clinics with beds increased from 76 in 1996 to 104 in 2008. Those clinics without beds increased from 133 in 1996 to 173 in 2008. It is estimated that 95% of the population lives within 8 kilometres of a health facility (Vision 2016 Council, 2009: 51). More than 80% of the population receives health care from public facilities and programmes. The total number of beds in hospitals increased from 3,425 in 1996 to 4,379 in 2008 (CSO Statistical Yearbook, 2008).
31. Trends in the number of health personnel show mixed results. The number of doctors and dentists increased from 408 and 37 respectively in 1996 to 510 and 38 in 2001. The number of nurses increased from 3,961 in 1996 to 4,265 in 1998 and 4,468 in 2008. The number of Family Welfare Educators (FWEs) increased from 727 in 1996 to 841 in 2008. The ratio of doctors per 10,000 people increased only slightly from 2.7 in 1996 to 3.1 in 2008. The ratio of nurses per 10,000 people fell from 26.5 in 1996 to an estimated 24.2 in 2008. The ratio of FWEs increased only marginally from 4.9 per 10,000 in 1996 to 5.0 in 2008. The ratio of dentists remained stagnant at 0.2 per 10,000 from 1996 to 2008 (CSO Statistical Yearbook, 2008). The percentage of births attended by trained health personnel has long been high in Botswana. For the period from 1990 to 1994, 93% of births were attended by trained health personnel. The figure had increased to 96% by 2002 to 2006. This implies that Botswana is likely to attain its MDG target of 100% births being attended by trained health personnel by 2015.
32. There have been mixed results with respect to **performance against MDG targets** in the health sector, with some of the indicators diverging and others converging towards the targets.
 - The **maternal mortality rate** declined from 326 per 100,000 live births in 1991 to 167 in 2006 (Facility Based Data). The target is to have reduced maternal deaths to 150 per 100,000 live births by 2011. While some progress has been made, it was slowed down by the high HIV/AIDS prevalence among women of reproductive age.
 - The infant mortality rate increased from 48 per 1,000 live births in 1991 to 56 per thousand in 2001 (BDHS, 2006), implying that the MDG target of 16 per 1,000 live births will not be reached by 2015.

Similarly, the mortality rate for children under five increased from 63 per thousand in 1991 to 74 per thousand in 2001 (Accelerated Child Survival and Development Strategy, 2009). Thus, the MDG target of 21 per 1,000 is likely not to be reached. The reversals in progress were caused by HIV/AIDS. Acute respiratory infections and diarrhoea are also major causes of child morbidity and mortality (CSO, 2004).

- There has been some slight improvement with respect to HIV prevalence, for the first time in many years. HIV prevalence among pregnant women aged 15-49 decreased from 37.4% in 2003 to 32.4% in 2006 (BAIS III, 2009). The HIV prevalence rate for the adult population of reproductive age (i.e., those aged between 15 and 49) decreased from 31% in 2003 to 28% in 2006. HIV prevalence among the 15-19 year age group declined from its peak of over 30% in 1995 to 17.5% in 2006 (EIUR, 2009). There has also been a fall in HIV prevalence among those aged 20-24, from 30.6% in 2003 to 29.4% in 2006. This suggests that Government's extensive HIV/AIDS information, education and communication campaign has had some salutary effects on behavioural change among younger people. However, HIV prevalence remains high. In part, this could be attributed to the positive impact that the availability of free anti-retroviral therapy has had in prolonging the lives of people living with HIV.
- Other health related MDG targets such as access to ART and access to safe drinking water are on track, although monitoring data and survey findings on the number of children under five who are underweight yield somewhat conflicting pictures (GOB, 2007: 8; GOB 2009b: 59; UNDP Botswana, 2010; see also Annex 4, page 121). The MDG malnutrition target for children under five for the year 2015 has already been achieved.

2.3.3. People with disabilities

33. Botswana began to co-ordinate its policy and strategy for people with disabilities in the early 1970s. The current National Policy on Care for People with Disabilities dates from 1996 (GOB, 1996b). Framed with reference to the World Programme of Action Concerning Disabled Persons, the policy's objective is "to combat the incidence of disability and to promote the quality of life for people with disabilities". It sets out nine principles, including recognition of the rights and dignity of every individual; the importance of participation in society and of each individual developing their abilities to the fullest possible extent; and the right of the disabled person to self-determination (GOB, 1996b: 5). It specifies the responsibilities of the state as prevention of individuals' social, emotional and physical deprivation, and supplementing the measures taken by the person, his family or society in combating such deprivation where it has already occurred; maintaining a system of care for people with disabilities; mainstreaming the welfare of such people in national development programmes; and promoting the rights of the disabled to secure employment. The policy goes on to specify the roles of various ministries, notably Health, Education and Local Government.
34. A new policy has been under preparation since 2006. Unlike its predecessor, this takes a rights-based approach, emphasises mainstreaming and does not itemise the responsibilities of each agency – which is an appropriate approach but will require vigorous monitoring if it is to be effective. Its emphasis on social inclusion should resonate with any overall social development policy, with which it should be explicitly linked. So should its special references to women and children with disabilities, and its emphasis on the right of persons with disabilities to social protection. Slightly ahead of the disability policy process is the development of a new policy on inclusive education, which occupied much of 2009. It will impose stricter requirements with regard to access and facilities for disabled persons. The document now awaits approval and will pose important new challenges in the revision of curricula, teaching methods and attitudes to disabled learners.
35. The 2001 population census counted 58,976 people living with disabilities, which was 3.5% of the national population. Sixty-six percent of these people lived in the rural areas, compared with 76% of

the population as a whole (Table 9). Only 12% of the adults were economically active. Persons with disabilities are supported by the Rehabilitation Services Division of the Ministry of Health (MOH), and by several dozen NGO facilities around the country, such as training centres for the aurally and visually impaired. Through MOH and the Botswana Council for the Disabled (BCD), government disburses some P20m annually to support the work of 30 civil society organisations in the sector. However, advocacy for the introduction of cash grants to people with disabilities has been unsuccessful, despite a similar recommendation by a 2008 study of social safety nets for people with disabilities (GOB, 2008e). Many such people suffer poverty, but only receive such support if they are registered as destitutes, orphans or pensioners. Where progress has been made is in the establishment of a co-ordination post in the Office of the President. The first Co-ordinator: People with Disabilities started work there in January 2010. The new office will take over responsibility for policy in this sector from MOH. The proposed new policy also provides for the creation of an independent Commission on the Rights of Persons with Disabilities.

36. Support for the disabled has previously been co-ordinated by the Rehabilitation Services Division of MOH, which also provides wheelchairs and other equipment for disabled people – although the budget for this purpose is inadequate and the ministry relies heavily on donations. The Sir Seretse Khama Memorial Fund has been one source of wheelchairs and appliances for disabled people, but needs to be overhauled to enhance its relevance to other needs of such people – for example, grants to help those wishing to start businesses.
37. Responding to some of the principles of the existing policy, nine associations of disabled people around the country have recently formed the Botswana Federation for the Disabled, which is currently applying for BCD membership.
38. With its combination of roles for government ministries, NGOs, CBOs and associations of the affected people, the disability sector could be seen as a model of responsible partnerships in social development. However, much remains to be done to overcome the poverty and stigma still often associated with life as a disabled Motswana. BCD emphasises the need for enhanced educational approaches and training facilities, especially to help young people to find work. It also urges better care for people with mental disabilities. While it is important for society to afford dignity, respect and opportunity to adult citizens with disabilities, the strongest challenges in the sector concern children and young people: maximising their ability to participate in society and the economy through autonomous, sustainable livelihoods. From this perspective, much will depend on the progress of the new policy on inclusive education.

2.3.4. Adolescents and youth

39. Youth development in Botswana has been implemented under the framework of the 1996 National Youth Policy and the National Plan of Action 2001- 2010 (GOB, 1996c, 2001e), recently replaced by the Revised National Youth Policy and National Action Plan for Youth (GOB 2010d, 2010e). In accordance with this framework, youth is defined as any individual between 12-29 years. The new policy emphasises the important role played by youth in contributing to socio-economic development objectives. Driven by the Department of Youth and Culture, its goal is to encourage the full realisation of the potential, talents and leadership that young people possess, for their benefit and the benefit of the country (GOB, 2010e). The new policy recognises that youth is a heterogeneous group comprising many categories. It is estimated that this category of persons constitutes just over a third of the entire nation's population. Those aged between 0 and 29 years make about 70% of the total population (CSO, 2004).
40. Youth in Botswana face several challenges. These include a high unemployment rate; HIV and AIDS, poverty, crime and other related problems. It is estimated that youth unemployment is high at 45.9% among females and 36.0% among males (CSO, 2004). Young people are also affected by HIV and AIDS,

although according to the results from the Botswana AIDS Impact Survey (BAIS) III, the cohort that had recorded the highest prevalence during BAIS II (then 25- 29) has since shifted to a higher age bracket of 30- 45 (GOB, 2009g). However, the prevalence rate among youth aged 20 to 29 is still a cause for concern.

41. Poverty is another major challenge affecting the youth. Although poverty levels have dropped significantly (from 59% in 1985; 47% in 1993; 36.7% in 2002 and to 30.3% in 2003), youth (particularly those residing in rural and remote areas) are greatly affected. Finally, education and training remains a critical challenge. While school enrolment has increased significantly at primary and secondary school levels, concerns have been raised that the current education system does not sufficiently prepare youth to take up positions of responsibility. The apparent lack of recreational, sport and arts opportunities denies non-academically gifted children the prospects of making a living out of their talents.
42. To respond, government has put in place a number of initiatives. The newly established national internship programme for graduates, for example, intends to integrate youth who have completed their studies. "The programme's main framework is such that graduate students from various academic fields may be assigned to government and private sector offices where their educational experience could be enhanced through practical work experience" (National Internship Programme Guidelines. 2008). A total of 9,515 graduates registered, of whom 2,351 have so far been recruited (GOB, 2009i).
43. The Youth Development Fund, formerly the Out of School Youth Programme is another initiative through which government aims to address youth unemployment and poverty. It assists youth to set up small businesses of up to P100,000 per project. This assistance is 50% grant and 50% interest free loan. In addition, government has also introduced the Citizen Entrepreneurial Development Agency (CEDA) Young Farmers' Fund as one of the measures through which the problem of youth unemployment may be addressed. Through this initiative, youth aged between 18 and 35 years are provided with starting capital to invest in agricultural projects. Those who are eligible receive assistance with capital up to a maximum of P500,000, subject to a 5% interest rate and a repayment period of up to 84 months. Beneficiaries are also entitled to a grace period of not more than 24 months before commencement of loan repayment. The Young Farmers' Fund has so far approved 251 projects totalling P97,368 million (GOB, 2009i).
44. The role of NGOs and civil society has always been pivotal in youth and adolescent development. These initiatives are coordinated by the Botswana National Youth Council (BNYC). Established in 1974 through a Presidential Directive (CAB 9/74), the Council brings together stakeholders to plan, coordinate and implement programmes of significance to young people. BNYC has 24 NGO affiliates and 51 District Youth Councils. It focuses on four programmes: advocacy and lobbying; capacity building; research, information dissemination and networking; and resource mobilization.

2.3.5. Employment and social development

45. Through its macroeconomic policies, government is committed to achieving economic growth. In terms of growth in GDP, the country has had an impressive record. Between 1974 and 2007 the economy grew at an average rate of 7.8% per annum (BIDPA, 2009b). The fastest growing sector was mining and quarrying (10.2%), followed by finance and business services (9.9%). The slowest growing sector was agriculture, which stagnated during the review period. Given its impressive growth, mining and quarrying has consistently been the leading contributor to GDP. For instance in 2008, it accounted for 41% of total GDP.
46. The key question is whether such impressive overall economic growth translated into employment creation. Unemployment increased from 14% in 1991 to about 22% in 1994 (IPC and BIDPA, 2006) - a sharp increase over a short period of time. It then declined slightly to 21% in 1998 and substantially to

16% in 2000. However by 2002/03, it had leaped again to 24%. It then declined again to 17% by 2005/06 (CSO, 2008). Thus, unemployment trends reveal a very unstable pattern, implying that there may be substantial risks of job loss in the market. Unemployment is higher for females than males. In 2005/06, female unemployment was estimated at 19.7%, compared with 15.3% for males (GOB, 2008f). Unemployment is highest for the large settlements not formally declared as towns, which are termed urban villages (23.5%), followed by towns/cities (16.6%), and rural areas (13.5%). This might be due to the fact those seeking jobs usually migrate to urban villages and towns/cities. Other determinants of unemployment include lower levels of education, shortage of the required skills, and age (Siphambe, 2003).

47. During the 1980s, agriculture was the leading employer, with a share of 55% of total employment. Construction and wholesale and retailing occupied the second and third positions, with shares of 6% and 5%, respectively (BIDPA 2009b). Mining and quarrying occupied the fourth position at 4%. In 2001, wholesale and retail was the leading employer (14%) followed by construction (13%) and agriculture (12%). Mining and quarrying accounted for only 3% of total employment. Thus, one of the reasons why high unemployment rates persist alongside impressive economic growth is that that economic activity is driven by mining and quarrying, which is capital intensive and unable to absorb excess labour. Labour intensive sectors such as agriculture and construction contribute only very little to overall GDP.
48. According to CSO (GOB, 2009e), about 40% of citizens have migrated within the country. Migration trends are dominated by rural-urban migration (45%), followed by urban-urban (23%) and urban-rural migration (21.1%). The leading reasons given for migration are to join parents and relatives (36%), followed by job transfers (24%). Although there are various determinants of migration, employment factors are reported to have been dominant among those with secondary or higher education. Even among those with no formal education, the primary motives were employment related, further signifying the role of un/employment in migration.
49. Botswana's population increased from 574,094 in 1971 to 1,680,683 in 2001 (GOB, 2010a). The proportion of the population residing in rural areas declined from 91% in 1971 to 46% in 2001, due to urbanisation (reclassification of rural villages into urban villages), and less so to rural-urban migration (BIDPA, 2009b). Botswana has long been committed to social and economic development. It adopted its Vision 2016 in 1997 and the Millennium Development Goals in 2000, as leading policies for social and economic development. These and other commitments have led to a general improvement in human development (health and education). Income poverty decreased from 59% in 1985/86 to 47% in 1993/94 and about 30% in 2002/03 (BIDPA, 2008). Literacy rates increased from 68% in 1993/94 to 83% in 2007/08 (GOB, 2010a). Child malnutrition rates have declined substantially due primarily to vulnerable group feeding programmes implemented by the government. However, rural poverty remains high because of lack of employment opportunities in rural areas, and the fact that agricultural GDP is low and has stagnated over time. Poverty status is influenced by, amongst others, large household sizes, single parenthood, marital status, gender of household head and employment status.
50. According to IPC and BIDPA (2006), Botswana does not perform well in the area of foreign direct investment (FDI). This is despite the good investment climate (macroeconomic stability, absence of exchange controls, and low levels of corruption and crime) (GOB, 2010a). Low FDI inflows have been attributed to competition from the other countries for FDI and domestic factors such as shortage of adequate skilled labour (IPC and BIDPA, 2006). This has contributed to slow economic growth and high unemployment in the country. It is therefore vital for Botswana to continue to promote FDI aggressively.
51. A number of policies and programmes have been adopted to promote employment creation (BIDPA, 2008). Key economy-wide programmes are the Financial Assistance Policy (FAP) and the CEDA. FAP (1982-2002), a grant/subsidy scheme, was aimed at employment creation, expanding production for

the export market as well as improving skills for the citizens. However, the programme was not effective in meeting its objectives and most of the projects collapsed. It was terminated in 2002 and replaced with CEDA in 2003. CEDA, which is still in operation, also aims to promote economic diversification and employment creation, and assists citizen entrepreneurs with loans at subsidised rates. Despite its efforts, progress in employment creation has remained weak. This is because diversification has been slow and the economy is still largely dependent on mining.

52. To promote employment of the poor, the *lpelegeng* programme was recently re-launched by the Office of the President to create jobs at ward and village levels (Annex 9). Under this programme, labourers are paid P18 while the supervisors get P24 per six hour day. Beneficiaries are expected to alternate and can work no more than six months per year. Consultations at community level in Ngamiland and Kgatleng districts have revealed, however, that due to the limited number of projects and the employment quotas awarded to each district, the programme does not cover all those seeking jobs. Therefore it is possible that some may work for only one month a year. The Remote Area Development Programme (RADP), which is targeted at the marginalised groups in the country's remote areas, also provides some income generating opportunities for remote area dwellers, in addition to providing basic facilities (education, health, drinking water) to communities (Annex 8; Seleka *et al.*, 2007).

2.3.6. Recreation and culture

53. A National Sport and Recreation Policy was passed by Parliament in 2001. This policy recognizes that sport and recreation have the potential to enhance development and maintenance of a well balanced society by promoting physical, mental and moral qualities; providing an environment for social interaction; improving community health and productivity; preventing crime and juvenile delinquency; and by promoting life-long skills (GOB, 2001c). These aspirations are in line with the nation's long-term vision, which envisages that sport and recreation programmes in Botswana will serve as a strategy for attracting international and regional sporting events and promoting economic growth, tourism, better infrastructure, professional sports and general well-being of the population as well as controlling the rising wave of alcoholism and HIV and AIDS (GOB, 1997a: 62).
54. Implementation of sports, recreation and cultural activities is the responsibility of the Ministry of Youth, Culture and Sports. The creation of this Ministry in 2007 has been seen by many stakeholders as a welcome development in the promotion of sport, recreation and culture. Over the past few years, the Department of Sports and Recreation has focused on activities such as the Annual Sports Expo, the Annual District Sports Festivals, construction and maintenance of sports complexes, community sports clubs and the Junior Sport programme. The Botswana National Sports Council, on the other hand, deals directly with various sports associations which deliver competitive sport in the country. It also allocates funds to sporting organizations.
55. To promote youth participation in sporting activities, the government has embarked on outreach programmes such as District Sports Festivals, Re Ba Bona Ha, Active Community Clubs and Right to Play. The primary idea is to develop awareness of the importance of participating in sports and recreation activities among youth (GOB, 2010b). Constituency leagues were also rolled out to various districts following a Presidential directive in 2008. The league involves players who are not members of the main league structures in Botswana. The age limit for players is 29 years. The games are played at Council, Ward, Constituency, Regional and National levels and prizes are awarded to motivate the players. These sporting activities are scheduled to take place every three to four months (Ministry of Youth Culture and Sport, 2008).
56. Another Presidential directive is the commencement of dance and drama competitions in the different constituencies as a complementary initiative to the sports competitions. Between 2008 and 2009, the popularity of these competitions saw an 85% increase in the overall number of participants, from 3,079 in 2008 to 5,696 in 2009 (GOB, 2009i).

57. The building of integrated sports facilities at the different district headquarters around the country is yet another key development. The idea of integrated sports facilities was formulated in recognition that available sports facilities are either limited in number, or skewed towards soccer. To this end, facilities in Maun, Masunga, Serowe, Molepolole, Lobatse and Francistown are currently under construction and are expected to be completed in the first half of 2010 alongside the renovation and re-grassing of the National stadium and the Sir Seretse Khama Barracks stadium in Gaborone and Mogoditshane respectively (GOB, 2009i).
58. Despite these achievements, much remains to be done. The findings of a recent study to assess sports and recreation participation in three communities in Botswana show low levels of participation in these activities. These low levels were due to lack of awareness, lack of sport and recreation skills, lack of sport and recreation promotion, lack of facilities and personnel (Sayed, Meyer & Monyeki, 2006). Interviews with various key stakeholders in Kgatleng and Ngamiland districts confirmed these findings. School children and youth observed that in the absence of sport and recreation, their peers often find themselves visiting bars and beer spots for recreation. Another observation made by experts in sport and recreation is that the National Policy on Sport and Recreation emphasises competitive sports and downplays the role of recreation. Not much emphasis is placed on the development of recreational facilities that aim at promoting the mental, physical, spiritual, social wellbeing of individuals and families (Shehu & Mokgwathi, 2007). These authors call for the promotion of physical education in the school system and the provision of adequate facilities and resources for sport and recreation.

3. Existing situation of social development policy in Botswana: challenges and gaps

3.1. The challenges

1. A social development policy in Botswana will need to address a formidable, interlocking set of challenges. They were summarised in section 1.1 above and can be categorised as follows.
2. Many Batswana continue to suffer extreme **poverty**. Despite the middle income status that the country has achieved in world rankings, the grinding hardship of unsustainable livelihoods is still widespread, especially for rural households. This is structural poverty. Even the relatively prosperous urban and industrial sectors of Botswana must struggle with the structural disadvantages of small markets and competition from South Africa and further afield. In the rural sector, agricultural productivity is low and geography, demography and current income levels mean that there are few viable economic opportunities (GOB, 1997b: 5-6, 11). Policy in Botswana and elsewhere has typically assumed that it is possible to develop one's way out of structural poverty. There is no guarantee that this is true.
3. Various groups in the population suffer **vulnerability**, which usually exacerbates the universal hardships of poverty. They include the elderly and people with disabilities; orphans and vulnerable children (OVC); those who suffer combinations of health and nutritional threats, including those infected by HIV and tuberculosis, poor pregnant and lactating women and the infant children of poor women; and those whose dependence on crop and livestock production leaves them at the mercy of rainfall patterns and disease outbreaks.
4. Policy must also address the **marginalisation** of some individuals and groups. This includes partial or total exclusion from economic opportunity and from social participation and the full benefits of citizenship. Despite the progress that Botswana has made, the biggest group facing this challenge still makes up half the population, economically and socially constrained in various ways by their female gender. Others are marginalised by their ethnic status, geographic location or both: the Basarwa are the leading example, despite the efforts of the RADP over more than three decades. More subjective, but of real concern to many Batswana today, is the marginalisation of youth from economic opportunity and their perceived estrangement from the social mainstream.
5. Marginalisation often leads to **social pathologies**. Again, these are a growing national concern. They include crime, especially that by children and youth; alcohol and drug abuse; and teenage pregnancies. Growing numbers of Batswana would also identify a broader social malaise: the decline of indigenous social structures and values, typically associated with increasing individualism and reluctance to contribute to the community.
6. The concept of **citizens' rights** poses a different kind of challenge to a social development policy. Chapter II of Botswana's constitution provides for the "protection of [the] fundamental rights and freedoms of the individual". It does not go as far as the Bill of Rights in South Africa's constitution, with its stipulation of rights to a healthy environment, to education, to access to adequate housing, and to access to health care, food, water and "social security, including, if they are unable to support themselves and their dependants, appropriate social assistance" (Republic of South Africa, 1996: 1255). In Botswana, social protection and social development cannot presently be construed as constitutional rights. But citizens may over time come to perceive them as rights, and the political consequences of reducing or withdrawing some modes of support could be significant. Rights-based approaches to development have become increasingly popular around the world, and it is notable that Botswana's new Children's Act includes a Bill of Child Rights. A social development policy would have to take a stance on what services and protection citizens have a right to expect from their government.

3.2. State social protection programmes

3.2.1. Overview

7. The rest of this chapter focuses on the social protection currently available to Botswana. Social protection is not the same as social development; it is one element of it. Social protection is explicitly about enabling the poorest and most vulnerable groups in society to participate fully in social and economic life. As the term implies, this is partly about protecting the minimum acceptable access to food and basic needs of individuals and families when they confront a crisis, whether that crisis is personal (accident, illness, death), or community wide (such as recurrent drought). However, it is also about preventing short-term problems from eroding long-term livelihood sustainability; and it is about building people's prospects so that they are better able to construct their own routes out of poverty in the future. Social protection most often involves some form of transfers to destitute and marginal groups, or to all citizens who fall into particular categories deemed at risk of social or economic exclusion (such as all persons above 65 years of age, as in the case of social pensions). It can also include other public policy measures to protect marginalised groups, for example through enhancing observance of minimum labour standards or women's and children's rights. Social protection clearly has a pre-eminent role in supporting the achievement of the broader equity goals of social development, and it does this by focusing precisely on those individuals and groups that are most at risk of being excluded or falling behind as welfare and wellbeing in society improve over time.
8. Table 6 below presents an overview of the principal state social protection programmes currently operating in Botswana. It does not show all the programmes that support children; the feeding schemes for children, lactating mothers and tuberculosis patients administered through clinics; nor the war veterans' pension scheme. A more detailed discussion of the programmes shown in the table, and of these other activities, is presented in Annexes 2 – 9.
9. It can be seen from Table 6 that the current programmes range from single, regular cash transfers, through programmes that combine cash and other transfers, to programmes that link transfers in cash or kind with other forms of support, such as psychosocial counselling and training in income-generating skills. All these programmes are the responsibility of MLG, working through local government authorities (although primary health facilities will be transferred from local authorities to the Ministry of Health in April 2010). Some of the programmes are simple safety net mechanisms; others combine that function with active efforts to help people out of poverty.
10. The table and Annexes 2 – 9 focus on state social protection and do not cover other key dimensions of social protection: that provided by formal sector employers (section 3.3); that provided by NGOs and CBOs (section 3.4) and the important role of indigenous institutions (section 3.5).
11. The bottom rows of the table present the data that could be obtained on the costs of state social protection, and on the efficiency of these programmes in terms of total cost per Pula transferred. These figures do not show the cost of exemptions from payment of social services: for example, the cost sharing scheme that exempts many families from having to pay secondary school fees, and the provision that registered destitutes do not have to pay for services like water, electricity or school fees. The important fiscal aspects of this part of the social development agenda – currently costing more than P1.5bn per year – are discussed in sections 5.2 and 5.3 below.

Table 6. Principal state social protection programmes in Botswana: summary of key features

	Community home-based care	Orphans	School feeding	Vulnerable group feeding	Destitutes	State old age pension	Remote area dwellers	Ipelegeng
Target group	Individuals who are very ill	Orphaned children	School age children	Adults and pre-school children needing supplementary feeding	Poor and destitute individuals unable to work	Older individuals	Remote communities and their poor and destitute members; Basarwa individuals	Able-bodied adults needing low-waged employment
Eligibility criteria	Medical status. Eligibility for food support assessed as for destitutes.	Child under 18 who has lost one (single parents) or two (married couples) biological or adoptive parents. Not means tested.	Enrolment at government school	Presenting at clinics: Children <6 years Pregnant women who are anaemic; have children of poor weight for age below - 2 standard deviations or below the middle growth curve; are not gaining enough weight; in fifth or more pregnancies; aged between 13 and 18; with history of poor pregnancy outcome. Nursing mothers (up to 1 year after delivery) who are anaemic; feeding twins or triplets; with children of poor weight; aged between 13 and 18. Tuberculosis patients.	Due to disabilities or chronic ill health, incapable of sustainable economic activity, has insufficient assets and income sources (≤ 4 LSU or gets <P120/month single, <P150/month with dependants) <u>or</u> incapable of sustainable economic activity, unreliable and limited sources of income due to old age, disability, terminal illness. <u>Permanent:</u> completely dependent, not suitable for rehabilitation. <u>Temporary:</u> suffered disasters, family crises etc., expected to exit. Entitlement to destitute benefits not automatic.	Age 65 or over, with Botswana citizenship and valid <i>Omang</i>	Remote area communities: ≥ 250 people or 50 households; at least 15 km from nearest officially recognised settlement; in existence ≥ 5 years; have recognised traditional leadership; no adequate water or land rights; out of reach of normal services. Individuals: as for destitutes, <u>or</u> is a Mosarwa by origin irrespective of his/her place of residence.	Citizen of Botswana, aged 18 or over.
Targeting mechanism	Categorical: referral by doctors	Categorical + community: referral by Village/Ward Social Welfare Committee, VDC or other leaders or concerned individuals for	Categorical	Categorical	Proxy means testing + community: referral by Village/Ward Social Welfare Committee, VDC or other leaders or concerned individuals. People	Categorical: beneficiary must register with DSS through local authority	Geographical + proxy means testing + categorical: settlement identification by RADP; individuals may be referred in the	Self-selection; in principle available to all, but allocated on rotational basis when over-subscribed.

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	Community home-based care	Orphans	School feeding	Vulnerable group feeding	Destitutes	State old age pension	Remote area dwellers	<i>Ipelegeng</i>
		registration by local authority. Orphan or caregiver may also apply directly.			may also apply directly to these committees or to S&CD.		same way as destitutes.	
Coverage	National. Beneficiaries skewed towards rural areas: 88% in rural areas (2008/09)	National. About 97% of orphans, as defined in Botswana, registered (2008). But using operational definition of VC, 2008 study found only 49% of households with OVC receiving assistance.	National	National	National. 97.5% of registered destitutes outside urban areas, 2008/09.	National	Remote area dwellers, mainly in 64 settlements in seven districts	National. In 2008/09 slight bias towards towns (29% of total person years), but this fell back to 13% in 2009/10.
No. of beneficiaries (year)	3,702 (2008/09)	48,119 registered orphans (March 2009)	271,924 primary school children (2008); 165,097 secondary school students (2009-10)	230,985 (2010)	40,865 (2009/10) – this is total number receiving destitute cash allowance during the year	91,446 (2009/10)	43,070 (2010 estimate)	19,431 person years (2009/10)
Type of transfer	Food; transport to medical facilities; counselling; rehabilitation	Food; school fees, uniform and other education costs; clothing	Food	Food	Food and cash	Cash	Infrastructural development; grants to promote income generation	Cash
Value of transfer	Food: up to P500 (normal) or up to P1,200 (tube feeding) (2005)	Food: P450-700 Other: variable	No data	No data	Food: P450-700 Cash: P81	P220	Grants vary	P18/day P24/day for supervisors
Frequency of transfer	Food: monthly Other: irregular.	Food: monthly Other: irregular.	Once daily during school term (twice daily for RAD children; three meals for boarders)	Rations normally supplied monthly	Monthly	Monthly	Frequency of grants is irregular	22 day hiring cycle
Delivery mechanism	Normal food: smart cards for collection of food from authorised retailers being introduced to replace delivery in kind by local authorities or their agents. Oral tube feeding: food collected from clinics by carers	Food: smart cards for collection of food from authorised retailers being introduced to replace delivery in kind by local authorities or their agents.	Meals and tea prepared at schools and given to children	Food supplied at clinics as take home rations	Food: smart cards for collection of food from authorised retailers being introduced to replace coupons allowing collection only at specified times. In remote areas, local authorities may contract food delivery to households. Cash: to bank account, or collected at post	Transfer to beneficiary's bank account; or beneficiary collects from post office; or cash payment by agents of District Commissioner in places without post offices	Economic Promotion Fund of RADP	People are employed by local authorities to work on assigned public works tasks, e.g. building maintenance, litter collection, minor construction. If more applicants than places, must give way after 22 day hiring cycle to other applicants, work in rotation. This also applies to registered

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	Community home-based care	Orphans	School feeding	Vulnerable group feeding	Destitutes	State old age pension	Remote area dwellers	<i>Ipelegeng</i>
					offices, or distributed at village level by District Commissioner.			destitutes who have been transferred to <i>Ipelegeng</i> .
Other benefits	Counselling and psychosocial support by local authority social workers.	Counselling and psychosocial support by local authority social workers.	-	-	Shelter Funeral expenses School fees and associated expenses for children of destitute families, plus psycho-social support, mentoring, career guidance	-	Promotion of local institutional development Affirmative action on behalf of remote area dwellers Promotion of tolerance and understanding with regard to unity and diversity	-
Duration	Until death or rehabilitation	Maximum age 18 years, but educational support can continue to age 29	Throughout primary and secondary school	Children: until age 6. Mothers: until 1 year after birth. Tuberculosis patients: until recovery.	<u>Temporary</u> : not more than 6 months.	For life from age 65	Ongoing	22 day hiring cycle. Programme is continuous.
Retargeting frequency	NA	NA	NA	NA	<u>Temporary</u> : 6 months. <u>Permanent</u> : 2 years.	NA	NA	NA
Retargeting mechanism	As for original registration in cases where health has deteriorated again	NA	NA	NA	Re-assessment Form completed by social worker	NA	NA	NA
Graduation criteria	Improved health and ability to sustain own livelihood	Reach 18 th birthday	Leave school	Children: reach age limit Women: reach 1 year after childbirth Tuberculosis patients: recovery	'Ability to sustain own livelihood'. Not further specified. New policy (2009) to transfer able-bodied destitutes to <i>Ipelegeng</i> .	NA	Communities: basic services available; at least a Headman of Record; at least 85% of population not destitute; established extension services; at least 500 people; at least 50% literate; settlement officially recognised ≥ 5 years; accessible to larger settlements. Individuals: as under destitutes policy.	NA
Conditions applied	Participate in and show commitment to medication regime, counselling process and economic	None	Attendance at school	Attendance at clinic	Beneficiaries must, if feasible, participate in rehabilitation programmes.	Pension suspended if beneficiary serving prison sentence. Those paid by bank transfer or through	None	Provision of 22 days labour at six hours per day

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	Community home-based care	Orphans	School feeding	Vulnerable group feeding	Destitutes	State old age pension	Remote area dwellers	<i>Ipelegeng</i>
	rehabilitation					proxy must complete life declaration in person every three months		
Compliance verification mechanism	Reports by social worker	NA	NA	Clinic records	Monitoring by social workers	NA	NA	NA
Sanctions for non-compliance	As for destitutes	NA	NA	NA	Counselling, warnings, 3 months' suspension of cash allowance; ultimate suspension of all assistance.	NA	NA	NA
Appeals/grievance procedures	Appeal to Council Chief Executive or Council Committee.	NA	NA	NA	Appeal to Council Chief Executive or Council Committee.	NA	NA	NA
Governing policy (year)	Approach adopted 1995. Current guidelines issued 2005	Short-Term Plan of Action on Care of Orphans in Botswana (1999)	No policy document	Guidelines included in GOB, 2008d	Revised National Policy on Destitute Persons (2002)	No policy document	Revised Remote Area Development Programme (2009)	Revised programme follows 2008 guidelines.
Status of policy	Implementation follows 2005 guidelines. Policy has not been reviewed.	Draft National Policy on Orphans and Vulnerable Children (2009) awaits review by Cabinet. Children's Act passed in 2009.	Long running programmes apparently not supported by formal policy statement.	No policy other than guidelines. Programme not reviewed.	New National Policy on Needy and Vulnerable Families (2009) not yet approved	Pension scheme launched October 1996. No change since except gradual increase in monthly payment	Recent (2009), approved by Cabinet, draws on 2003 evaluation of RADP but may now need revision following 2010 impact assessment	No formal policy statement. <i>Ipelegeng</i> transformed from intermittent drought relief to permanent LIPW programme in 2008.
Responsibility	Ministry of Health for remedial aspects; implementation through local authorities (supervised by DSS, MLG), NGOs, CBOs	Child Protection Services Division, DSS	Primary school feeding co-ordinated by Food Relief Services Division, MLG; implementation through local authorities; liaison with MOE. MOE operates secondary school feeding.	Food Relief Services Division, MLG, with MOH	Elderly and Benefit Services Division, DSS	Elderly and Benefit Services Division, DSS	Community Development Division, DSS	Dept. of Local Government Development Planning, MLG
GOB budget 2009/10	P160m	P47m	P208m (primary schools); P172m (secondary schools)	P216m	P207m	P256m	P49m	P260m
GOB expenditure 2009/10			P135m (secondary schools)					P221m
Other funding	-	-	-	-	-	-	-	-
Expenditure per beneficiary (year)	P14,265 (2008/09)	P5,286 (2008/09)	P820 (secondary schools) (2009/10)		P5,596 (2008/09)	P3,442 (2008/09)	P755 (2008/09)	P11,384 (2009/10)
Total cost per P1	NA	NA	NA	NA	NA	NA	NA	P6.69 (2007/08)

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	Community home-based care	Orphans	School feeding	Vulnerable group feeding	Destitutes	State old age pension	Remote area dwellers	<i>Ipelegeng</i>
transferred, including the P1 transfer itself (year)								P3.27 (2008/09) P1.85 (2009/10)

This table does not show:

- Support for 'needy children' and 'needy students', provided under the destitutes programme
- Support for children in conflict with the law
- Support for people with disabilities
- The war veterans' pension scheme
- Social protection provided by the private sector, NGOs and indigenous institutions

3.2.2. Geographical distribution

12. An interesting aspect of social assistance programmes is how the distribution of their beneficiaries compares with the population shares of the administrative units of the country. This can be seen in Table 9 below. The second and third columns of this table show the estimated population of Botswana in 2010 distributed between the various districts and towns, in number and percentage terms. The other columns show how the total numbers of beneficiaries of the principal social protection programmes break down across these administrative areas. It is notable that for destitutes, the mainly rural districts have a much larger proportion of beneficiaries than the corresponding population proportion; specifically, 96.4% as against 76.4%. This is to be expected if the incidence of poverty and deprivation is higher in rural than in urban areas, an aspect to which we return shortly. However, the reverse pattern occurred for *Ipelegeng* in 2008/09, when the rural proportion of recipients was lower than the corresponding proportion of the total population (a pattern reversed in 2009/10 – see Table 42 on page 155). An inspection of the table shows that this was because 21.1% of *Ipelegeng* person years occurred in the Gaborone City Council area in 2008/09. In the case of pensions, it can be seen that 93.5% of those registered to receive pensions are in the districts rather than the formally designated cities and towns. An exercise of this kind is a useful policy tool because it stimulates questions about why certain proportions are at the levels observed, and the data contained in Table 9 are only a minimal version of what could be done along such lines.
13. For pensions, further light can be shed on coverage by comparing the projected population aged 65 and over with the geographical distribution of pension recipients, as shown for 2008/09 in Table 7 below. According to population projections based on the 2001 census, there were 90,391 individuals of pensionable age in Botswana in 2009, of whom 37,357 were male (41%) and 53,034 were female (59%). This is extraordinarily close to the actual number of pension recipients for 2008/09 at 88,121 beneficiaries. It suggests that the pension programme is very successful at reaching all those eligible to receive this social transfer. Table 7 also shows that the distribution of pensioners across districts and towns closely follows the projected distribution of the populated aged 65+ in 2009.

Table 7. Projected population aged 65 and over, 2009, and pension recipients, 2008/09

District or Town	Projected population 65+ 2009				Pensioners 2008/9	
	Male	Female	Total no.	%	No.	%
Southern	5,574	7,186	12,760	14.1	12,088	13.7
South East	1,217	1,651	2,868	3.2	2,792	3.2
Kweneng	5,161	7,300	12,461	13.8	13,003	14.8
Kgatleng	2,200	3,077	5,277	5.8	5,332	6.1
Central	14,026	20,997	35,023	38.7	33,742	38.3
North East	1,445	2,309	3,754	4.2	3,448	3.9
Ngamiland	2,966	4,167	7,133	7.9	7,360	8.4
Chobe	292	384	676	0.7	542	0.6
Gantsi	1,020	1,232	2,252	2.5	1,912	2.2
Kgalagadi	969	1,363	2,332	2.6	2,221	2.5
Sub-total	34,870	49,666	84,536	93.5	82,440	93.6
Gaborone	1,120	1,404	2,524	2.8	1,789	2.0
Francistown	745	1,028	1,773	2.0	1,928	2.2
Lobatse	325	448	773	0.9	945	1.1
Jwaneng	38	77	115	0.1	269	0.3
Selebi-Phikwe	259	411	670	0.7	696	0.8
Sowa	-	-	-	-	54	0.1
Sub-total	2,487	3,368	5,855	6.5	5,681	6.4
Total	37,357	53,034	90,391	100.0	88,121	100.0

14. A different way of examining the coverage of social welfare programmes is to compare them with what is known about poverty in Botswana. This is done in Table 8 based on a poverty mapping exercise undertaken by the Central Statistics Office (CSO). It should be noted that this mapping exercise combined Household Income and Expenditure Survey (HIES) survey information with census data in order to estimate district and sub-district poverty rates. This results in different rural and urban total figures from the poverty estimates derived from the 2002-03 HIES alone (for which rural poverty is 44.8% and urban poverty is 19.4%). The table compares the combined coverage of the destitute and *lpelegeng* programmes with the poverty distribution from the poverty mapping exercise. It can be seen that the distribution of the recipients of these two programmes across districts and towns (last column) tracks fairly closely the distribution of the poor (4th column). However, the percentage of total poor people who receive these benefits at the level of individual administrative units varies quite considerably from place to place (6th column). For example, 9.0% of the estimated number of poor people in Central are beneficiaries of these schemes, compared to 22.2% in Gantsi (Table 9 below). The Gaborone proportion of 8.3% shows a marked drop from the previous year, when a large proportion of *lpelegeng* person days was allocated to the capital city. The distribution of combined destitute and *lpelegeng* beneficiaries is summarised as a pie chart in Figure 1.

Table 8. Distribution of poverty and distribution of destitute programme and *lpelegeng* beneficiaries

District or town	Poverty rates %	Poor no.	% of all poor in country	Destitutes + <i>lpelegeng</i> (2009/10)	% of poor in district/ town	% of all beneficiaries of the two programmes
Southern	43.4	75,276	13.4	10,661	14.2	17.7
South East	17.5	11,983	2.1	1,530	12.8	2.5
Kweneng	33.2	85,686	15.2	9,850	11.5	16.3
Kgatleng	27.2	21,330	3.8	2,409	11.3	4.0
Central	39.2	206,853	36.7	18,559	9.0	30.8
North East	30.4	14,761	2.6	1,580	10.7	2.6
Ngamiland	41.9	56,842	10.1	5,161	9.1	8.6
Chobe	27.7	5,931	1.1	588	9.9	1.0
Gantsi	41.6	14,842	2.6	3,288	22.2	5.5
Kgalagadi	45.9	20,900	3.7	2,749	13.2	4.6
Sub-total	36.9	514,404	91.4	56,375	11.0	93.5
Gaborone	7.6	17,341	3.1	1,437	8.3	2.4
Francistown	15.9	15,736	2.8	951	6.0	1.6
Lobatse	19.1	5,870	1.0	530	9.0	0.9
Jwaneng	8.8	1,519	0.3	257	16.9	0.4
Selebi-Phikwe	15.7	8,088	1.4	680	8.4	1.1
Sowa	3.4	111	0.0	67	60.4	0.1
Sub-total	11.3	48,664	8.6	3,922	8.1	6.5
Total	30.9	563,068	100.0	60,297	10.7	100.0

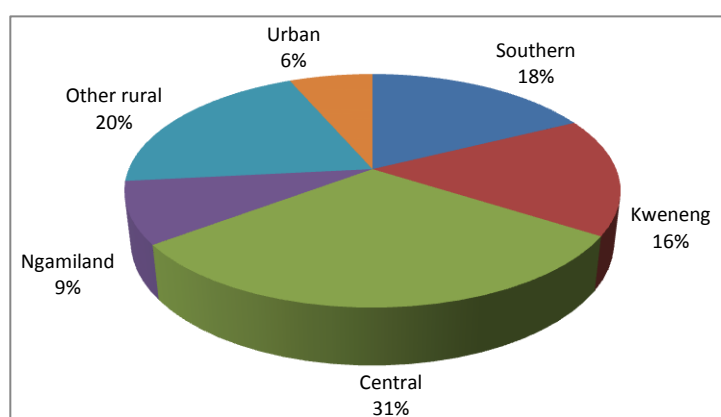


Figure 1. Distribution of combined destitute and *lpelegeng* beneficiaries, 2009/10

Table 9. Geographical coverage of principal state social protection programmes in Botswana

District or town	Estimated population, 2010	% of national population	Community home-based care (2009/10)		Orphans (March 2009)		Primary school feeding (August 2009)		Destitutes (recipients of cash allowance) (2009/10)		State old age pension (2009/10)		Remote area dwellers (2010)		Ipelegeng (2009/10)	
			No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total	Person years	% of total
Southern	173,447	9.5	470	14.5	6,505	13.5	38,562	12.8	8,114	19.9	12,625	13.8	3,093	7.2	2,547	13.1
South East	68,477	3.8	253	7.8	905	1.9	8,415	2.8	951	2.3	2,983	3.3			579	3.0
Kweneng	258,090	14.2	181	5.6	6,225	12.9	29,874	9.9	6,840	16.7	13,742	15.0	4,036	9.4	3,010	15.5
Kgatleng	78,419	4.3	47	1.4	1,735	3.6	13,709	4.5	1,232	3.0	5,542	6.1	564	1.3	1,177	6.1
Central	527,685	28.9	1,052	32.4	17,705	36.8	106,166	35.2	13,533	33.1	34,553	37.8	17,568	40.8	5,026	25.9
North East	48,557	2.7	34	1.1	2,187	4.5	11,598	3.8	849	2.1	3,514	3.8			731	3.8
Ngamiland ¹	135,660	7.4	328	10.1	4,670	9.7	28,084	9.3	3,344	8.2	7,702	8.4	5,197	12.1	1,817	9.3
Chobe	21,412	1.2	34	1.0	430	0.9	3,089	1.0	313	0.8	576	0.6			275	1.4
Gantsi	35,678	2.0	247	7.6	1,108	2.3	7,090	2.3	2,421	5.9	1,917	2.1	7,255	16.8	867	4.5
Kgalagadi	45,533	2.5	174	5.4	1,557	3.2	8,839	2.9	1,798	4.4	2,312	2.5	5,357	12.4	951	4.9
Sub-total	1,392,958	76.4	2,819	86.9	43,027	89.4	255,426	84.6	39,395	96.4	85,466	93.5	43,070	100.0	16,980	87.4
Gaborone	228,166	12.5	50	1.5	1,618	3.4	21,141	7.0	248	0.6	1,955	2.1			1,189	6.1
Francistown	98,968	5.4	287	8.8	1,901	4.0	13,723	4.5	599	1.5	1,945	2.1			352	1.8
Lobatse	30,734	1.7	28	0.9	541	1.1	4,125	1.4	273	0.7	1,002	1.1			257	1.3
Jwaneng	17,262	0.9	10	0.3	177	0.4	NA	NA	132	0.3	277	0.3			125	0.6
Selebi-Phikwe	51,514	2.8	46	1.4	833	1.7	7,555	2.5	190	0.5	743	0.8			490	2.5
Sowa	3,257	0.2	2	0.1	22	0.0	NA	NA	28	0.1	58	0.1			39	0.2
Sub-total	429,901	23.6	424	13.1	5,092	10.6	46,544	15.4	1,470	3.6	5,980	6.5			2,451	12.6
Total	1,822,859	100.0	3,242	100.0	48,119	100.0	301,970	100.0	40,865	100.0	91,446	100.0	43,070	100.0	19,431	100.0
Percentage of population covered			0.2		2.6		16.6		2.2		4.8		2.4		0.9²	1.1

¹Ngamiland district is shown as North West in some of the tables below. Not all government data show Sowa township separately; a few leave Jwaneng out as well.

²For person-year equivalents.

3.2.3. Targeting, qualification, graduation and recertification

15. In a social protection context, targeting, qualification, graduation and recertification together comprise a process of 'identifying the intended beneficiaries of a programme, and then ensuring that, as far as possible, the benefits actually reach those people and not others' (Sharp, 2001:1). Often complex and challenging, this involves a series of steps:
1. Defining eligibility in principle: who, precisely, are the intended beneficiaries?
 2. Operationalising eligibility in practice: by what criteria will people qualify as beneficiaries?
 3. Identifying and selecting beneficiaries: how will people who meet these criteria be found?
 4. Registration: how will selected beneficiaries be registered? Who will represent households?
 5. Verification: how will the identity of claimants be verified at collection time?
 6. Grievance procedures: how can people appeal against exclusion from the programme?
 7. Graduation and recertification: how to cater for beneficiaries who no longer meet eligibility criteria, or for non- (or ex-) beneficiaries who now become eligible?
16. A main objective in making these choices is to minimise and balance two types of targeting error: a) exclusion error that results from excluding some people who meet eligibility criteria, thereby reducing programme effectiveness, and b) inclusion error that results from including some people who do not meet those criteria, which reduces programme cost-effectiveness.
17. Targeting usually involves one or a combination of the following mechanisms:
- **Geographic targeting** focuses benefits on parts of the country where needy people are most likely to be found. This quick and easily administered targeting method is commonly applied in emergencies following a natural disaster affecting identifiable geographical areas, or as indicated by a poverty survey or vulnerability mapping exercise. On its own, it may result in high inclusion errors, so is often followed up with a second-stage mechanism to identify needy groups within selected areas. It may also involve significant exclusion errors because needy people fall outside the chosen area. Finally, the choice of geographical area may be open to political manipulation.
 - **Categorical targeting** involves choice of a readily identifiable category of people, such as older people, children, women or people with disabilities, to whom the programme aims to provide benefits, usually because their membership of this category makes them more likely to be needy. Some 'composite' categories, such as orphans or widows without support, may be less easy to identify and require careful definition. Though cheap and simple, this method may involve both high inclusion error (e.g. not all older people are needy) and exclusion error (e.g. needy people who have not reached the threshold age). On the other hand, its simplicity and clarity leave it less open to subjectivity and manipulation than other methods.
 - **Means testing** requires people's income and assets to be assessed so that they may be targeted for benefits if their 'means' fall below a threshold level. While lack of means may be the most direct and accurate indicator of poverty and need for social protection, this method is the most problematic and costly to implement because means are so difficult to measure and so open to misrepresentation, and tend to change from year to year as people's circumstances fluctuate.
 - **Proxy means testing** relies on selecting less direct indicators of need that correlate closely with poverty or vulnerability but are easier to assess, for example eating only one meal per day, sleeping on the street, begging from neighbours, or having a high dependency ratio. Often several such

proxy indicators are applied in combination in an attempt to improve accuracy, but this can compound problems of definition and subjectivity. Accuracy will also depend on how closely the indicators correlate with poverty or other attribute the programme seeks to address.

- **Community selection** involves communities in selecting beneficiaries in order to tap local ‘insider’ knowledge and ensure social acceptance of targeting decisions. This depends on community structures undertaking selection being representative, inclusive and democratic, and there being adequate verification procedures to counter the risk of ‘elite capture’. Such procedures might include wealth ranking exercises undertaken by separate community groups, with differences then resolved through public debate. This process can be time-consuming and resource-intensive in terms of supervision, and so costly to scale-up to national level without loss of accuracy. Further, it does not allow for need to be compared between communities.
- **Self-selection** works by lowering the value of benefits or increasing the cost of accessing benefits to a point at which only the neediest will apply. Examples include schemes with a labour requirement on which wages are set at below market levels, or (less commonly) transfers of ‘inferior goods’ which only the poor will accept. Self-selection on public works programmes is popular with donors because in theory it is simple, cheap and avoids social tensions. In practice, where poverty is severe and widespread, schemes tend to be oversubscribed unless incentives are reduced to such low levels that benefits for those who do apply become marginal and costs per unit of transfer become too high. Rationing of scheme places inevitably follows. Labour-based schemes exclude many of the neediest who cannot work due to age, disability or sickness. Finally, public works schemes are costly to design and manage, yet often create assets that are of poor quality and inadequately maintained.

18. Table 6 above shows target groups and targeting criteria and mechanisms for each of the principal state social protection programmes in Botswana. It can be seen that all these programmes are targeted at individuals, with the exception of the RADP, which is targeted at both communities and individuals. The RADP is the only programme featuring geographical targeting. Five programmes, namely the CHBC, orphans, school feeding, state pension and remote areas programmes (as well as the war veterans’ pension not shown in Table 6) employ categorical targeting, according to medical status, orphanhood, attendance at government schools, age and location/ethnicity respectively. The destitutes and remote area development programmes involve poverty targeting based on proxy means tests. The orphans and destitutes programmes also depend on community targeting to some extent. The *Ipelegeng* LIPW programme is designed for self-selection by lower income groups or those impacted by shocks such as drought, being unlikely to attract anyone with an adequate income – but is still oversubscribed in most places, forcing participants to rotate. However, several other schemes are self-targeted to some degree. Not all households at the highest income levels, mainly in the towns, use the infant or ante- and post-natal monitoring facilities at government clinics or send their children to state schools, and would therefore not use the feeding programmes provided at these facilities. The same is true of programmes for OVC, with potentially worrying

Comments on assessment and registration by senior civil servants and *dikgosi* in Kgatleng and Ngamiland

There is a broad based consensus that the assessment process for universal schemes such as the old age and World War veterans pensions, orphan care and cost sharing is less contentious and hence easier to implement compared to means tested programmes such as the destitute programme and Community Home Based Care. The destitute programme in particular is said to be used as a campaign strategy by politicians from all parties. Politicians, they report, push people into these programmes so that they can gain political mileage. In some cases, councillors bring people and demand that they should be registered. This has become a serious problem that has created tension amongst officers. One informant made this remark:

Political interference is very rife in our district. Politicians often push beneficiaries who do not qualify into the programme and we end up registering them. This makes the whole process of assessment tedious and less transparent.

implications if orphans in rich families are abused (Annex 3, page 100).

19. The recent study of social safety nets in Botswana explored the issue of means testing for programmes that are currently universal (within the criteria noted above). Some respondents argued that the old age pension, orphan care and the CHBC programme should be means tested (Seleka *et al.*, 2007: 15-16). Regardless of any socio-economic justification for such a move (the study also reported the view that all old people should be rewarded for their contribution to society), means testing imposes significant logistical and management challenges (section 3.9). Its cost may exceed the money saved. Failure to do it accurately is unfair and likely to cause significant discontent.
20. For a variety of reasons, therefore, not all social protection schemes are targeted at the poor. Nor should they be: social development certainly does not focus exclusively on this issue. The question, nevertheless, is whether some schemes should be more effectively targeted at this group. Basing its analysis on an interpretation of the 2002-03 HIES data, the 2007 study concluded that all these programmes, with the exception of school feeding, covered less than 10% of poor households (see also section 3.2.2 and Table 8 above). It also found that the percentage of households covered by the schemes who were poor ranged from zero (strangely) in the case of CHBC to 64 for destitutes, 79 for clinic feeding and 100 for drought relief (as it then was) and the RADP (Seleka *et al.*, 2007: 28).
21. Graduation criteria for the various main programmes can also be seen in Table 6. Some simply involve the passage of time: orphans reach their 18th birthday (but may continue some support if still studying) infants reach their fifth; pensioners, and a declining number of CHBC patients, die. Another mode of graduation is certification of better health, in the case of CHBC and tuberculosis patients, as well as women receiving pre-and post-natal feeding. The revised RADP emphasises that, in terms of the National Settlement Policy, increasing numbers of settlements served by the programme should be ready to graduate (Annex 8, page 149). The most complex mode of graduation concerns individuals benefiting from the destitutes, CHBC and remote area programmes, all of whom should be monitored by S&CD staff and cease participation when they are assessed as able to sustain their own livelihoods. Exactly what this means is not always clear and involves a degree of subjective judgement by the responsible officers. The best guide is that the individual should have risen significantly and sustainably above the thresholds that mark eligibility for registration as a destitute.
22. The broader challenges of moving beyond social protection to employment and development are outlined in section 3.2.5 below. There are several more specific challenges with regard to targeting, qualification and graduation.
 - As noted above, there will always be debate about whether some social protection programmes should be means tested, and whether the difficulty and cost of doing so outweigh the benefits.
 - Defining and measuring poverty is always complex, and a number of assumptions must typically be made in calculating the extent to which social protection programmes are reaching the poor, or the poorest – in those cases where this is the agreed target.
 - Policy makers and administrators often express concern about ‘double dipping’ – cases in which it is judged inappropriate for an individual or household to be drawing several benefits simultaneously. There is obviously an element of subjectivity in the definition of acceptable levels of multiple benefit. The key concerns in Botswana are about carers of orphans receiving food rations and other supplies for several children and thus allegedly exceeding what these households really need; and about households in which several people are registered destitutes, again supposedly filling their homes with generous quantities of government food (although this study also heard of cases where a single destitute with many dependants is only given one ration, contrary to policy). The latter issue has largely been addressed by the transfer of able-bodied destitutes to *Ipelegeng*. The former should be investigated in more detail but is probably not a

major extravagance. The ‘double dipping’ by war veterans, who also receive the general old age pension, is presumably not resented by anyone.

- Another concern about the state’s supposedly undue generosity concerns people’s failure to graduate from social protection even though their condition has improved and they no longer qualify. This has driven the decision to transfer able-bodied destitutes to *Ipelegeng*, and is also mentioned with regard to CHBC (Seleka *et al*, 2007: 17). As noted above, it applies also to some RADP settlements.

23. The possibility of recertification only arises in two programmes, as shown in Table 6. The health of a former CHBC beneficiary could decline again, leading medical and social workers to re-register him or her for support. More common, although reportedly not a regular occurrence, is the recertification of former destitutes whose livelihood status has lapsed into extreme poverty again. No data are available on the number of destitutes who are recertified in this way. Feeding at clinics is not shown in the table. There, individuals’ medical condition may lead them to be recertified for a new round of assistance.

3.2.4. The beneficiary perspective

24. Annexes 3 – 6 and 9 include reports on the views of the beneficiaries of various programmes who were interviewed during fieldwork in Kgatleng and Ngamiland districts. As would be expected in any such enquiry, many of the comments received were negative: complaints about various issues that will be summarised below. At the same time, people often praised these programmes, or the government that delivers them, for the very real difference that they are making in their lives. Social protection in Botswana is keeping many people from absolute poverty and the marginalisation that goes with it. Programmes like the old age pension and support for orphans are helping the old and the disadvantaged young to maintain their dignity and their self respect. In that sector of society where peer pressure to conform is most severe – the youth – the programmes for orphans and needy children and students protect these groups from much of the stigma that they would otherwise suffer. Like school children everywhere, most of those interviewed at primary and secondary schools in Kgatleng and Ngamiland were full of complaints about the quality of the meals served. Yet they also recognised what a major difference those meals make to their concentration, performance and even their very attendance at school.

I am very grateful. I have one son; but he does not work. Since I was registered, I am not starving as I used to be. When my son gets temporary jobs, he drinks all the money.

I am very sickly and needy. Before, I didn’t have anything. Government rescued me from very difficult circumstances where I did not even have proper shelter. For many years, I was struggling to make ends meet. Now, I have a house that was built for me by the Council. I use the cash component to buy paraffin. I am very grateful.

I am very fortunate to be in this programme. I don’t have relatives; my children are not working. I depend on the food rations. Even when I am sick, social workers come to take me to the hospital. If I tell them my needs, they respond positively.

I thank the government for social workers. They assisted me to roof my two room house which I built through collecting and selling cans. The only problem I have is getting a gas stove and gas. Firewood is hard to get; besides, I am very old to go and collect. I use shake-shake containers to cook meals.

Before I enrolled in the programme I was very needy, I used to knock on people’s homes begging. As I am I do not have anything of my own. Government came to my rescue.

Destitute programme beneficiaries, Kgatleng and Ngamiland.

25. Few major concerns were raised about the efficiency of **registration** for social protection programmes. Some old age pensioners register late and suffer a loss of benefits (Annex 6, page 136). Some people fear that the destitutes programme fails to register all deserving cases (Annex 5, page 128). Registration for school fee cost sharing goes smoothly, as does that for clinic feeding programmes – unless the mother chooses not to bring her child for checkups. The biggest concerns with regard to registration

concern *Ipelegeng*. They are of two types. First, demand for participation outstrips supply. There are many complaints of hardship because people can only get *Ipelegeng* places for a few months a year. Secondly, the transfer of able-bodied destitutes to *Ipelegeng* has caused dismay and confusion in many cases (Annex 9, page 156).

26. As noted, it is not surprising that field interviews and focus groups aired many grievances about the details of programme **delivery**. Some still feel the stigma of having to collect food rations at the *kgotla*, and long for the day when they will be able to take their smart cards to the shops. These smart cards or ‘coupons’ are generally popular, although there are also accusations of sharp practice by some participating retailers. There are many complaints about food and other supplies delivered by the various programmes being only partially delivered, or coming late or not at all. Infrequent supply of uniforms and other clothing means that orphans still feel ragged, or ashamed of their ill-fitting clothes. Collecting an old age pension usually means uncomfortable queuing for the elderly, although pension day has its social benefits and S&CD staff apparently remind pensioners in vain that they do not all have to come to the post office at once. Delivery by pension officers in remoter places is reportedly erratic and not always notified in advance.
27. Views about the **treatment of complaints and appeals** vary. Much depends on the attitude and efficiency of the local S&CD officer. Some of this study’s interviewees were full of praise for this vital link in the social protection chain. Not surprisingly, however, many poor and elderly beneficiaries feel powerless in the face of the mystifying bureaucracy of these programmes, and feel that there is little they can do when things go wrong. School children say that they often get short shrift if they dare to criticise their food or other benefits, receiving a variety of harsh remarks from teachers and other staff to the effect that they come from poor families and have no right to complain. Derogatory remarks about ‘social workers’ children’ are reportedly widespread.
28. It is also unsurprising that many beneficiaries are concerned about the **level of benefits** that some of these programmes provide. While often deeply grateful for the pensions they receive, old people also point out that they do not go far. Some destitutes feel that the transfers do not take adequate account of the numbers of dependants whom they have to support. As already reported, most people feel that *Ipelegeng* wages are too low, especially since they can only be earned intermittently.
29. Among the most significant comments are those concerning **rehabilitation and development**. The general view in the communities visited for this study is that there is not enough support to help people build sustainable livelihoods. Some of those who struggle to improve themselves are unable to get the help and advice that they need. Others feel that the range of income-generating enterprises that S&CD staff are prepared to consider supporting is too narrow and unimaginative (Annex 5, page 130).

When I was still a registered destitute person, we were informed about economic assistance programmes by the VDC and the S&CD office. We became interested in starting a takeaway business. When we filed the request with the Council they told us that the business would not be viable, and asked that we suggest something else. We then suggested a milling business and we were told it would also not work out. We suggested other businesses, including guinea fowl production, and we were still rejected. They then said that they wanted a business plan, but we did not know what that entailed. We then gave up and were ultimately moved from the destitution programme into Ipelegeng.

Field survey informant.

3.2.5. From social protection to employment and development

30. Rehabilitation and graduation arrangements have always been included in policy and guidelines for Botswana’s state social protection programmes. Amid current concern about levels of dependency on state support, there is increasing interest in the ways in which social protection programmes work to help their beneficiaries build sustainable livelihoods and thus cease to need that support.

31. Botswana is by no means unique in placing ‘dependency’ and ‘graduation’ centre-stage in policy debates about social protection, and it is worth subjecting these concepts to some critical examination before discussing their application to specific programmes. ‘Dependency syndrome’ is typically understood as a tendency for recipients of regular transfers to become permanently reliant on these ‘handouts’, losing any incentive to use their own initiative and resources to improve their circumstances. ‘Graduation’ refers to the notion that receipt of social transfers should be time bound wherever possible, with complementary initiatives put in place to enable participants to become self-reliant as soon as they are able to do so.

Exiting from the destitute programme is a big challenge and a difficult task for us. You need a lot of patience because there are too many bottlenecks. If you lose hope, you will never get anywhere. I went to seek help in November 2007. I got assisted in 2008 to start running a tuck shop. I am progressing well; but I need assistance to buy more stock and Council is not giving me a positive response. I don't want to be in the destitute programme. I even won a tender to supply destitute rations; this gave me hope. But this was stopped after a month.

The council took me to the Rural Industries Innovation Centre where I was trained in various trades. I can make cushions, leather shoes, hats, hand bags, phone bags. I was also given training on leather work. Right now I am only repairing shoes because I don't have equipment and materials to put my skills into practice. The officers told me that the machine is too expensive and that they are in the process of sourcing the money.

I wanted to start a fishing business. I was told that this business is not for destitute persons, but for people who have money. The officer then advised me to make three legged pot holders (matshego). I am not interested in making matshego. I feel discouraged.

Field survey informants.

32. In Botswana, as elsewhere, it is recognised that there will always be some people who are unavoidably dependent on support from others due to age, infirmity or ill-health and have no

Moving able-bodied destitute persons to Ipelegeng, instead of integrating them into the economy, is a sign that the rehabilitation programme has failed.

Comment by a VDC.

potential to graduate, at least for the time being. For such people, social protection can play a positive role by relieving families and communities of the burden of their support. For the younger generation, it can also be an investment in *reducing* dependency in the longer term, for example in the form of child benefits, school feeding and conditional cash transfers which build human capital.

33. Others are made dependent due to a livelihood shock or humanitarian emergency, but have labour capacity and thus the potential to graduate if and when opportunities arise. The frequently aired concern about ‘dependency syndrome’ is really only applicable in the case of people who have both the potential and the opportunity to work but choose to remain idle and on benefits instead. Anecdotes about such behaviour are often cited in support of a policy of restricting social transfers in coverage and amount, yet available evidence suggests that this is actually very rare in African social protection programmes. This is mainly because it is actually very risky to depend exclusively on the meagre, discretionary and unreliable handouts offered by most such programmes, and the vast majority of recipients will do what they can to exploit other sources of livelihood to supplement transfers, especially when accessing benefits also involves costs in terms of time, travel, social stigma and, in the case of public works programmes, labour. However, in a context of pervasive chronic vulnerability where agricultural livelihoods and labour markets face severe structural problems, opportunities for genuine graduation are likely to be few and far between, and while people can get by with the help of social transfers they remain unable to create their own means of escape.

34. The question then is whether carefully co-ordinated social protection and economic investment can generate graduation opportunities that are within the reach of recipients. Some of the Botswana programmes attempt to do this as detailed below, yet evidence from broader experience suggests that graduation is extremely difficult to operationalise in any sustainable way, especially where it revolves around the same livelihood sources that failed in the first place. A major challenge is that of

constructing robust indicators of a progression to self-reliance that incorporate resilience against future shocks, and then setting graduation thresholds accordingly. There is a tendency to graduate scheme participants prematurely, only to find that they are knocked back by the next shock they encounter and, if not allowed to re-enter the scheme, could end up in a worse situation than when they first joined it.

35. On the other hand, there is mounting evidence (exemplified in section 8.1 below) that where social transfers are more predictable, sustained and adequate, recipients will use them as a launch-pad to increase their asset levels, invest in small businesses, or enter the job market. This in itself could be enough to lift social transfer recipients out of extreme poverty and towards self-reliance. Rather than attempting to squeeze people out of social protection by restricting access in various ways, this suggests that a more effective approach might be to focus on ensuring that reliable, preferably entitlement-based, social transfers are available to all those that need them for as long as they need them, that households are effectively insured against shocks that would drive them below subsistence level, and that efforts to graduate recipients focus on diversifying livelihoods away from sources of risk (Devereux, 2010).

36. Current interest in Botswana focuses on the **destitutes** programme, which had 40,865 beneficiaries over the 2009/10 financial year (Table 31, page 126). The Social and Community Development (S&CD) staff of local authorities are meant to support and advise registered destitutes in strategies that will (re)build their capacity to earn income and sustain their own livelihoods. The Home Economics staff of these authorities have special responsibility for organising training and setting up projects to help destitutes and other poor people to improve their income generation capacity. But it is widely recognised that these efforts by S&CD and Home Economics officers fall far short of their targets. The 2008 review of the destitutes programme reached this conclusion (Annex 5, page 127), and there is no budget this financial year for Home Economics rehabilitation projects.

37. In 2009, it was decided that all able-bodied destitutes should be moved to the **Ipelegeng** LIPW programme. Individual assessments have been undertaken in recent months (not always in the affected person's presence, according to people interviewed in Ngamiland), and most

From the destitutes programme to Ipelegeng: some challenges identified by senior civil servants and *dikgosi* in Kgatleng and Ngamiland

The rehabilitation projects do not have a specified budget. Officers implementing the programme have to apply for funds from the destitute programme vote. In the majority of cases, only small projects are funded.

The majority of social workers feel inadequate to implement rehabilitation programmes because they are not trained in business and entrepreneurial skills.

Some politicians use the destitutes programme to get voted into power. Consequently when beneficiaries are encouraged to exit the programme, they exert pressure to get these people registered again. They insist that people should not be dropped from the programme.

Most beneficiaries are illiterate. Second, their knowledge about business skills is very low. Some have low self-esteem due to their poverty situation. Given these factors, it is often very difficult to motivate them to engage in viable projects which require reading and writing.

Some beneficiaries are reluctant to graduate from the destitute programme.

Our clients do not want to graduate from the programme. I have someone who has been in the programme for over 20 years. She says she wants to remain in the programme. Now they are very upset because of Ipelegeng. They are crying because they will not get free food.

Able bodied destitute persons don't want to graduate from the programme. They are used to getting food rations for free - from the look of things, they don't want to work. They are very unhappy with the Ipelegeng programme - they even come here to our offices to complain. Some have said that it would be better if they continued with the programme whilst doing Ipelegeng. I don't think this is a better option, however, the reality is that there is starvation out there.

of those affected have now made the shift. This means that the value of their monthly transfer from the state is significantly reduced (Annex 9, page 154). *Ipelegeng* wages were designed as supplementary income for households with other livelihood strategies. The destitutes package is meant to provide a full, if basic, means of staying out of absolute poverty. Contrary to initial announcements, it has now been decided that those transferred to *Ipelegeng* from the destitutes programme will have to work in rotation like everyone else if the demand for jobs exceeds supply. They had been told that they would be able to work permanently. This means a further reduction in income for the affected group, as in most places demand for *Ipelegeng* work exceeds supply. Government's position, however, is that policy does not allow for able-bodied people to be registered as destitutes, except in temporary cases of natural disaster or family upheaval. The able-bodied people now deregistered from the programme should therefore not have been there in the first place.

38. The transfer to *Ipelegeng* has reduced the impression of dependence by making the very poor work for their benefits if they are able-bodied. But it has deepened their poverty without making new or convincing provision for a shift out of social protection into independent economic activity, and arguably has reduced the labour power available to them to make such a shift. Further challenges are raised by the fact that *Ipelegeng* support is provided in cash, while destitutes are supported largely in kind. Neither mode guarantees optimal distribution of benefits within recipient households, but cash payments are clearly less appropriate in this regard, because money is more easily diverted from households' basic needs than food.
39. Both as temporary drought relief and now as a permanent LIPW programme, *Ipelegeng* focuses on relief rather than development. There is no policy statement for the programme, but *Ipelegeng* does not include a graduation or rehabilitation component. Participants arguably have the dignity of paid work, but they remain poor.
40. All these issues imply the need for a policy reappraisal that would integrate strategies for support to destitutes and for the provision of labour intensive public works opportunities, clearly identifying the poverty relief and livelihood development elements of each and linking them into a cohesive approach.
41. In addition to providing much-needed infrastructure, the **RADP** has always aimed to help remote area dwellers to build sustainable livelihoods and graduate from dependence on social safety nets. But the 2003 review of the programme concluded that

Social welfare, together with the old age pension scheme, is the dominant source of income for most people in the remote settlements. This is clearly neither desirable nor sustainable. It is clear, however, that the benefits payable under the destitute allowance will have to continue in the medium term, until sustainable alternatives can be developed.

GOB, 2003b: xvii.

42. For economic and social reasons, the RADP has had only limited success in helping remote area dwellers out of poverty. The 2009 revision of the programme puts new emphasis on the graduation of settlements and individuals, but the latter will be much harder to achieve than the former, since it means overcoming the most extreme forms of Botswana's rural development challenge (Annex 8, page 147).
43. The **community home-based care** programme has the happy situation of a growing rehabilitation challenge as antiretroviral therapy (ART) gives HIV-positive people a new lease of life (Annex 2). However, medical rehabilitation now appears easier than economic rehabilitation, as CHBC beneficiaries must strive for the same livelihood opportunities that prove so elusive for destitutes and other poor people.

44. **Community development**, agriculture and health used to be the three main extension services in Botswana. Community development could be one of the key instruments for helping the poor to move out of social protection into employment and development. Instead, the community development function has lost identity, direction and capacity. Most 'S&CD' staff in local authorities are trained in social work, not community development (although they tend to do more welfare administration than social work). NDP 10 provides no funds for community development projects. The well-argued Community-Based Strategy for Rural Development, developed with UNICEF support 13 years ago, has not been effectively pursued (GOB, 1997b). With European Union assistance, MLG is currently reappraising community development and has prepared a draft strategic framework for it that emphasises economic empowerment as one of its five strategic operational areas. A social development policy would have to incorporate the agreed role and direction of community development in Botswana.
45. As was noted in section 2.2, **agricultural production subsidies** are a long-standing component of Botswana's strategy to help rural people lift themselves out of poverty. They have substantial budgets: ISPAAD is currently receiving P200m a year for three years, and LIMID's approved budget was P69m. But they have served more as social protection than as effective development strategies. Environmental and economic constraints limit the potential of crop and livestock production as ways for the poor to achieve sustainable livelihoods.

3.2.6. Record keeping and reporting

46. Record keeping and reporting on Botswana state social protection programmes are superior to those in many other African countries. Not surprisingly, there is still much scope for improvement. Potential strategies for this are explored in chapter 7 below. At present, virtually all data on these programmes are finally captured in digital format. But this is often only at central level, after receipt of paper reporting forms that have been compiled at local authority level on the basis of other forms received from S&CD staff around the districts and towns. Furthermore, the digital mode of capture is often just a table in Word, whose format may vary from month to month. These arrangements often suffer from late or incomplete reporting by individual officers or by local authorities to central government. Once reported, data are sometimes lost at central level, due to staff transfers, poor filing, errors in computer data management or computer crashes linked to the viruses that are rampant in government systems. Gaps and inconsistencies in the data presented by this report reflect these imperfections.
47. The most sophisticated record keeping and reporting at present is achieved by the Social Benefits Payment and Reconciliation System (SOBERS), operated by the Elderly and Benefits Division of DSS. This records payments made to pensioners, war veterans and destitutes. The system can generate statements by pay point, payment mechanism and gender of recipient for any reporting period. The *Ipelegeng* programme also operates a comprehensive record keeping and reporting system and can generate summary statements by (sub-) district, town or constituency.
48. DSS has taken steps to improve record keeping and reporting for the CHBC, destitutes and OVC programmes. But these continue to depend on semi-manual records and reports from field and local authority level, and coverage is still somewhat intermittent and patchy, for the reasons outlined above.
49. At the beneficiary level, S&CD staff should be keeping individual records on each person or family benefiting from the various programmes. This is only partially achieved. Ultimately, as explained in chapter 7, it should be possible for each individual's involvement in or support by each programme to be captured in a single national database. This is a goal for the medium term.
50. As outlined in Annex 4 (page 120), MLG's Food Relief Services Division operates a logistics information management system and keeps detailed records of commodity procurement, stock levels and deliveries. But the ministry's ability to produce records or summary reports on the Vulnerable Group

Feeding Programme or on primary school feeding appears severely compromised at present. Records on secondary school feeding, kept by MOE, are somewhat more accessible.

3.2.7. Monitoring and evaluation

51. For any organisation or programme, M&E should be integrated in an overall commitment to alert understanding of whether targets are being achieved and whether changes are needed. This implies constant analytical attention at policy level to the results being generated and what they mean for strategy. These ideals are not yet met in Botswana's state social protection programmes. At present the key driver of monitoring at the macro level is budget management. Senior staff need to keep track of implementation and expenditure levels in order to plan, manage and report on resource allocation. At the micro level, S&CD personnel lack the time and resources to monitor each individual case in the way they should, although (as noted above) they are generally able to monitor and report at aggregate level.

Comments on monitoring and evaluation by senior staff in Kgatleng and Ngamiland

District Councils implement a number of poverty alleviating programmes. Although these programmes are targeted at the poor and vulnerable populations in the districts, they operate in isolation from each other. Currently, there are no established linkages nor organized referral systems. District structures that are supposed to strengthen inter-departmental co-ordination and collaboration such as Village Extension Teams and District Extension Teams are not functioning effectively. There is also a lack of information sharing between officers serving the same beneficiaries. Although it is neither feasible nor desirable to bring all social protection programmes under one department, there is a need to establish mechanisms where all stakeholders can share information about the needs of beneficiaries, geographic coverage, programme indicators and milestones reached in reducing poverty levels in the districts.

52. Enhanced and increasingly automated monitoring should give policy-makers greater opportunity to understand and act upon trends in relevant sectors, effectively evaluating in real time (section 7.3). For example, a UNICEF adviser has recently submitted a draft set of indicators on child protection variables for consideration by DSS.

Table 10. Evaluations of state social protection programmes

Programme	Date of last evaluation
Community Home-Based Care programme	-
Orphans	2006
Primary school feeding	-
Secondary school feeding	not dated
Vulnerable Group Feeding Programme	-
Destitutes	2008
State pension	-
War veterans' pension	-
Remote Area Development Programme	2010
<i>Ipelegeng</i>	-

53. For these programmes, optimum performance requires periodic evaluation on the basis of monitoring data and focused analytical study – leading to agreed and explicit updates of policy. Again, this target is only partially achieved in Botswana. Table 10 shows that only four of the ten key state social protection programmes have been evaluated (with the exception of reviews of *Ipelegeng* drought relief activities in the 1970s and 1980s). The undated review of secondary school feeding appears to have been done within the last ten years. Of course, an evaluation has little more than historical value if it does not lead to a new statement of policy, revised as appropriate and supported by the necessary guidelines. As noted in section 2.2, the time taken to move from evaluation to revised policy is steadily lengthening. The new policies and guidelines derived from the evaluations of the Short-Term Plan of Action on Orphans and the destitutes programme have not yet been approved. The revised RADP was published

in 2009, six years after the 2003 evaluation. An impact assessment was then commissioned almost immediately, and reported in March 2010 (GOB, 2010d).

3.3. Social protection and formal sector employers

54. No study has been done on social protection and formal sector employer in Botswana. However, the law that introduced non-contributory pensions for public employees was enacted in 1965 (GOB, 1965). A change was made in 1987 when the government introduced the Botswana Public Officers' Pension Fund (BPOPF) through the Pensions and Provident Funds Act. Unlike the old one, the new pension scheme was contributory. The Act has a broader mandate in that it provides regulations on the management of funds not only in the public, but also in the private and parastatal sectors. Pension funds were, until recently, overseen by the Registrar of Pensions and Provident Funds who advised government, scrutinised annual accounts, and ensured compliance with the Act (GOB, 2002b). The Registrar collaborated with fund managers, auditors and investment managers and advisers. The administrators of the funds include Alexander Forbes Financial Services Botswana, AON Botswana and Metropolitan Life Botswana. Auditors include, among others, BDO Spencer Stewart, Deloitte & Touche, and Ernst and Young. Fund managers are, amongst others, African Alliance Botswana, Botswana Insurance Fund Management and Allan Gray. The Non-Bank Financial Institutions Regulatory Authority (NBFIRA) was established in April 2008 to replace the Registrar of Pensions and Provident Funds and to "improve the regulation, efficiency and orderliness of non-bank financial institutions such as asset managers, pensions fund administrators, provident fund administrators, custodians, micro lenders and so forth" (BPOPF, 2008).
55. According to NBFIRA (2009), during the year 2008/09 there were 97 pension plan funds registered in Botswana. Of these, 83 were stand alone funds, six were umbrella funds (each consisting of several small funds pooled together to achieve economies of scale), three were external funds with a head office outside Botswana, one was a closed fund (no longer open to new members) and four were inactive funds. Total membership was estimated at 140,000, representing an increase of 11% from the previous year. Active members accounted for the largest share (87%), followed by deferred members with a share of about 8%. The remaining share (5%) was for the members who receive pension payments from their fund. The Botswana Public Officers Pension Fund (BPOPF) was the largest fund in Botswana (95,770 members) followed by Debswana Pension Fund (9,602 members) (NBFIRA, 2009). Some pension schemes such as Botswana Power Corporation, First National Bank of Botswana Pension Fund, Botswana Telecommunication Corporation Staff Pension Fund, Sefcash Pension Fund and Barclays Bank of Botswana Staff Pension Fund had membership within the range of 1,000 – 2,000. Others in the top 20 had individual membership ranging from 400 to 1,000. Pensions play the role of enhancing the income of the country's workforce after retirement. This would assist in that the burden of social protection of the elderly is not left in the sole purview of the public sector, in the form of social assistance. The extent of coverage in both the public and the private sector is unknown given the paucity of data, and any reasonable estimate would require a detailed study beyond the scope of this current work.
56. In the past most industrial class workers (both in the public and private sectors) were not included in pension schemes; they were only protected through the gratuity or severance pay schemes, as per the Employment Act. However, the policy amendments made it possible for both workers and employers to voluntarily transfer to pension cover. Despite the continuous growth of the pension industry, some industrial workers are still covered under severance pay and gratuity, which is paid after every five years of continuous employment. An employee can only receive severance pay if his/her contract has been terminated and he/she should have been in employment for a period of not less than 60 months. However, severance pay and gratuity are insecure income sources for the majority of low income earners. This is because they get eroded within a short time period. Further, the majority of the low

income earners in the private sector hardly get their benefits as some of them get laid off by their employers before they could be eligible for gratuities.

57. The insurance industry has two broad classes of insurers; general and life insurance. General insurance includes fire, motor, personal accidents, workmen's compensation, liability, credit and surety, marine and aviation, engineering and miscellaneous. The total number of insurers is 16, of which nine and seven are respectively general and life insurers (NBFIRA 2009). In addition there are 36 insurance brokers, 149 corporate insurance agencies and more than 1,000 individual insurance agents and sub agents employed by either insurers, brokers or corporate agents. Although the principal activity of life insurers is to underwrite life insurance, some insurers have additional components. For instance, Metropolitan Life of Botswana conducts employee benefits, Botswana Life Insurance provides cover for funerals, and Botswana Insurance Fund Management manages investment assets of pension funds etc. In 2008 the whole life insurance industry had a solvency ratio of 11.1% and a risk insurance ratio below 300%, while general insurers had a solvency ratio of 60.4% and a risk ratio of 112.2%, suggesting that the industry is financially sound.

3.4. Social protection through civil society organisations

58. Civil society organizations play an important role in social development. In Botswana this partnership role can be traced as far back as the pre-independence era, as exemplified by their contribution in the resettlement of refugees in Etsha (in the 1960s) and Dukwi. Ever since, there has been a proliferation of NGOs and CBOs in Botswana. The Botswana Council of Non-Governmental Organizations (BOCONGO) was formed in 1995 to co-ordinate the activities of all NGOs in the country. It is also responsible for networking, capacity building, and the mobilisation of resources for the NGO sector. Since its formation, BOCONGO has grown to number 130 member NGOs. These members are classified under 11 sectors, according to the relevance of their mandate, namely Agriculture and Environment, Arts and Culture, Church Development, Disability, Gender and Development, Health and HIV/AIDS, Human Rights, Media, Microfinance and Credit Empowerment, Science, Technology and Training and Youth and Children.
59. In recognition of the strategic role of civil society in national development, government adopted a National Policy for Non-Governmental Organizations in 2001. The policy seeks to establish a coherent framework that would enable smooth co-operation between government and this civil society sector by way of clarifying roles and expectations. The rationale for the policy is based on the premise that national development is the responsibility of all people including NGOs and other sectors; that the NGO sector has always played a critical role in social development; and that by supporting NGOs, government and the business community will be investing in the future of a vibrant economy (GOB, 2001d: 7-8).
60. A major contribution of civil society organizations has been in the area of welfare of children, women and other vulnerable populations. Organizations such as the Botswana Christian AIDS Programme, Child AID, the Maun Counselling Centre, HOPE World Wide Botswana, the Masitara Trust Fund, the YWCA, the Botswana Family Welfare Association, the Masiela Trust, Humana People to People, Child Line, Life Line and many others have played a key role in providing services ranging from psychosocial support, health care, material support, individual counselling, family counselling, recreational programmes, life skills and day care for orphans and vulnerable children. In the area of HIV and AIDS, a number of civil society networks have been in the forefront in promoting leadership, advocacy, resource mobilization, research, prevention, support and care. These include the Botswana Network on Ethics, Law and HIV/AIDS (BONELA), the Botswana National Network of People Living with HIV and AIDS, the Botswana Network of AIDS Service Organizations, the Botswana National Youth Council and the Botswana Christian Council.

61. Some CBOs, such as the Okavango Development Initiative (ODI) and the D'Kar Community Trust, have been instrumental in the provision of some form of education outside the normal government curriculum. For instance, in D'Kar, some classes were organised for the pupils in the local Naro language; in Ngamiland the local Thimbukushu, which is the mother tongue for the Bambukushu ethnic group, was taught (Maruatona, 2007). Furthermore, the ODI made an initiative to document the lexicon of the local Khwedam language spoken by a certain section of the Basarwa. The resultant booklets are being used to teach youth in and out of school. The argument is primarily to preserve Khwe culture and traditions while also transmitting literacy skills to the communities.
62. Another area of importance is that of advocacy. Organizations such as Ditshwanelo, Media Institute of Southern Africa (Botswana) and BONELA have played a critical role as watchdogs with the primary mandate of providing checks and balances. This advocacy role, alone, is meant to ensure that dialogue is established where state apparatus fail to adequately discharge their mandate, either by choice or error, in order to facilitate correction and/or restoration of justice.
63. For many years, the sustainability of civil society organizations has mainly depended on donor funding. However, the exit of major donor agencies from Botswana has seriously affected their resource base and hence their active participation in the promotion of social development (Government of Botswana, 2001). Apart from their unstable financial situation, civil society organizations lack strong leadership and human resource capacity.

3.5. Indigenous social protection mechanisms

64. Prior to Independence, Botswana relied on indigenous social protection systems to alleviate hardships arising from shocks such as hunger, drought, animal diseases, illnesses or deaths. The extended family system played a pivotal role as a social safety net when individuals went through life cycle crises. The family provided support during hard times and children were seen as a social safety net when parents became sick, disabled or old. In addition to providing a safety net, the extended family played a significant role in social, economic and political affairs.
65. With the advent of rapid urbanisation and other social change and the impacts of the HIV pandemic, the traditional family has been gradually complemented by the female headed household type which now constitutes some 47% of the households in Botswana (GOB, 2009e: 18). These households tend to be larger (5.1 compared to 4.5) and have higher dependency ratios than male headed households. Further, they command fewer economic resources and lower incomes (GOB, 2003c). Disturbingly, the 2001 census further reveals that households headed by teenagers make up 4% of the total. Yet another trend affecting family structure is rural to urban migration. Driven by economic factors, young adults are migrating from the rural areas to settle in towns, leaving the elderly behind with grandchildren to support. As people migrate, they often find themselves without proper shelter and a secure lifestyle, hence the mushrooming of squatter areas especially in urban centres.
66. Besides the kinship structure, other indigenous forms of support existed including *mafisa*, *go tshwara teu* and *majako*. The *mafisa* system was used by the poor to look after rich people's cattle and in return to have access to them. Recipients had access to free milk for the family, used the cattle as draught power and also to transport water, firewood or harvests. *Go tshwara teu* allowed the poor to look after cattle and in return to be given a payment of one or two cows. Finally, the *majako* system provided the poor with an opportunity to work in the fields or sell their labour during the ploughing or harvesting seasons and in return, get a share of the harvest (BIDPA, 1997). The introduction of the cash economy and the diminishing spirit of self-reliance and voluntarism have been blamed for the demise of these three systems.
67. Burial societies, on the other hand, have stood the test of time in providing informal support. Commonly known as *diswaete*, their main function is to mitigate the risk of insufficient or unavailable

funds for funeral arrangements on the part of the member. Members often go beyond providing money for the coffin and other expenses, to include cooking for mourners as well as performing all other domestic duties. Moreover, since society membership typically consists of neighbours and close relatives, attendance at meetings provides a vehicle for sharing issues of mutual concern. To this end, burial societies provide some therapeutic service to members, either when experiencing bereavement or other socio-economic life challenges. They also serve to sustain proper social cohesion within the communities where they exist (Ngwenya, 2002; Thomson & Posel, 2002).

68. Another common indigenous social protection arrangement is *motshelo*. Like the burial society, *motshelo* is based on the concept of reciprocity. After forming a group, members contribute a certain amount of money each month and decide on how the money will be shared. A systematic rotation system is maintained to allow each member to get a share from the contributions. Members are also entitled to request a loan in times of crisis at an interest rate agreed upon by the group. It is interesting to observe that elderly people use their pensions or the cash component from the destitutes programme to contribute towards burial societies and *metshelo*. In some instances, this has saved the local authorities money for coffins and other funeral expenses.

3.6. Gender issues

69. Gender issues do not receive prominent attention in reviews, policy statements or guidelines regarding state social protection programmes in Botswana. This is a surprising state of affairs, given that women carry much of the burden of poverty in the country and suffer various forms of marginalisation that social policy should aim to redress (GOB, UNDP and UNFPA, 1998). The HIV pandemic has imposed massive new burdens on women. Not only are they vulnerable to infection because their freedom of sexual decision-making is restricted; they also form the large majority of carers, of both AIDS patients and AIDS orphans. But the available literature on the CHBC programme (Annex 2) and the social protection of children (Annex 3) makes little explicit reference to these issues.
70. For some programmes, the paucity of any kind of analysis means that gender implications and concerns must be inferred rather than derived from the documentation. This is certainly the case for the feeding programmes that, in total, probably reach almost a quarter of the population, as well as for the state pension scheme, 60% of whose beneficiaries are female (Annex 6, page 139). In the case of the *lpelegeng* LIPW programme, 73% of the total person years' employment provided in 2007/08 and 2008/09, and 76% in 2009/10, went to women, who – as in many other countries – are more willing than men to engage in low-paid labour to supplement household incomes (Annex 9, page 158).
71. The 2008 review of the destitutes programme does acknowledge that “women are over-represented in poverty and destitution in Botswana” (see Annex 5, page 131), but does not offer a detailed analysis or recommendations from a gender perspective. The draft new National Policy on Needy and Vulnerable Families makes no reference to gender or women. Neither the 2003 review of the RADP nor the 2009 Revised RADP makes any significant reference to these issues.
72. The failure of past social protection policy to address gender issues coherently does not mean that a future social development policy should do the same. Any such policy should reflect and incorporate Botswana's new National Policy on Gender and Development, which was prepared in 2008 and, after revisions, is to be presented to Parliament in the second half of 2010. This policy supersedes the National Gender Programme Framework (GOB, UNDP and UNFPA, 1998) and the 1995 Policy on Women in Development.

3.7. Impact of current programmes on poverty and development

73. There has been no extensive treatment of the relationship between existing social protection programmes and poverty. However, an analysis based on the 2002/03 Household Income and

Expenditure Survey sheds some light (Seleka *et al.*, 2007). This study removed household income from social protection programmes, recalculated poverty headcount indices and compared the results with the original indices with government transfers included as part of household income. With government transfers, the poverty headcount index was 30.6%. However, when government transfers were removed, the headcount index increased to 40.5%, representing an increase of 10 percentage points. The absolute differences in the with- and without-government-transfers scenarios were higher for rural areas, where poverty incidence is higher. They ranged from 11% to 13% in Rural North West, Rural South West, Rural North East and Rural South East. Cities and towns experienced a headcount index change of 3% to 6%. The low absolute rate is due to lower poverty levels in these areas. Seleka *et al.* concluded on the basis of their analysis that social safety nets do lead to poverty reduction, and the impacts are significant.

Despite raising [a number of] delivery issues, pensioners are of the view that the old age pension has positive impacts as it contributes to their livelihoods, reduces poverty and improves food security. They argue that some pensioners have no other livelihood sources than this pension. They reveal a number of important uses of the pension money to illustrate the positive impacts of the programme. They are able to register in burial societies using part of the money received from their pensions. Some use the money to meet other, but not all, cash needs such as utilities, toiletries, paraffin, clothes and support of orphans. Others invest their money in livestock production; they purchase oil and diesel for pumping water and they save to buy livestock. Some others have been able to save the money to use it whenever there are more pressing cash needs, such as when they lose a family member.

Extract from Annex 6, page 138.

74. The programmes also deal with various forms of risks and vulnerabilities across the life cycle (Seleka *et al.*, 2007). Clinic rations and orphan packages help address the risk of malnutrition for children aged up to five years. The needy student package, orphan package, school feeding programmes and community home based care programme assist against the risks of HIV/AIDS, stunted development and low human capital for various age cohorts. *Ipelegeng* on the other hand reduces the risk of unemployment. Finally the old age pension and destitution programme help with the risk of low income, due to disability or old age. Thus, the programmes not only reduce poverty, they also reduce the risk of falling into or deeper into poverty.
75. Notwithstanding the above, Seleka *et al.* showed that most of the programmes have low targeting expenditure ratios or high leakage ratios as the eligibility criteria for most of them are not based on being poor. The study showed that 43% of the beneficiaries of all the programmes were poor and the remaining 57% were non-poor. An analysis of individual programmes showed that those with some poverty criteria - the destitute and RADP programmes - had higher targeting (lower leakage) ratios. However, programmes that lack the poverty criteria, - the WW II veterans pension, the old age pension, orphan care, clinic rations and school meals - had higher leakage ratios. These results imply that if being poor was one of the selection criteria, the programmes would have had a greater impact on poverty than they currently do.
76. Stakeholder consultations in Ngamiland and Kgatleng districts revealed that it is generally the view of programme implementers, policy makers and beneficiaries that these programmes contribute positively to the livelihoods of beneficiaries. For example, the destitute programme is said to contribute to food security, as most of the beneficiaries do not have alternative livelihood sources to this programme. The orphan care and needy student packages have allowed children to attend school, and have given them dignity and a feeling that they are not different from other children not confronted with their situations. Stakeholders felt that the sense of belonging may allow children to freely attend school, giving some of them a chance of breaking out of cycles of intergenerational poverty. Beneficiaries of the old age pension and the destitute package (cash component) have also noted important uses of their cash benefits. They are able to contribute to burial societies and to support their grandchildren through school. Some noted that they use their OAP money to invest in productive assets such as livestock (see box above).

77. While the programmes do reduce poverty, they have unintended outcomes. Preliminary results of a study by BIDPA indicate that pensions and food rations reduce the probability of participation in rainfed arable agriculture. Thus, some beneficiaries have migrated out of rainfed arable farming due to participation in some of the social safety net programmes. This indicates that the programmes may have created dependency. Preliminary results of a similar study indicate that food rations and pensions reduce the probability of selling cattle. This implies that those cattle owners benefiting from social welfare programmes are less likely to market their cattle. These results make sense in that farmers generally view cattle as a store of wealth, and they sell only when they have oxen which are ready for the market, or they have pressing cash needs. Therefore, participation in welfare programmes such as the old age pension would reduce the frequency of urgent cash needs, and thereby the need to sell cattle.
78. The current programmes were designed for social protection purposes, to help the poor and the marginalised to enjoy at least a basic standard of living and ameliorate the hardships of living on the edge of society. From this perspective, it is not surprising that they have had little development impact – although Botswana is arguably a stronger and more prosperous nation after several decades of school and clinic feeding programmes. The destitutes programme has always included a development element: the commitment to help beneficiaries to graduate from dependency on government support into sustainable livelihoods. As was explained in section 3.2.5 above, they have had little success in this regard – and the realignment of the destitutes and *Ipelegeng* programmes will not help. It is right in principle to link social protection explicitly to sustainable development strategy. It is hard to make that link work in practice, especially when confronted with the kind of structural poverty that Botswana faces.

3.8. Impact of current programmes on society

79. Despite uncertainty about how effectively those programmes intended to target the poor actually do so (section 3.2.3), Botswana's current suite of social protection schemes certainly has a significant impact on the health, nutrition and livelihoods of hundreds of thousands of people. These are all positive achievements for which the nation is rightly admired. But there are deeper questions about the individual and collective social impact of these programmes.
80. Beneficiaries of social welfare carry two burdens of stigma. First, they may be looked down upon, or feel that they are disdained, by the rest of the community as they queue to receive their handouts. That is why the introduction of smart cards that enable them to buy food and other items from selected shops at times of their choosing is seen as an improvement. *Ipelegeng* workers labouring at the side of the road have no way of concealing their status, although for them the stigma is arguably balanced by the dignity of paid work.
81. Secondly, the much debated concept of dependency attaches a stigma to them as recipients of state support for which they do not work (see also section 3.2.5). While some beneficiaries doubtless are demoralised by their inability to work for a living, this second kind of stigma is more ascribed to social welfare recipients than felt by them. The concern about dependency is a broader social view, held by many policy makers, civil servants and commentators. It has driven the decision to transfer able-bodied beneficiaries of the destitutes programme to *Ipelegeng*, where they work for a lower social transfer than they received before.
82. This gloom about dependency has three elements. First, there is uncertainty about how long the state will be able to sustain current levels of social transfer, given the recent recession and the finite nature of mineral revenues. Secondly, there is concern about a spreading social pathology: the perception that some Botswana are becoming lazy and/or fatalistic, just waiting for the next handout, unable or unwilling to strive for self-sustained livelihoods. Lastly and more seriously, there is uncertainty – more

often subconscious than explicitly stated – about Botswana’s ability ever to break out of the structural poverty that still traps so many of its people. A more realistic debate about dependency would more openly confront this question. As was argued in section 3.1 above, there is no guarantee that the answer is positive.

83. Despite the stigma often associated with being a welfare recipient, many people are so poor that they welcome the chance to be registered as destitutes. It is widely alleged that local politicians respond to this by putting pressure on S&CD staff to increase these registrations in places where they are seeking (re)election. In this social perspective, beneficiary status carries no stigma. Instead it is a kind of political capital that election candidates try to accrue. Local politicians try to use social protection programmes as an instrument of patronage, although this is obviously resisted by Council staff.

Cash transfers versus food baskets: views of senior civil servants and *dikgosi* in Kgatleng and Ngamiland

The majority of these senior informants support the idea of adopting cash transfers as an alternative to food baskets, for the following reasons:

- a) Beneficiaries already receive the cash component as part of the destitute programme. Experience in the districts shows that the majority of beneficiaries in this programme use the cash component that they receive wisely and some have even used it to invest in a variety of ways.
- b) Elderly people do not abuse alcohol. Most beneficiaries are the elderly. By giving them rations, Council literally takes away responsibility and accountability from them. Perhaps this explains why dependency is widespread.
- c) In the few cases where cash is abused, social workers will make appropriate interventions.
- d) Cash transfers will alleviate a lot of problems including wastage of food rations that is common in families where a grandparent takes care of several orphans.
- e) Social workers spend 90% of their time administering food rations. This arrangement will allow them the opportunity to concentrate on providing psychosocial support to clients as well as their other professional obligations

Summing up, one senior informant said:

I fully support the cash transfer system. Beneficiaries are not the same. Obviously there will be a few who will be problematic. For the majority, especially the elderly, I think they will benefit better. I am seeing it working with the old age pension. Elderly people are investing the very little money they receive. A few who will abuse the system will learn from their mistakes. Some of our beneficiaries receive food that gets wasted because they are many in the family.

84. Related but more complex stigmas are attached to remote area dwellers, who are mostly Basarwa (Annex 8). From the perspective of ethnic Batswana and the government, Basarwa are marginalised from the society and economy and are failing to enjoy the fruits of the nation’s development as they should. From these perspectives it is frustrating that RADP beneficiaries seem not to embrace the income generation and educational opportunities created for them very effectively. Basarwa and their advocates may take a different view, but from all perspectives the challenge of marginalisation and social exclusion remains significant.

85. There are broader national questions about the state of the social fabric, and whether holes and tears are starting to appear in it. Poverty is still so widespread in Botswana that beneficiaries of the destitution and *Ipelegeng* programmes are not significantly marginalised or isolated within their communities. Pensions have probably consolidated the social status of the elderly. Although indigenous social protection mechanisms may be weak now (section 3.5), extended families have mostly proved strong enough to prevent the tragic numbers of AIDS orphans from losing their place in society – despite the abuse and marginalisation that some suffer within the households that care for them. The broadest concern is not about the social impact of specific welfare programmes. It is about the perceived marginalisation of youth from established social frameworks and from the economic opportunities for sustainable livelihoods. The accelerating pace of social change and the structural

constraints on growth and job creation mean that there are no easy answers to this. But it is a concern that social development policy will have to tackle.

3.9. The benefits and costs of conditional versus non-conditional transfers in Botswana

86. In the broader literature there is quite a debate about the relative merits of conditional against non-conditional social transfers to the poor, destitute or vulnerable. Conditionality means that recipients of state support are required to accomplish some specific actions in order to qualify for their transfer. For example, they may be required to enrol their children at school, or attend monthly appointments at a local clinic. Non-conditional transfers do not require fulfilment of such conditions; in effect recipients receive their benefits determined on the basis of their need, but are not required to do anything else in order to secure the benefit.
87. Conditional cash transfers (CCTs) have become the dominant instrument for social protection in Latin America, using conditions based on school and health clinic attendance as a means of levering up investment in human capital amongst the poor. In Africa, this model has been trialled on some schemes (e.g. in Ghana and Malawi), and piloted in a modified form involving supplementary transfers for school-enrolled children on others (e.g. in Zambia and Malawi). Nevertheless, the wholesale adoption of CCTs in Africa faces a number of objections. Chief of these is that their implementation at scale would run up against constraints in the supply of these services in areas where target groups live, and in administrative capacity to monitor compliance. Advocates of a rights-based approach to social development point out that imposition of conditions is not only unnecessarily paternalistic but also runs counter to the vision of social protection as a basic human right. Finally, although exhaustive evaluations of CCTs by the World Bank and others have demonstrated positive health and education impacts among recipient households, helping to stem the intergenerational transmission of poverty and destitution, the question of how far these benefits stem from the conditions that are imposed, as opposed to the effect of the transfer itself or of complementary awareness-raising activities, remains unanswered.
88. Amongst social transfer programmes in Botswana, the majority are unconditional in this sense of recipients not needing to fulfil additional obligations in order to remain eligible for the transfers. Thus CHBC, OVC, destitute, state pension, war veteran's pension and remote area dwellers programmes all belong in this category of unconditional transfers, where it is the identified needs of the recipients, not their willingness to undertake specific actions, that determines their continued participation in the various programmes. Of course, 'conditions' in a narrower sense are always present in social transfers. It is a condition of obtaining a pension that the recipient is 65 or over in age, a condition of receiving OVC support that the child is an orphan according to a recognised definition, and a condition of receiving CHBC that the person has a serious wasting illness. However, these narrow 'conditions' are more to do with defining the need that is being addressed than to do with requiring something to be done by the recipient in exchange for the social transfer. They therefore do not correspond to the meaning of conditionality as it occurs in the comparison between conditional and unconditional transfers.
89. The two programmes that are conditional in the broader sense are school feeding and *Ipelegeng*. School feeding is conditional because a condition of its receipt is that parents ensure that their children are enrolled in school, and that they attend school on a daily basis. Failure to attend school means failure to participate in the school feeding programme. This condition is independent of need. Primary school children may, or may not, need free school meals depending on the wealth and income status of their parents; but to be eligible for the school meals they must attend school. *Ipelegeng* is also a conditional social transfer. In this case, even very poor or vulnerable people will not receive their transfer without turning up to carry out assigned physical work for a daily wage. In the case of

Ipelegeng, being able-bodied allows a physical work condition to be imposed on social welfare recipients if they are to receive support from the state.

90. The benefit of unconditional transfers is that they are purely needs driven. An individual is identified as needing help from the state because they are beyond working age, chronically ill, or unable to make a living due to lack of available jobs or the collapse of their agriculture or livestock herding. Their chronic need is determined either by a simple criterion (an age threshold in the case of pensioners) or by a social mechanism that may involve social workers, health workers, community leaders and so on. If they require emergency support, due for example to drought destroying their livelihood, then this is something again identified in a social and institutional context that is attuned to responding to such emergencies. A needs focus means that the main effort of transfers lies in identifying (targeting) recipients and in ensuring that they receive their entitlements as efficiently as possible. Unconditional transfers can be inexpensive to deliver relative to the value of the transfer itself.
91. Conditionality differs in several important respects. If conditions are to be set, then the resources and infrastructure must be put in place that allow transfer recipients to comply with the conditions. In the case of school feeding, this is fairly obvious because pupils are being supplied with a cooked meal, rather than being given cash which they could spend as they pleased. In this instance it is the responsibility of the state to supply (or pay for) the ingredients or fortified food supplements for meals, and to arrange for those meals to be prepared (either by hiring cooks and helpers directly, or by contracting out to a private supplier of these services). For school feeding, as for most conditional transfers, the value of the transfer itself (school meals) is a small proportion of the total cost of supplying the transfer.
92. For *Ipelegeng*, these differences are particularly striking. *Ipelegeng* depends on individuals willingly seeking work at the wage provided, and, as noted elsewhere in this report, there are difficulties with this in the comparison with destitutes' allowances, since the *Ipelegeng* wage is lower than the sum total of destitutes allowances for recipients. Thus *Ipelegeng* is a self-targeted rather than targeted welfare programme. *Ipelegeng* means that recipients must be set to work on socially useful projects, and this means, in turn, that the projects need to be identified, planned, resourced and administered. In 2008/09, the total *Ipelegeng* programme cost was P283.6m. Of this materials cost P93.9m (33%), vehicles P21.2m (7%), administration, P79.4m (28%), and wage transfers to beneficiaries P89.6m (32%). In other words, it cost P2.20 in 'overheads' to deliver each P1 transfer to recipients. In 2007/08 labour costs on *Ipelegeng* were an even smaller proportion of total costs. However, latest MLG data covering 2009/10 suggest a marked swing towards more labour intensive work, with overheads of only P0.85 to deliver each P1 of transfers (see Annex 9).
93. The key point is that the imposition of conditions involves additional costs in both budgetary and management terms. For school feeding, the additional cost of preparing meals as opposed to transferring food parcels or coupons to households must be weighed against the assumed benefits of better child nutrition (through reaching children directly) and better education (through increased attendance – although this is already very high in Botswana - and enhanced learning capacity). For CCTs with education and health conditions, costs of monitoring compliance would need to be weighed against their (so far unproven) direct benefits for human capital formation. For *Ipelegeng*, the considerable costs of materials and management, to which must be added the opportunity costs of the labour provided by participants, must be weighed against the savings in targeting costs (which are diminished by the need for a rotation system to limit numbers) and long-term value of the assets that the projects create (which would itself need to be assessed).

4. Institutional issues

4.1. Institutional roles and relationships

1. The evolving process of policy formulation in Botswana was outlined in section 2.2 above. Any major policy such as one on social development would have to be approved by Cabinet and Parliament. The extent to which this is also true of subordinate policies such as those on destitutes, labour intensive public works or agricultural subsidies depends on the shifting balance of relations between technical, consultative, legislative and executive agencies in government and society. Key bodies that could be expected to play a national role are the Rural Development Council (RDC), the High Level Consultative Council (for dialogue between government and the private sector), the Vision 2016 Council, the National Council on Population and Development, the Botswana Council of NGOs, the Botswana National Council on Women (which may become the Botswana National Council on Gender and Development under new policy (section 3.6)), the Botswana National Youth Council, the National AIDS Council, the proposed Commission on the Rights of Persons with Disabilities, the Botswana Council for the Disabled and the National Employment, Manpower and Incomes Council. But a national social development policy would require broad consultations at district and local levels too, possibly through a Presidential Commission.
2. Within government, **MLG** plays the leading role in many aspects of social development programme delivery – through its Department of Social Services but also through its Department of Local Government Finance and Procurement (which includes Food Relief and Procurement Services) and its Department of Local Government Development Planning (which includes Development Planning Co-ordination and Local Government Policy Development and Monitoring). **MFDP** plays a key role too, not only in policy formulation but also in monitoring and budget co-ordination – most specifically through its Economic and Financial Policy Division and the Socio-Economic Policy Sub-Division, which comprises a Population and Development Co-ordination Section, a Poverty and Food Security Co-ordination Section and a Rural Development Policy Section. The **Ministry of Labour and Home Affairs** is important for, amongst others, its co-ordination of citizen identification systems and gender policy. As was noted in section 2.2, **MOA** co-ordinates major agricultural subsidy programmes that have an important social development function.
3. The multiplicity of these high level structures and their co-ordination for the effective formulation and delivery of social development policy and programmes are among the key issues that an overarching social development policy would have to address. Options to be considered include the establishment of a Ministry of Social Development and/or a Social Development Council (analogous to and conceivably replacing the RDC, which is chaired by the Minister of Finance and Development Planning). Poverty and rural development issues have always been co-ordinated by MFDP, although that role arguably has less prominence in the ministry than it did in earlier decades. A key question now is whether MFDP should play a similar role for social development – or whether that should be assigned to a different, or new, ministry.
4. Any such initiatives would of course have to be justifiable in terms of increased efficiency, enhanced co-ordination and more effective delivery outweighing the multiple costs of the reorganisation that would be involved. They would also have to reflect and enhance the evolving lines of accountability within and between central and local government. At present, the **Office of the President** is asserting more direct control over line ministries' policy and programmes and has established a Government Implementation Co-ordination Office to enhance performance and delivery. Whatever institutional strategy is adopted for social development in Botswana, it is clear that better national co-ordination is needed. While Parliament, the Cabinet and the Office of the President all have obvious authority and oversight, social development strategies and programmes, and their monitoring and evaluation, are still too scattered for optimum service to the people.

5. The local implementation of most social development programmes, and direct interaction with beneficiaries, are mainly the responsibility of local authorities: the **District, Town and City Councils**. They employ the core cadre of S&CD staff who assess, monitor, counsel, support and report on orphans, destitutes and CHBC patients. They operate the primary schools through which a major feeding programme is delivered. Until now, they have been responsible for primary health services and thus for the feeding programmes delivered through clinics and health posts. In April 2010, however, all these facilities will be transferred to the **Ministry of Health**. Seven District Councils employ Remote Area Development Officers for implementation of the RADP.
6. Lines of accountability in local authorities' implementation of social development programmes are indirect. Council staff report to their Chief Executive Officers, who report to the Permanent Secretary of MLG. DSS and other agencies within the ministry have no direct authority over Council personnel. This leads to periodic friction and discontent on both sides. MLG staff cannot intervene directly to address performance issues in programmes administered by local authorities, for example, or reprimand Council staff who fail to submit monitoring data on time (or at all). S&CD officers and other local authority personnel may resent what they see as central government efforts to add to or interfere with their heavy workloads. Overall, however, and although challenged by the recent transfer of clinics to MOH, the model of local authority responsibility for primary social development services is sound and the accountability issues are reportedly manageable.
7. Many other agencies are involved in the delivery of social protection and related services. Pensions are paid through post offices, by staff of District Commissioners (the senior representatives of central government at district level) and, in a growing partnership with the private sector, by the Elderly and Benefits Division of DSS working with Bank Gaborone and a local information systems company. Secondary school feeding is managed by each school and co-ordinated by MOE. The *Ipelegeng* LIPW programme has its own extensive network of field staff, as does the Food Relief Services Division of MLG with its nationwide logistics system. MOA crop and livestock extension workers are responsible for the agricultural subsidy schemes.
8. From the beneficiary perspective, the local S&CD officer is usually the primary point of contact, along with the chief and the Village or Ward Development Committee. S&CD staff play vital roles, but lack the numbers and resources to play them adequately – especially the social work services for which most of them were trained (chapter 6). Two modes of co-ordination are officially in place at community level. Technical co-ordination should be provided, in rural areas at least, by the Village Extension Team. Social co-ordination and consultation, as well as local project management, are the responsibility of the Village or Ward Development Committee. Neither of these institutions is fully effective at present, although there is no doubting the concern and commitment of some of the extension workers and VDC/WDC members interviewed during this study. As part of its current reappraisal of community development, DSS is considering how to revive VDCs and WDCs.
9. In social development as in any other area of government endeavour, two key institutional concerns are accountability and transparency, and the quality and efficiency of delivery. Through the Vision 2016 commitment to 'an open, democratic and accountable nation' (Pillar 5), much has been done in recent years to build open and transparent government and combat corruption (Vision 2016 Council, 2009: 74-86). While the Office of the President is intensifying efforts to make government delivery more efficient and effective, there has so far been less co-ordination of technical quality and efficient performance in sectors like social development. Tighter institutional co-ordination of the many agencies and activities outlined above would help to achieve this target for the sector.

4.2. The Department of Social Services and social development

10. Section 10 of the TOR for Phase I of this study (Annex 1) requests an assessment of the capacity of the Department of Social Services to implement a social development policy. Implementation of such a policy could not be the sole responsibility of the DSS. As explained in section 4.1 above, a range of implementation roles would have to be allocated to a larger number of agencies under a higher co-ordinating authority. Nevertheless, the role of the DSS, or of those divisions and programmes that currently make up the Department, would certainly be vital. This section therefore discusses the structure, staffing and budgetary capacity of the DSS relative to the kind of social development roles that it might be expected to play.
11. The Department currently comprises **eight divisions**. The Division of **Departmental Management**, as the name implies, is responsible for human resource issues, budgeting and general administration. The **Community Development** Division is currently reappraising the community development function, with EC support (section 3.2.5). It is responsible for the RADP and for support to Village Development Committees. The Division of **Specialised Services** is responsible for clinical social work (with a limited number of staff posted at hospitals); probation and after care; and the rehabilitation of juvenile offenders at the Ikago School of Industries. **Family Welfare Services** addresses psychosocial issues and complex social cases for which social workers in the field need support, such as adoption, marital cases and suicides. The **Child Protection Services** Division has the major task of co-ordinating policy and programmes for OVC, as well as child protection generally. It was central to the development of the 2009 Children's Act. **Elderly and Benefits Services** co-ordinates support to destitutes in cash and in kind, as well as the CHBC programme and the payment of old age and war veterans' pensions. The **Home Economics Programme** is responsible for early childhood care and education. It provides training in a range of food, nutrition, textile production and handicrafts activities, and co-ordinates local authority projects aimed at the rehabilitation of destitutes by building their income generation capacity. The **Information, Research and Public Relations** Division has several important functions – the most important of which, from the perspective of this study, is to enhance the monitoring and evaluation of state social protection programmes.
12. The roles and burdens of these eight divisions obviously differ. From an overall social development perspective, and recognising the vital specialist contributions of some of the other divisions, Community Development, Child Protection, Elderly and Benefits and Home Economics are particularly important. Community Development and Home Economics have key roles to play in preventing people from falling into absolute poverty and in supporting the rehabilitation of those who do, and who become beneficiaries of social protection. These roles are currently clouded by the lack of resources for rehabilitation projects and by the decline of the community development function overall (which the current EC programme seeks to redress). Elderly and Benefits is one of the two pillars of social transfer delivery. Although a predominantly administrative division, it also has a major policy responsibility in the form of the destitutes programme.
13. Restructuring of the DSS has been under discussion for some time. A draft proposal was developed in 2009. This made the logical suggestion of placing 'Corporate Affairs' under one Deputy Director and 'Technical Affairs' under a second. (At present the Department only has one such post.) It proposed that the RADP be restored to full Division status and envisaged that Elderly and Benefits Services, as well as Home Economics, would fall under 'Corporate Affairs', (along with Departmental Management and Information, Research and Public Relations). However, as shown above, these two divisions have important 'technical' content with major policy implications. As the Department recognises, the restructuring needs further consideration, and might in any case be deferred unless it can be shown to require no additional resources. There are various options. For example, there could be a division to deal with cash transfers and the logistics of food transfers, which are being increasingly monetised through smart card arrangements (section 7.1). Another could handle poverty prevention and

alleviation (possibly including the RADP) as well as the rehabilitation and graduation of destitutes, where possible. It would thus incorporate Home Economics and Community Development. A third could handle specialised social services, including clinical social work. A fourth would retain the all-important child protection portfolio.

14. While it is not possible to go into the detail of possible restructuring here, it is important to recognise that, like much of government, the DSS must face significant staffing and budgetary constraints.

Table 11. Department of Social Services: staffing, budget and expenditure, 2004/05 - 2009/10

Year	Total established posts	No. of posts filled	% of posts filled	Recurrent budget P	Expenditure P	Expenditure as % of budget
2004/05	329	317	96	252,393,420	119,440,691	47.3
2005/06	355	341	96	262,307,040	256,271,134	97.7
2006/07	352	340	97	279,640,476	256,747,459	91.8
2007/08	362	350	97	305,449,470	295,662,454	96.8
2008/09	365	356	98	372,442,261	365,149,188	98.0
2009/10	367	353	96	370,512,090	357,658,983	96.5

Source: DSS data.

Table 12. Department of Social Services staff by grade, 2004/05 - 2009/10

Year	E1	E2	D1	D2	D3	D4	C1-4	B1	B2-3	B4	B5	A1	A2	A3
2004/05	-	1	2	4	7	8	180	60	-	-	6	14	31	16
2005/06	-	1	2	4	9	11	178	-	-	-	7	13	36	21
2006/07	-	1	2	5	9	14	155	67	-	-	9	13	36	19
2007/08	-	1	2	6	9	22	171	64	-	-	9	13	38	21
2008/09	-	1	2	7	12	21	173	67	-	-	9	13	38	21
2009/10	1	1	2	7	11	28	168	3	12	52	9	15	38	21

Source: DSS data.

Notes

The recurrent budget includes personnel and operating costs and supply of routine materials and equipment, but excludes the provision of vehicles (budgeted elsewhere in MLG).

Expenditure for 2009/10 is that recorded to date (mid March).

E1: Director; E2: Deputy Director; D1: Chief; D2: Principal I; D3: Principal II; D4: Senior; C1-4: Officer; B 1-3: staff at special facilities; B4: drivers; A1: switchboard, cooks; A2: messengers and messenger-cleaners; A3: cleaners.

15. Although there has been a steady increase in the recurrent budgetary allocation to the DSS over recent years, there is no guarantee that this can be maintained or that it will do more than keep pace with inflation. There has been very little growth in the staff establishment. Overall, capacity to fulfil the Department's responsibilities depends on funding, structure and ability in key areas. More funding is always desirable, but, as just noted, it may not be forthcoming. Effectiveness could be enhanced through restructuring. Some ideas were presented briefly above, but would obviously need thorough assessment and debate. Ability falls under several headings. The Department is blessed with a significant number of well trained, deeply skilled and highly committed people who are specialists in various fields of social work, social service, social protection, community development and administration. These resources must obviously be nurtured and reinforced. One field of ability that the Department has recognised as needing expansion is monitoring and evaluation, linked to data management and related ICT skills. This study has revealed that, despite recent improvements, a number of weaknesses remain in the Department's ability to keep systematic records of its operations,

clients and impacts. A further key ability concerns the analysis of policy direction and impact. Senior officers must be able to keep the various DSS programmes under constant strategic and policy review, alert to trends in performance and their implications in broader social development terms. For any organisation like DSS, the natural tendency is to focus on the everyday routine of service delivery. In the context of national social development, the bigger challenge is to give adequate attention to the deeper policy issues. One structural option could therefore be to create a small strategic and policy unit in the office of the Director or Deputy Director, which would take special responsibility for this challenge.

5. Finance and funding

5.1. Budgeting and funding processes

1. Like all other government activity, state social protection programmes and related expenditures are budgeted in a process that converts ministries' estimates into an annual budget approved by Parliament. Government's financial year runs from April to March. The budget comprises recurrent and development costs. The latter must normally be derived from the project descriptions and budgets set out in the National Development Plan (NDP), which is also approved by Parliament. The NDP usually spans six years. The current NDP 10 covers seven, from 2009/10 to 2015/16. It will thus terminate a few months before Botswana's 50th anniversary of independence and the end of the Vision 2016 period.
2. For social development purposes, a major part of the budgeting process concerns local authorities. Town, City and District Councils undertake a similar annual exercise. They prepare their budget estimates and submit them to MLG, with which they subsequently hold discussions leading to final, approved budgets. These discussions are guided by the budget ceilings communicated each year by MFDP to MLG. The approved subventions appear as just two lines in the central government's annual recurrent budget estimates (under MLG): 'Revenue Support Grant, Local Authorities' (P2.52bn for 2009/10) and 'Revenue Support Grant, Urban Authorities' (P704m for 2009/10).
3. Almost all social development expenditure is now funded from domestic government revenues. Donor support for Botswana has diminished now that it is classified as a middle income country, although some agencies remain active (e.g. European Commission budget support for education). Some of the NGOs involved in social protection receive funds from outside the country, but most of their resources are also raised locally and may be provided by government – as in the case of members of the Botswana Council for the Disabled (section 2.3.3).

5.2. The costs of current programmes

4. Table 13 below shows the 2009/10 budgets of the main social protection programmes in Botswana. It can be seen that the total budgeted cost of these programmes in the current financial year is P1.59bn. These figures do not include the supplementary budgets that may be requested and approved for some programmes in the course of the financial year. They also exclude over P200m per year budgeted for the ISPAAD and LIMID crop and livestock production subsidy programmes.

Table 13. Budgets of principal social protection programmes, 2009/10

Programme	Budget, 2009/10 Pm
Community home-based care	160
Orphans and vulnerable children	47
Primary school feeding	208
Secondary school feeding	172
Vulnerable Group Feeding Programme	216
Destitute persons	207
State old age pension	256
War veterans' pension	15
Remote Area Development Programme	49
<i>Ipelegeng</i>	260
Total	1,590

Source: GOB data.

5. Table 14 shows expenditures as well as budgets and begins to tackle the difficult but important issue of cost-efficiency: what is it costing to deliver a unit of benefit? What is the comparative efficiency of the different programmes and modes of transfer? (RHVP, 2008.) As can be seen, it has not been possible in the time available to get full data on all programmes, and information for 2009/10 is of course incomplete. The lack of adequate information on the roughly P200m per year that is being spent on primary school feeding is a particular concern.
6. The cost-efficiency of a social transfer programme depends on the size of the overheads associated with the transfer of a unit of benefit, which might be a Pula of cash or a kilogram of food. The simple way to calculate the overheads, in the absence of more detailed information, is to subtract the total value of the transfers themselves at the point of delivery, if that can be calculated, from the total reported expenditure on the programme. For four MLG programmes, however – CHBC, OVC, destitutes and RADP – the ministry was able to calculate a separate overhead cost, being the salaries and operating costs of the relevant departments (or sections of departments) in local authorities. (The ministry reported a single overhead cost for CHBC, OVC and destitutes, as these are handled by the same team in each S&CD department. That cost has been divided equally between these three programmes, according to the number of beneficiaries in each.) These overheads are shown as separate line items in Table 14. For these programmes, the cost per beneficiary is the ‘expenditure’ plus ‘overheads’ divided by the reported number of beneficiaries.
7. With these data it is possible to calculate a simple cost per beneficiary, as shown in the table. These costs are worth knowing but are not directly comparable, because the nature of the benefit varies from programme to programme. A meaningful comparison must be based on the total cost of the programme per unit of benefit. But without extensive study it is not possible to calculate and compare the monetary value of a unit of benefit that is transferred in kind – the various food baskets and rations provided by these programmes would need to be valued at local market prices according to location. With available data it is possible, however, to compare those programmes that make transfers entirely in cash: the old age and war veterans’ pensions and *lpelegeng*. (The destitutes programme pays a cash allowance, but the more valuable part of its transfer consists of food.)
8. The cost per Pula of cash transferred by these three programmes should be shown in the table as the total cost, including the Pula that the beneficiary receives. However, it has not been possible to obtain reliable data on the total administrative costs of the cash transfer programmes, with the exception of *lpelegeng*. Not surprisingly, *lpelegeng* has had high overheads in the past (an estimated P3.27 per Pula in 2008/09, down from P6.69 the year before, although remarkably this appears to have dropped to P1.85 in 2009/10). Internationally, public works programmes are an expensive way of making transfers. It can be argued that this higher cost is justified in terms of the public works that are delivered as well as through savings on targeting costs (since participants in principle self-select for these programmes) and through the dignity that participants may feel they derive from paid work. Whether this argument holds true for *lpelegeng* depends on how well the public works are designed and maintained, and on whether the self-selection system functions as it should.

Table 14. Principal state social protection programmes: summary of budget and expenditure trends

		2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
CHBC	No. of beneficiaries	14,130	10,648	8,128		3,702	3,242
	Budget (P)	80,482,190	65,438,450	75,421,130	83,473,020	52,563,990	160,201,920
	Expenditure (P)	85,425,640	62,629,770	75,421,130	78,856,160	51,563,910	
	Overheads (P)	1,318,220	2,166,554	1,407,546		1,245,122	
	Total cost per beneficiary (P)	6,139	6,085	9,452		14,265	
OVC	No. of beneficiaries	52,537	53,223	48,655	49,301	48,119	45,816
	Budget (P)	189,274,140	215,469,270	181,569,580	321,586,960	238,159,420	46,984,180
	Expenditure (P)	189,133,310	195,183,490	181,569,580	331,705,490	238,159,420	
	Overheads (P)	4,901,298	10,829,309	8,425,710	7,722,341	16,184,237	
	Total cost per beneficiary (P)	3,693	3,871	3,905	6,885	5,286	
Primary school feeding	No. of beneficiaries			271,750	260,507	271,924	
	Budget (P)	178,324,285	185,615,973		175,775,339		240,832,141
	Expenditure (P)						
	Cost per beneficiary (P)						
Secondary school feeding	No. of beneficiaries	189,504	193,333	199,531	206,785	166,607	165,097
	Budget (P)	100,361,690	96,269,120	112,407,470	133,240,820	155,522,591	172,477,975
	Expenditure (P)	92,058,035	91,471,583	104,701,433	126,904,545	155,309,492	135,316,756
	Cost per beneficiary (P)	486	473	525	614	932	820
Vulnerable group feeding	No. of beneficiaries					234,139	230,985
	Budget (P)	140,451,396	166,620,405		170,845,134		216,072,032
	Expenditure (P)						
	Cost per beneficiary (P)						
Destitutes	No. of beneficiaries	27,456	30,099	32,032	34,129	38,237	40,865
	Budget (P)	92,060,506	113,614,114	131,480,390	151,031,445	205,438,544	36,720,300
	Expenditure (P)	122,808,194	115,564,927	81,023,992	165,194,778	201,104,393	
	Overheads (P)	2,561,434	6,124,258	5,547,063	5,345,850	12,860,547	
	Total cost per beneficiary (P)	4,566	4,043	2,703	4,997	5,596	
State old age pension	No. of beneficiaries	65,074	71,363	77,180	83,370	88,121	91,446
	Budget (P)	171,312,000	174,812,000	184,007,016	204,336,317	255,756,250	255,837,120
	Total payments (P)	169,941,429	185,653,900	217,882,540	225,352,645	303,300,540	337,266,106
	Payment per beneficiary (P)	2,612	2,602	2,823	2,703	3,442	3,688
War veterans' pension	No. of beneficiaries	2,834	2,880	2,926	2,965	3,012	2,940
	Budget (P)	16,124,160	13,824,160	15,340,800	15,876,000	13,897,200	15,431,300
	Total payments (P)	20,218,445	20,442,575	22,370,916	22,198,193	28,054,916	30,135,411
	Payment per beneficiary (P)	7,134	7,098	7,646	7,487	9,314	10,250
RADP	No. of beneficiaries	40,705	41,178	41,651	42,124	42,597	43,070
	Budget (P)	15,347,800	15,150,300	21,625,670	23,982,700	33,185,760	46,861,270
	Expenditure (P)	13,754,822	11,656,445	11,128,780	12,267,009	17,955,093	
	Overheads (P)	9,261,026	8,368,255	8,935,048	11,732,884	14,211,702	
	Total cost per beneficiary (P)	565	486	482	570	755	
lpelegeng	No. of person years		9,069		14,363	18,085	19,431
	Budget (P)				297,259,928	301,980,110	260,000,000
	Expenditure (P)		131,062,079		297,763,536	283,618,964	221,210,934
	Cost per person year (P)		14,452		20,731	15,683	11,384
	Cost per P1 transferred				6.69	3.27	1.85

Source: GOB data.

Notes

lpelegeng: no. of person years = 'cumulative employment'/12, i.e. total person years' employment provided. Expenditure includes materials, vehicles and administration. Cost per person year calculated as total expenditure / no of person years. Cost per P1 transferred calculated for 2007/08 – 2009/10 as total expenditure divided by total expenditure on wages (see Table 43 on page 161).

OVC: no. of beneficiaries is the no. of orphans.

Destitutes: no. of beneficiaries is the total no. of recipients of the destitute cash allowance, as recorded by SOBERS.

RADP: equal annual growth assumed between RAD settlement population reported for 2001 and estimated population in 2010.

5.3. Fiscal sustainability

9. Fiscal sustainability is an important consideration for government when deciding whether existing programmes should be scaled up or cut back, or whether they should be continued or discontinued. There is no comprehensive analysis on the sustainability of social protection programmes in Botswana. However, Seleka *et al.* (2007) examined expenditure trends in these programmes relative to total government expenditure. They found that social safety net expenditure (benefits only) accounted for 11% to 12% of Ministry of Local Government expenditure during the period 2000/01 to 2002/03. However, a sharp rise was seen to about 19% in 2003/04 and 2004/05. This, they argued, reflected a shift in MLG priorities towards intensifying social protection programmes. Their analysis did not include programme administrative costs (as they were unavailable), implying that it understated expenditure shares on social welfare programmes.
10. The sudden rise in expenditure share was due to a number of factors, the general one being the rising individual shares of all programmes (in total MLG expenditure), with the exception of the war veterans programme. In 2003/04 and 2004/05, the old age pension and orphan care programme were the most expensive, with each accounting for about 4.5% to 6.7% of MLG expenditure. As these programmes are not means tested, this result is expected. The destitute package and food supplies (primary schools and clinics) accounted for about 4.0% to 4.5% of MLG expenditure during the same period, while community home based care accounted for 1.5% to 2%.
11. Recent expenditure data for CHBC, orphan care, the destitute programme, the old age and war veterans' pensions, RADP and *Ipelegeng*, covering the period from 2004/05 to 2008/09, were analysed. While these data are incomplete, they provide crude estimates on programme sustainability. The data, which included estimates of overhead costs for some of the programmes, indicate that these programmes accounted for 2.3% to 4.6% of total government expenditure and 0.9% to 1.5% of GDP during the review period. When we include the data for secondary school meals, programme expenditures as ratios of total government expenditure and GDP fall within the range 2.7% - 5.2% and 1.1% - 1.6%, respectively. While the trends fluctuated, they appeared stagnant when examining the entire period, implying no change in priority over the review period.
12. The data show that the most expensive programmes were the old age pension, orphan care and *Ipelegeng*, which are not means tested. They are followed by the destitute programme, which while means tested on socio-economic criteria, covers the entire country. The least costly programmes were RADP, the war veterans' pension and CHBC. The RADP is means tested and involves geographic targeting. The war veterans' pension covers only war veterans, their spouses and dependants under 21 and therefore should be least costly based on these criteria. Lastly, the CHBC is based on health criteria and is means tested based on socio-economic criteria, explaining why it is one of the least costly programmes.
13. While it appears that existing programmes are affordable to government, consideration should be given to what may occur in the future. The economy of Botswana depends on mineral exports, which up until the recent global economic downturn, was by far the leading source of government revenues. Thus, government's ability to dispense social safety net programmes is more a function of mineral export revenues than anything else. In future, when these export revenues are projected to decline, the capacity of government to dispense these programmes could greatly diminish. It is along these lines that the extent of dependency on public support through social protection is causing concern. Mechanisms for complementing these programmes with promotion of livelihood opportunities for those able to work should be aggressively pursued to ensure that support to individuals does not breed cycles of intergenerational poverty. Such mechanisms should involve efforts to integrate beneficiaries into the national economy, as well as the continued pursuit of economic diversification.

6. Social work

6.1. Social worker activities

1. Social workers are employed by governmental, non-governmental, and commercial agencies where they provide various services to individuals, families, and communities. Within the local authorities where the majority of social workers are employed, their major function is to implement the destitution programme, OVC programme, RADP, CHBC programme, community development, clinical social work, rehabilitation programmes, capacity building for community development, home economics, family issues, adoption issues, support to Village Development Committees, probation and after care services, project management, foster care and child protection. But the reality is that, despite these theoretical functional responsibilities, the bulk of social workers' time is spent on assessment, registration and provision of material support for beneficiaries. Material support includes the provision of accommodation, rental payments, transport fees, school fees, uniform fees and other school needs. Many social workers complain that this practice turns them into mere administrators or supplies officers rather than people offering unique professional expertise.

6.2. Social worker training

2. Social work training in Botswana is offered by the Department of Social Work in the Faculty of Social Sciences at the University of Botswana (UB). In the mid 1980s, UB had a tripartite programme in social work education, namely certificate, diploma, and bachelor's degree. The one-year certificate programme was phased out in the 1999/2000 academic year. Currently there are three social work programmes offered: Diploma in Social Work, Bachelor of Social Work (BSW), and Master of Social Work (MSW). The Diploma in Social Work prepares students for front-line practice roles in the human services. Course offerings include social work practice with communities, groups and organisations; social work interventions with families and individuals; interpersonal communication; the social services of Botswana; administration and supervision in the human services; sociology; psychology; and a selection of theoretical and practical issues in social work practice in southern Africa. Upon successful completion of this programme students are able to practise in fields such as clinical social work, community development and youth work (Department of Social Work, 2006).
3. The Bachelor of Social Work degree, on the other hand, prepares participants for middle and senior management roles. BSW courses cover a wide range of professional social work interventions, human development and behaviour, communication theories and their applications, organisational behaviour and planning, management and supervision, social policy and research. This basic curriculum is supported by foundation courses in law, psychology, sociology, and economics. Upon successful completion students are expected to have competencies to practise in clinical social work, youth and community development, social administration and research. Finally, the Master's degree programme equips students for senior management and policy making positions in the field of human service and has three areas of specialisation: social policy and administration, clinical practice, and youth and community practice (Department of Social Work, 2006). Table 15 below shows the number of social work students who have graduated from UB since 2001 from certificate, Diploma, Degree and Master's programmes.
4. As shown in this table, a total of 281 social workers have received training at Diploma level, 454 at Bachelor's and only 38 at Master's level since 2001. It should be noted that, on average, a third of Diploma holders move straight into the degree programme; hence the number of social service employees with only a Diploma may be smaller.

Table 15. Number of Social Work graduates, University of Botswana, 2001 – 2009

Year	Certificate	Diploma	BSW	MSW
2001	27	36	41	-
2002	22	44	29	-
2003	7	42	46	1
2004	-	45	56	-
2005	-	21	45	16
2006	-	22	68	3
2007	-	21	68	8
2008	-	34	47	4
2009	-	16	56	6
TOTALS	56	281	454	38

Source: University of Botswana records.

5. The training programmes at the University of Botswana are guided by the International Code of Ethics for the Professional Social Worker. One of the key principles states that the professional social worker has the responsibility to devote objective and disciplined knowledge and skill to aid individuals, groups, communities and societies in their development and resolution of personal-societal conflicts and their consequences. Regrettably, Botswana has not yet developed a National Code of Ethics to guide professional service. Nor is there a National Council on Social Work to ensure compliance to ethical standards. This is a major challenge for social development reforms as professional standards are easily compromised. The recent formation of the Botswana Social Work Association is a welcome development in enhancing professionalism.

6.3. Social worker numbers and distribution

6. Table 16 below shows the geographic distribution of social workers. There are 343 social workers spread throughout the country; 230 in rural areas and 113 in towns and cities. It is interesting to note that out of the 454 BSW degree holders trained at UB, local authorities currently employ only 197. Similarly, out of 281 diploma holders trained, only 126 are currently in local authority posts. At the Master's level, six are employed out of the 38 who have received training. It is important to observe that local authorities continue to recruit quite a number of Adult Education degree and diploma holders to perform social work functions.
7. Table 16 also compares the distribution of social workers and of beneficiaries (defined as the sum of orphans, needy students, CHBC patients, *Ipelegeng* participants and destitute persons). In terms of workloads, it is evident that social workers working in rural areas carry heavy workloads compared to their counterparts performing the same functions in urban centres. For example, a total of 123,417 beneficiaries are assisted by 230 social workers in rural areas (a ratio of 537 per social worker) compared to 13,301 beneficiaries assisted by 113 social workers in urban settings (118 per social worker). Of course social workers perform other tasks as well as those related to the beneficiaries shown in the table, and it can be argued that some of those tasks are more concentrated in urban areas. However, locations such as Southern, Kweneng, Ngamiland and Central have wide geographic areas and comparatively bigger numbers of beneficiaries of the specified programmes, yet have fewer social workers. Future recruitment exercises should target these areas.
8. Overall, social workers, irrespective of geographic location, are extremely overloaded since their functions go far beyond implementing social grants. Due to the fact that they operate under enormous pressure, it is not surprising that they tend to focus only on providing material support to beneficiaries and neglect provision of psychosocial support which is critically needed to empower clients to exit welfare programmes. In an effort to improve efficiency, DSS should develop systems governing reasonable workloads for the entire staff. Workload standards should be based on the scope of

professional responsibilities, the number of clients served, geographic coverage, the amount of time the social workers needs to spend with the client, the complexity of the problem and the duration of presenting the problem.

Table 16. Social worker numbers and distribution, 2009/10

District or town	Estimated population, 2010	Estimated number of beneficiaries	Total no. of social workers	Qualifications of officers				Scale			
				Master's	Degree	Diploma	Certificate	D1	D2	D3/D4	C3/C2/C1
Southern	173,447	22,495	19	0	13	1	5	1	2	2	14
South East	68,477	2,922	14	0	7	7	0	0	2	0	12
Kweneng	258,090	17,680	51	0	26	19	6	1	1	1	48
Kgatleng	78,419	4,597	23	0	10	11	2	1	1	0	21
Central	527,685	45,695	58	2	25	31	0	1	4	4	49
North East	48,557	4,363	10	0	8	2	0	1	0	0	9
Ngamiland	135,660	13,784	13	1	6	6	0	1	1	0	11
Chobe	21,412	1,269	10	1	5	4	0	1	1	0	8
Gantsi	35,678	5,309	13	0	10	3	0	1	1	0	11
Kgalagadi	45,533	5,303	19	0	12	7	0	1	0	1	17
Sub-total	1,392,958	123,417	230	4	122	91	13	9	13	8	200
Gaborone	228,166	5,493	49	1	33	15	0	1	1	1	46
Francistown	98,968	4,216	20	0	15	4	1	1	0	1	18
Lobatse	30,734	1,140	12	1	6	5	0	0	1	0	11
Jwaneng	17,262	481	10	0	6	4	0	1	1	0	8
Selebi-Phikwe	51,514	1,880	20	0	13	7	0	1	0	0	19
Sowa	3,257	91	2	0	2	0	0	0	0	0	2
Sub-total	429,901	13,301	113	2	75	35	1	4	3	2	104
Total	1,822,859	175,453	343	6	197	126	14	13	16	10	304

Source: Department of Local Government Service Management data.

7. Information, monitoring and evaluation systems

7.1. Information systems and networks

1. There is a varying degree of computerisation in the main state social protection programmes (Annexes 2-9). On the negative side, there are a number of programmes which suffer from often poor manual record-keeping and where information which may be maintained at sub-national level is not properly communicated to national levels. A majority of districts continue to maintain data manually, mostly for reasons of poor internet access and outdated computers and software.
2. On the positive side, there is already recognition of the potential benefits of improved information and communication technology (ICT) systems, manifested in a move towards a unified system, the Social Benefits Payment and Reconciliation System (SOBERS), which combines records on beneficiaries in the destitute persons, old age pension and World War II veterans programmes. SOBERS captures data on the numbers of beneficiaries, their age and gender, and the payments made to them by Pension Officers and other agents of District Commissioners; by Botswana Post; and by direct transfer to their bank accounts. In the case of the destitutes programme, it only captures data on the cash payments; not on food transfers.
3. There are ongoing discussions within Government on strengthening information systems. Most of the government officers interviewed emphasised the need to improve the capability and the capacity of the management information systems and networks to more advanced automated systems. This is entirely consistent with Vision 2016, which envisages that, by that year, "Botswana will have entered the information age on an equal footing with other nations... the people of Botswana will be able to use and apply the potential of computer equipment in many aspects of everyday life" (GOB, 1997: 7). Linked into the steady expansion and upgrading of the Government Data Network, a number of initiatives to be funded under NDP 10 will enhance data management for social protection and social development purposes, including major schemes in the Ministry of Labour and Home Affairs for an enhanced national identity system. This is part of a broader commitment to reinforce e-government systems during the NDP 10 period.
4. There is considerable scope for enhanced efficiency (and significant savings) if improved ICT systems are introduced to the processing and management of social protection programmes in Botswana, with SOBERS already available as a sound basis from which to build. International experience, from the big social programmes in Latin America and also increasingly from within Africa itself, shows that a fundamental requirement is a single registry system ('*Cadastral Unico*'), a central database containing information on beneficiaries from all programmes. This central beneficiary registry should then be available online not just to DSS officials at national and sub-national levels, but also to other government departments that may be involved in management of particular programmes or in the monitoring of compliance with conditions, and to partners such as the financial institutions responsible for making payments (e.g. post office, banks).
5. One key area where new ICTs are opening up the potential for dramatic improvements is in the delivery of transfers. Smart cards have the potential to contain unique biometric identifiers that help with the registration and verification process (see section 7.2 below), as well as containing an nearly infinite number of electronic "wallets" for different types of financial transfer (and other) information. Mobile phones – essentially smartcards with improved input/output interfaces and improved communications – are also increasingly being used for money transfers, with particular effect in sub-Saharan Africa. Linked to automatic teller machines (ATMs) and intelligent point-of-sale (PoS) equipment, such technologies can reduce the cost and simplify the delivery of social transfers.

6. Botswana already has the technology available to adopt such approaches. Furthermore, it is already beginning to experiment in the field of social transfers. Examples include the switch cards or ‘coupons’ that have begun to be used, since 2009, for DSS food transfers to a subset of orphans, destitutes and CHBC beneficiaries; the ATM cards being introduced for cash payments at post offices to pensioners, war veterans and destitutes; and Penrich’s chip based card, which delivers a range of financial services, including a bank account with no minimum deposit threshold and minimal bank charges. Operating as SmartSwitch Botswana, these systems are based on the Universal Electronic Payment System (UEPS), and make use of the ATM and PoS infrastructure of banks, post offices and major retailers throughout the country. (For the food transfers MLG has supplied PoS equipment to retailers through local authorities, although some shops have since bought extra equipment themselves.) As the system expands, it will provide people with the potential also to make purchases and conduct banking transactions, including card-to-card remittances.
7. The introduction of such technologies allows the private sector to play a significant role as agents in the delivery of social transfers, effectively outsourcing such systems to independent agencies (as happens in most OECD countries, and in Botswana’s neighbours, South Africa and Namibia). Even where more traditional agents are used (such as a post office network, commercial money transfer companies), this reduces the burden on governments and further stimulates the local and national economy.
8. Finally, in the context of delivery systems, it is important to leverage the opportunities presented. Cash transfers are more effective when they are linked to other services (the ‘cash plus’ approach). In the case of ‘pull’ mechanisms (where recipients have to travel to collect their transfer at a specific place and time), it is possible to take advantage of the assembly of recipients to provide training, public awareness campaigns, health services and so on. Whilst this is less feasible with ‘push’ mechanisms (where transfers are rather sent to the beneficiaries), there is nonetheless considerable opportunity for providing additional financial services (such as micro-credit or small savings schemes) that will benefit recipients. And because the availability of financial services among the previously ‘unbanked’ is of benefit to the community as a whole – not just to the direct social transfer beneficiaries – there is additional justification for the Government to support such initiatives.

7.2. Beneficiary identification

9. When making social transfers, it is essential to give them to the right person. This sounds obvious, but there is a surprisingly complex process required to ensure that it happens, especially in a context where individuals are known by a variety of names. Quite apart from decisions around targeting discussed in section 3.2.3 (Who is entitled to benefit from the programme? What criteria will be used to decide who is so entitled? How to find all the people in the country who meet these eligibility criteria?), the issues of registration and subsequent identification are essential.
10. Botswana is fortunate (and in the minority of countries within southern Africa), in that it already has a national system of identification for all citizens over the age of 16: the *Oman* card. For the time being, this is purely visual (i.e. a card with a photo and personal details printed on it). Although it has some machine-readable text, it does not store any data electronically. But there are already advanced discussions around replacing it with a smart card of exactly the kind described in section 7.1 above. There is also discussion of extending the system down to include under-16s, through the issuance of more sophisticated birth certificates which carry a unique identity number that will automatically become their *Oman* registration number on reaching the age of 16.
11. A smart card-based national identity card can incorporate encrypted biometric information (such as fingerprint data) of the holder, which can then be used to verify the identity of the person presenting the card (for example by using a simple fingerprint reader attached to a PoS device to compare

fingerprints with those encoded in the smartcard). This avoids the need for PIN numbers, or even for basic numeracy.

12. Such systems can be expensive to set up, and may require sophisticated equipment and materials, so it is essential to ensure that links are made with other possible applications of the technology – e.g. for national identification, voter registration, driver’s licences, health records, etc. But the cost of smart cards is falling fast; and the benefits of increased accuracy, reduced fraud and greater security will soon repay the initial investment.

7.3. Automated monitoring and evaluation

13. The monitoring and evaluation functions of M&E have traditionally been considered as largely independent activities, each addressing distinct issues and having separate purposes.

- **Monitoring** has traditionally been considered to deal with the assessment of the physical and financial performance of an ongoing programme. Monitoring traditionally involves continuous information gathering, which is undertaken within the duration of the programme. Examples of typical monitoring type questions are: How many beneficiaries received social welfare transfers last month, and what was the overall cost of programme operations last month?
- **Evaluation**, on the other hand, has traditionally been considered to address more fundamental questions regarding the reach, outcome and impact of the programme and to occur after the programme has been completed. It may entail discrete data collection exercises, often involving sample surveys and questionnaire and interview techniques. A typical evaluation type question might be phrased as follows: what was the net impact of the programme on food security over the past year in households benefiting from the programme?

14. In recent years, however, the distinction between monitoring and evaluation has become less defined with the introduction of the concept of “**continuous impact monitoring**”. Continuous impact monitoring, which implies the regular assessment of the programme’s impact, has helped to shift evaluation from a primarily *ex post* reflective exercise to a more real time, in-project activity. This has particular relevance for institutionalised programmes such as social protection schemes that are not expected to have a fixed duration, like the majority of those in Botswana.

15. Yet, for current social protection programmes in Botswana, systems for M&E are relatively weak (section 3.2.7). Some systems (such as the destitutes’ programme) were initiated by government itself and are sustained for justifications of political economy rather than on scientifically proven technical grounds. Others (such as the RADP and *Ipelegeng* programmes) have had much greater degrees of donor involvement, at least in their early years, and thus have been subjected to more in the way of rigorous external evaluation. Even here, though, the gradual contraction of the RADP and the recent expansion of *Ipelegeng* from intermittent drought relief to permanent poverty alleviation have been based on a policy decision rather than an evaluation or strategic study.

16. The problems with current M&E systems are varied, and span a whole range from deficit of data to surfeit of data. At one end of this scale, basic monitoring information is simply not collected, stored or reported regularly or reliably. In other cases, there is extensive (if variable quality) record-keeping at community and district level in hard-copy format, but no attempt to make the information available digitally, nor to compile it at national level. For example, the 2006 SIAPAC review of the Short-Term Plan of Action (STPA) described the M&E systems as “dysfunctional” (SIAPAC, 2006: 96); and the 2008 policy review of *Ipelegeng* identified the lack of an inbuilt M&E framework as a serious weakness. And in further cases at the other end of the scale, such as the old age and war veterans pensions, there are substantial computerised data available through the SOBERS system, at least on process indicators; but very limited capacity to distil, extract, analyse or use these for improving programme performance.

17. Even on those programmes where regular reporting makes better monitoring possible, there is a lack of information on programme outcomes and impacts. The old age pension has now been operating for fifteen years, yet (unlike similar social pensions in South Africa, Lesotho and Swaziland) there has been no evaluation of its impact, in terms of benefits to recipients and their households, of improved health, nutrition or food security indicators, of educational performance of household members, and so on.
18. The availability of automated identification and payment systems, such as those described in sections 7.1 and 7.2 above, greatly increases the potential for improved monitoring of process indicators: in fact the problem can become one of too much data, rather than too little. It also, over time, allows a much greater degree of continuous impact monitoring.
19. Looking ahead, there are a number of criteria against which an effective M&E system for Botswana should be judged.
 - The first key criterion is that it should be **unified**: a single M&E framework for all programmes, using a standard set of indicators. This in turn is greatly facilitated by having a central beneficiary registry, as described in section 7.1 above.
 - Another key characteristic is **flexibility**. Flexibility in this context means that the system is designed to handle the current range of social protection interventions, and that it can be easily modified to accommodate design changes or the introduction of new programmes.
 - A third key facet of the M&E is that it should be **operational**, so that information can feed into strategic and management decision-making. This requires full interoperability with Management Information System (MIS) tools for targeting, registration, payments and reconciliation, and with existing or improved reporting systems.
 - A fourth key requirement is for a **client-based** M&E system that includes tools to deliberately elicit client satisfaction in the form of regular client feedback surveys, flexible complaints mechanisms, and citizen's report cards.
 - A fifth characteristic of the proposed M&E design is **cost-efficiency**. This necessitates a rigorous process of indicator selection that will yield the minimum dataset required to meet the operational, strategic and advocacy information needs, and no more. There is a danger, especially with automated systems, that too much data will obscure the key messages.
 - A sixth, linked, emphasis is on **intelligibility** and uptake. The concepts and methods surrounding M&E for social protection can be confusing and difficult for non-specialists, so the reporting process needs to include training of key decision-makers in the interpretation of impact indicators, targeting accuracy measures and so on. This will greatly improve the uptake of findings from the M&E.
 - A final emphasis is on **accountability** for results. Integration of the MIS and M&E systems will allow generation of a complete set of output, process and outcome level performance for each implementing partner, whether government or non-government.
20. Following the principles outlined above, the basic components of a proposed M&E system would be:
 - **Standard format regular reporting** on expenditure, outputs and process against a clearly defined schedule of deliverables. Data will be directly captured in an integrated MIS/M&E system, online where possible.
 - **Operational baseline to impact surveys**, aimed at measuring indicators of process and outcome level performance and unintended market and other impacts, for example employing a

combination of sentinel or purposive sampling of survey locations and randomized selection of control and treatment households.

- **Research-based baseline and impact studies:** if there is a need for research outputs, the M&E system can include larger sample baseline and impact surveys with randomized selection of control and treatment groups, and panel data collection.
- **Risk assessment and project audits** which are frequent small sample investigations of compliance with operational procedures, assessment of fiduciary risks and assessment of unintended consequences including risks to the programme clients/participants, for each of the primary processes (targeting, registration, cash transfer, and reconciliation).
- **Client relations and complaints/appeals monitoring:** to ensure that clients are receiving their entitlements and that recourse and complaints and appeals mechanisms are available to all, instruments will include a citizen's report card and formal SMS and "Complaints Box" based systems for recording complaints and fraud.

8. International best practice

8.1. A summary of international best practice in social development

1. Section 2.1 provides a definition of social development, and also suggests some of the main aspects of society and economy that are covered under a social development umbrella. Many different sources offer ideas for best practice in social development. A touchstone is the 1995 Copenhagen Declaration on Social Development (United Nations, 1995) and its extension in a General Assembly resolution of 2000 (United Nations, 2000). The World Bank also offers some guidance (World Bank, 2005), as does UNRISD (www.unrisd.org). Section 2.1 also identifies some of the weaknesses that have accompanied social development implementation to date in Botswana. In this section we are concerned with best practice principles that have emerged from international experience in social development. These will be dealt with first in general terms, and then with respect to technical aspects of social protection programme design.
2. **Equity** is a fundamental principle of social development. It is a principle that takes many forms and has multiple layers. It includes:
 - (1) **equity of access**: the ability of all people in society to access opportunities and services on an equal footing;
 - (2) **equity of treatment**: the right of all people in society to expect the same treatment from their government and its agencies, irrespective of their culture, religion, location etc.;
 - (3) **gender equity**: the right of women to be treated with equal dignity and respect as men, and to share the same access to opportunities and services as men;
 - (4) **social integration**: this also incorporates the idea of social inclusion, and means that the government has responsibility to enable disadvantaged and marginalised individuals, families or social groups to enjoy the same opportunities as other, more fortunate, people in society;
 - (5) **empowerment**: the ability of people to participate in decisions that affect their lives and livelihoods; to express their opinions and viewpoints to people in authority without fear of prejudice or reprisal; and to create or belong to civil society organisations that represent their interests and needs.
3. Equity as a social development principle is powerfully underpinned by notions of **rights**. Rights include fundamental human rights, as set out in various binding international treaties to which Botswana is a signatory. It also includes rights that are established in the laws of an individual country. Rights established in law also often create entitlements, whereby citizens know that they are entitled to certain ways of being treated, or access to particular services; such as the right to trial by jury, or the right for all children to attend primary school. Equity also requires that somewhat elusive quality of government called '**good governance**'. Good governance means, amongst other things, that people are treated fairly whoever and wherever they are; and that government and its agencies are able to listen and learn from people and their representatives rather than just handing down central instructions. Good governance of course also means several other important attributes such as the even-handed application of the rule of law, transparency in decision making, accountability for actions (and funds), and low tolerance of corruption.
4. Equity, rights and good governance can therefore be thought of as a central triangle (see Figure 2 below) at the heart of best practice in social development. Equity is at the apex of this triangle. It is important to note that equity does not mean 'equal income distribution'. Inequality of incomes is an economic phenomenon about which there are centuries old debates concerning what constitutes an acceptable degree of income inequality, the role of inequality in growth, and the relationship of inequality to social cohesion. An emerging consensus suggests that high income inequality – like that in

Botswana – is damaging to social cohesion, and therefore may work against the principle of social integration listed above. Therefore the relative equality (or lack of it) of incomes can affect the achievement of social development goals, even though, on its own, the achievement of more equal income distribution is not generally put forward as a social development best practice objective.

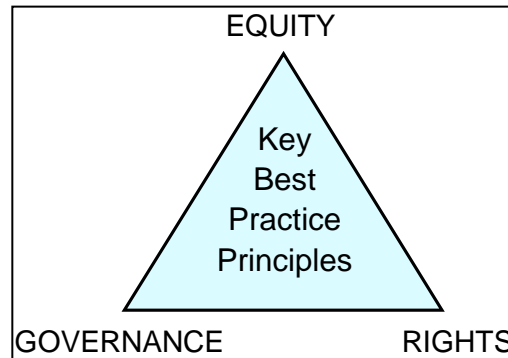


Figure 2. The central triangle of social development best practice

5. There is a further sense in which ‘best practice’ can be discussed in relation to social development, and that is **professional best practice** on the part of skilled professionals whose duty it is to implement social development. Such professions include the law, education, health, public administration and social work (chapter 6). In many countries, individuals in such professions belong to professional bodies, must abide by best practice as laid down by those bodies (or by the government through such bodies), and can be struck off the register if they are found to have wilfully or consistently failed to abide by the standards laid down. It is beyond the remit of this report to examine the standards established for such professions in Botswana, although section 6.2 points out the lack of formal standards for social work. However, it can be pointed out that broader social development best practice principles are not always, or consistently, built into the standards and guidelines of professional bodies, and therefore there may be scope for improving such standards by incorporating good social development principles in them.
6. **Social protection** has a critical role in securing desirable social development outcomes, because social protection programmes are the most important means of ensuring the social inclusion of poor, disadvantaged, vulnerable, marginalised, chronically ill or destitute people. The space given to social protection programmes in this report is a reflection of this central importance. The implementation of social protection is also open to the identification of best practice principles, at a rather more practical level of implementation than broader best practice for social development as a whole. One such set of principles is identified in a book on social protection in Africa as follows (Ellis *et al.*, 2009: 124-5):
 - (a) to **protect recipients from hunger** now, or in the future, while not enfeebling their capabilities to engage in productive livelihoods, nor relegating them socially to ‘victim’ status;
 - (b) to **increase empowerment** through enabling individual or collective choice, whenever it is feasible to do so;
 - (c) to strengthen rather than weaken **community level cohesion and institutions**;
 - (d) to ensure **inclusion of specific deprived social categories** that are in danger of being socially excluded, such as orphans and vulnerable children;

- (e) to **target intended beneficiaries successfully**, and avoid as far as possible exclusion and inclusion errors;
 - (f) to **ensure cost-efficiency** in delivery, and cost-effectiveness in achieving sustainable long term outcomes;
 - (g) to **support rather than undermine local markets**;
 - (h) to ensure **predictability and continuity** in project or programme funding and coverage;
 - (i) to **establish rights** to certain types of social transfer that are inviolable in law, and can be expected as a right by all citizens in the event that they find themselves in the circumstances delineated by the law;
 - (j) to **monitor outcomes**, not just activities and outputs, so that proper evaluations can be conducted regarding sustained scheme impacts on the well-being and livelihoods of recipients.
7. The following paragraphs examine best practice lessons that have emerged from international experience in terms of important features of programme design.

8.1.1. Conditions

8. The costs and benefits for applying conditions to social transfers were discussed in section 3.9. As is noted, there is much debate on this question between those favouring conditions as a means of encouraging desirable kinds of behaviour on the part of participants, and those who advocate a more universalist, entitlement-based approach.
9. One popular model, **conditional cash transfers** (CCTs), involves various conditions around children's uptake of education and health services, and is now deployed in some 29 countries including virtually all of Latin America. Some CCTs are huge: Mexico's *Oportunidades* programme covers 5 million households, Brazil's *Bolsa Familia* 11 million. A recent World Bank review of accumulated evidence on CCT impacts (Fiszbein & Schady, 2009) concludes that they have significantly reduced poverty and child labour, and increased participation in education and health services. But the evidence that these education and health effects are attributable to the condition itself, as opposed to the income effect of the transfers or other factors, is much less conclusive, as is that on the overall impact on eventual education and health *outcomes*.
10. An even more recent evaluation of the first year of an experimental CCT pilot programme in Malawi (the only evaluation ever conducted on CCTs in Africa), sought to fill this evidence gap by comparing the effect of different levels of conditional and unconditional cash transfers on school enrolment and English literacy among teenage girls and young women (Baird, McIntosh & Özler, 2009). This found strong positive impacts on attendance, re-enrolment among dropouts and literacy, but these impacts were similar whether conditions were imposed or not, and were also insensitive to the level of transfers.
11. On balance, these findings suggest that making social transfers conditional on uptake of education and health services may not itself yield sufficient benefits, in terms of enhancing investment in human capital among poor households, to justify the costs incurred both for scheme management and for beneficiary choice. This aim may more efficiently be served by complementing unconditional transfers with a combination of improved access to schools and clinics in areas where beneficiaries live and campaigns to boost awareness of gains from better education and health, as well as directing transfers to women rather than men (as many CCTs already do).
12. There is more experience in Africa of social transfers (cash or in-kind) conditioned on the supply of labour in **public works programmes** (PWPs). Notable examples include Ethiopia's Productive Safety Nets Programme (PSNP) which with some 8 million beneficiaries is Africa's largest social protection

initiative, programmes run by the Malawi Social Action Fund, and South Africa's Expanded Public Works Programme. Their popularity stems from their perceived advantages in terms of creating or upgrading socially useful assets such as soil conservation and drainage works, school or clinic buildings, local roads or earth dams, avoiding the need for targeting, and generating productive employment for the able-bodied chronically poor (as a form of social assistance) and those affected by seasonal hunger or shocks (as a form of social insurance).

13. A number of lessons emerge from studies of PWPs in Africa and elsewhere (Devereux, 2007; McCord 2008; Samson *et al.* 2006) which are of relevance to implementing programmes such as *Ipelegeng* in Botswana:

- PWPs have been shown to be effective in improving nutrition, raising local wage rates, providing beneficiaries with the security they need to take risks, retain and even build up productive household assets, increasing demand for education and health services, and in some cases enhancing community assets such as school and clinic buildings (which also help to increase the supply of education and health services). However, these benefits mostly stem from the transfers themselves rather than the works projects on which the conditionality is based.
- PWPs are an expensive way of providing social protection. A cost-efficiency comparison of social transfers in Malawi and Zambia in 2005 (White & McCord, 2006) found that the majority of the 12 PWPs analysed cost US\$ 5-8 for each dollar's worth of transfers provided to recipients.
- PWPs tend to suffer from high staff turnover and poor management.
- The self-selection principle is undermined where demand for scheme places exceeds supply in contexts of widespread severe poverty, necessitating a supplementary targeting mechanism. Lowering wage rates to rectify this imbalance further reduces transfer efficiency.
- The labour provided by participant households tends to compete with other labour demands, especially where PWPs operate as a lean-season safety net at times of peak labour demand for agriculture. The aforementioned benefits in terms of school enrolment may be cancelled out where children have to make up for this labour gap. Dependency is often increased rather than reduced because participants have less time to find and develop other work opportunities.
- Short-term PWPs may be appropriate in disaster-affected contexts, but do little to address chronic poverty and vulnerability.
- The community assets created by PWPs are often of poor quality and are neither 'owned' by local communities nor integrated into mainstream government programmes, with resulting failures in maintenance. These issues need to be addressed at the design stage.
- PWPs are most effective when they are long-term and provide guaranteed, predictable but flexible employment; when communities participate in their design and management, and identify projects that will reduce vulnerability; and when they create skills and are linked to development initiatives which provide sustainable employment. One example of the employment guarantee is India's Mahatma Gandhi Rural Employment Guarantee Act, which provides legal entitlement to up to 100 days of waged employment per year on PWPs to every household in the country. About a third of participants are women.

14. In sum, conditions resonate with an ideology of avoiding 'dependency' by restricting welfare to the 'deserving poor', and may be politically expedient for this reason. However, international experience suggests that in practice their capacity to achieve desired social outcomes cost-effectively is limited.

8.1.2. Targeting, qualification, graduation and recertification

15. An outline of tasks, mechanisms and issues surrounding targeting, qualification, graduation and recertification was provided in Section 3.2.3 above. Extensive reviews of experiences in targeting social transfers around the world (Coady *et al.*, 2002) and more recently in Africa (Ellis *et al.*, 2009) suggest the following lessons for best practice:
- There is no single best targeting approach or mechanism: they all have strengths and weaknesses and outcomes depend not only on what approaches are adopted but how well they are implemented. Choices often involve trade-offs between costs and accuracy.
 - Concern is often expressed about inclusion (leakage) errors, but in addressing severe need it is arguably more important to avoid exclusion (under-coverage) errors, even if this means some people receive benefits who should not.
 - The more complex, subjective and multifaceted the qualification criteria used in a targeting system, the more scope there is for different interpretations and manipulation by different actors involved in delivery, often resulting in ‘elite capture’ of benefits at the expense of the genuinely needy.
 - Categorical targeting with simple, single criteria that are not easy to manipulate, such as age, health or disability status, often works well in terms of transparency, social acceptance, avoidance of dependency and targeting costs. Exclusion of needy people who do not fall into such broad categories may result and will need to be addressed by complementary programmes, but it is often the case that recipients spread benefits – for example the Lesotho old age pension is provided only to the over 70s, but brings substantial benefits to their grandchildren.
 - Targeting choices are open to politicisation at all levels and at all stages, from choice of target group to defining eligibility criteria to registration and delivery. Decisions about providing broadly targeted – and very costly – farm input subsidies in Zambia and Malawi appear to have been motivated as much by vote-buying potential as by any objective technical or cost-benefit criteria, while registration and distribution tends to reflect local patronage networks. Arguably, a move towards more universalistic rather than restrictive targeting criteria can minimise such distortions.
 - Another way to curb manipulation of targeting decisions and improve acceptance, accountability and transparency is to build in independent grievance procedures at the project design stage. Kenya’s Hunger Safety Nets Programme is one of the few social transfer schemes in Africa to include this feature.
16. ‘**Graduation**’ has been a preoccupation of many social transfer programmes in Africa, as a potential route out of welfare **dependency**. As mentioned in Section 3.2.5, evidence from international experience (summarised in Devereux, 2010) indicates that ‘dependency’, in the negative sense of people who could engage in productive work choosing to remain on benefits instead, is a much rarer phenomenon than might be supposed, while graduation has proved to be an exceptionally difficult concept to operationalise at the scheme level. Food aid has long been held to induce dependency through its disincentive effects on agricultural production, yet several studies have found this to be unsupported by the evidence, and indeed it often appears to have had the opposite effect through alleviating liquidity constraints and releasing household resources for investment in farm inputs. Similarly, cash transfers on Mexico’s PROGRESA programme, in South Africa’s Child Support Grant and Old Age Pension, and Namibia’s Basic Income Grant pilot actually reduced dependency by making it possible for recipients to look for and find paid employment (see boxes below).
17. Graduation is a prominent design feature of Ethiopia’s PSNP, which is designed to provide a pathway whereby cash or food transfers protect livelihoods and smooth consumption so that participants can then take advantage of complementary Livelihoods Packages which promote livelihoods and asset accumulation, leading to self-reliance and exit from the programme. Yet graduation criteria are

Namibia's Basic Income Grant Pilot

A basic income grant (BIG) is regular unconditional monthly grant, provided by the state to every citizen, regardless of age, income or family status. Its purpose is to put a limit on extreme poverty, vulnerability and inequality by reaching all the neediest members of society without the need for costly or stigmatising targeting procedures, and without building in disincentives to take up employment. The better-off would also receive the grant, but would repay it in the form of direct and indirect taxes.

In Namibia, a coalition of NGOs piloted a BIG for two years (Jan-08 to Dec-09) in a settlement of some 200 families, mainly those of retrenched farmworkers, reaching 930 individuals up to the state pension age of 60 with a monthly grant of N\$100 delivered via Post Office accounts opened for recipients. This unique scheme was intensively evaluated, and produced some remarkable results:

- The community established an 18-member committee to mobilize recipients around wise use of the grant.
- Poverty rates fell from 76% to 37%, or 16% for those households not affected by in-migration into the settlement in response to the grant.
- Despite predictions that it would lead to laziness and dependency, the BIG increased economic activity. Among over-15s, those engaged in income-earning activities increased from 44% to 55%, particularly through the starting up of small businesses which benefited from increased local demand.
- Child malnutrition fell dramatically, with proportion underweight falling from 42% to 10%.
- Access to anti-retrovirals improved for those living with HIV and AIDS.
- School non-attendance due to financial reasons fell by 42%, and drop-out rates fell from 40% to almost zero.
- The settlement's clinic has recorded a 5-fold increase in income from the N\$4 fee per visit.
- Debt was almost halved in the first year and savings and livestock ownership increased.
- Crime rates reported by the local police fell by 42%. There was no evidence of increasing alcohol abuse.
- Women reported that the grant gave them more control over their own lives, with less pressure to engage in transactional sex.

Costs of a scaled-up BIG in Namibia would be substantial at N\$1.2–1.6 billion per year, or 2.2–3.0% of GDP. But this could be covered through a moderate increase in taxation (e.g. a combination of income tax and VAT) which is within the country's capacity to raise additional tax revenue estimated at 5% of national income.

Source: Namibia Basic Income Grant Coalition, 2009.

arbitrary, unrealistic and differ between regions, while programme staff are under pressure to graduate existing participants to make way for new ones. As a result genuine graduation is rare and people exit for other reasons, voluntarily or otherwise. Surveys found that past PSNP 'graduates' were worse off than either current beneficiaries or non-beneficiaries, often because resilience against shocks had not been allowed for in setting graduation thresholds, they had accumulated debt and there was no provision for recertification. PSNP is not unique in its unrealistic expectations about graduation, and it appears that similar challenges face the *Ipelegeng* programme. Rather than attempting to meet these expectations by excluding beneficiaries as soon as they are deemed, usually prematurely, to have reached some graduation threshold, a better approach may be to focus on opening up and maintaining a range of alternative pathways towards more self-reliant livelihoods along which beneficiaries can travel in either direction as their circumstances necessitate.

8.1.3. Co-ordination

18. Co-ordination between agencies is an important but often problematic aspect in social development. Many agencies and sectors are involved at different organisational levels within government, in patterns that reflect complex historical and political developments. Donors and international

governmental agencies and NGOs, civil society organisations and traditional authorities all have a role to play and seek to gain influence, often with widely differing agendas. At intermediate levels, co-ordination structures often emerge around specific vulnerable groups such as people living with AIDS or orphans. Most governments in Africa have a ministry or department which is primarily responsible for social welfare, but this is often weak and marginalised, with little leverage over central policy making and budgetary decisions. Strong co-ordination offers the prospect of a better consensus over patterns of poverty and vulnerability, priority measures that need to be taken to address them, better linkage between initiatives so that gaps and overlaps are minimised, and better lesson-learning from implementing those initiatives. On the other hand it may concentrate policy making and resources in a way that stifles diversity, accountability and innovation.

19. In reviewing experiences with co-ordinating social protection in Africa, Ellis *et al.* (2009) identified several principles of good practice which may be applicable in the context of Botswana:

- It makes sense to institute a national co-ordinating capability around a particular social development objective, such as food security, so that multiple instruments can be aligned towards this end.
- Nevertheless, not all social protection initiatives, still less all social development concerns, need necessarily fit within a single co-ordination framework: 'complete co-ordination' is likely to be elusive and its pursuit could stifle diversity and innovation. Often, independent oversight of good governance in delivering programmes is needed more than additional layers of co-ordination bureaucracy.

South Africa's Child Support Grant

In 1998, in response to widespread hunger, malnutrition, social exclusion and other forms of deprivation amongst children of poorer families, the South African Government adopted proposals put forward by the Lund Committee for a Child Support Grant (CSG) at a level of R100 per month for ages 0 to 6, provided to the child's primary carer. After a series of adjustments the CSG now provides R250 per month for 0 to 17 year olds. It was decided to focus initially on the earliest years of childhood because, having had access to health services at birth, children tended to have no further contact with public institutions until they attended school.

The CSG replaced the long-standing State Maintenance Grant for poor mothers and their children, which had been largely inaccessible to the African population, and involved a simple means test based on the income of the primary caregiver and her/his spouse or partner, and with differentials for urban/rural location and for type of dwelling unit. In the initial years of the grant a range of further requirements and conditions were introduced, many differentially applied at provincial level, which severely restricted take-up of the grant. Carers had to provide proof of immunisation and health clinic registration, efforts to secure employment or join a development programme or, for single carers, proof of efforts to obtain maintenance from the other parent. Consequently, by 2000 less than 10% of poor children were receiving the grant – even fewer in poorer provinces.

Following the Taylor Committee report of 2002, these onerous conditions were regularised and relaxed and the age limit extended to 14. By January 2005, two thirds of all 0-10 year-olds were eligible for the grant and take-up rates exceeded 70%. By 2007, over 8 million children were receiving the grant, although more than a million more were excluded by failure to adjust income thresholds for eligibility in line with inflation.

Despite these setbacks, the CSG has been a resounding success in tackling child poverty in South Africa. It is generally well targeted on poorer households in poorer areas, while less poor eligible households tend not to bother to apply. The grant is mainly spent on food and education: it has curbed child hunger and increased school enrolment and attendance rates even though these were already high, such that its receipt appears to decrease the probability that a school-age child is not attending school by more than half. There is no evidence of negative effects on employment or labour force participation – indeed, the CSG is strongly linked to increased willingness to take a job if offered one. These positive effects were stronger for women, who made up the vast majority of recipients, and suggest that fears that the grant would create 'dependency' were not borne out in practice.

Sources: Samson *et al.*, 2006; Samson *et al.*, 2007; Williams, 2007; Lund, 2008; Lund *et al.*, 2008

- Co-ordination around particular social groups (such as orphans) or national programmes (such as pensions) can work well.
 - Where multiple agencies are involved in project level implementation, especially at the district level, assignment of a public sector partner can avoid duplication and confusion.
 - Successful co-ordination requires a flow of pertinent information to decision takers and stakeholders, especially where multiple agencies are involved, and this points in the direction of a single technical secretariat within government with the capability to collect, process and disseminate information. Donors could play an important role in providing funding and technical support for such a unit.
20. Despite recent initiatives (the 2005 Paris Declaration and the 2008 Accra Agenda for Action) to enhance the effectiveness of aid through aligning and harmonising donor efforts in support of host country strategies and priorities, donors and international agencies often find themselves competing with each other to 'buy' influence over government policy making in key areas of social development. This donor policy intrusion often complicates and distorts co-ordination, especially in the more aid-dependent African countries. Experience with social protection in southern Africa suggests that initiatives that emerge out of domestic political agendas and respond to local conceptualisations and prioritisations of need are more likely to succeed than those based on imported 'projectised' models. Botswana is fortunate in this respect.

8.1.4. Information and delivery systems

21. An outline of international best practice in this area is incorporated into chapter 7 above, and can be summarised under the following headings:
- A **central beneficiary registry** across all programmes is essential, and should be available on-line to all relevant government departments and implementing partners (with appropriate data protection measures to safeguard confidentiality and sensitive personal information).
 - **UEPS-based payment systems** which make use of ATM and PoS facilities of banks, post offices and retailers provide a good platform for expansion of banking services among poorer sections of the population.
 - **Outsourcing** such systems to independent agencies reduces the burden on governments and further stimulates the local and national economy.
 - Cash transfers are more effective when they are **linked to other services** such as training, public awareness campaigns, health services, micro-credit or small savings schemes (the 'cash plus' approach). Benefits spread beyond direct beneficiary groups into the wider community.
 - Beneficiary registration and verification can be greatly facilitated if a smartcard-based **national identity card** is established, especially where this incorporates encrypted biometric information (such as fingerprint data). This would have a range of uses beyond their application in social programmes.
 - **M&E systems** are key to successful programme implementation, and must involve regular and reliable vertical **transmission of monitoring information** to central levels. **Continuous impact monitoring** can provide the information and analysis required for steering long-term programmes towards their goals and objectives. **Periodic in-depth evaluation** enables those goals and objectives to be assessed.
 - M&E systems must be **unified, flexible, operational, client-based, cost-efficient, intelligible and accountable**.

- **Basic M&E components** include standard format regular reporting, operational baseline to impact surveys, research-based baseline and impact studies, risk assessment and project audits, and client relations and complaints monitoring.

8.2. Implications for Botswana

22. The evidence assembled in this report demonstrates that Botswana complies to a considerable extent with international best practice in social development. The country provides a stable political and institutional environment for its citizens, its resources gained from mineral production have been used to achieve excellent coverage in the provision of education and health services, it is a world leader in responding to the HIV pandemic, and it provides a range of social security and safety net programmes to ensure that its more vulnerable citizens are protected from falling into unacceptable hardship and deprivation. Data on the coverage of these programmes also show equitable coverage across districts and towns in Botswana, and a close correspondence between patterns of support and the underlying patterns of poverty that the support sets out to address. In terms of the key principles of best practice in social development delineated in the preceding section, Botswana in 2010 goes quite far towards achieving equity in its various social development meanings, based on acknowledgement of fundamental human rights and entitlements, and implemented with relatively good governance credentials.
23. Nevertheless, as identified in section 2.1 above, there have been weaknesses in the overall policy guidance and practical implementation of social protection programmes. These weaknesses are associated with the lack, or exceptionally slow adoption, of national policy guidelines; inadequate co-ordination between programmes; poor organisation of basic data collection on coverage and outreach; and consequent lack of an evaluation cycle in which feedback from points of delivery can be used to take corrective action to improve future performance. Many of these weaknesses are practical and operational, and some of them can be solved by making much better use of contemporary information technologies, and training officers in their use. Also, improved divisions of labour are required between frontline service delivery, data provision, analysis of data, and policy feedback.
24. At a different, more strategic level, there are signs that the fundamental precepts of good social development policy threaten to be overturned by biases and misunderstandings that in the future could erode what has been achieved so far. An example of this is the concern about 'dependency'. Data in this report show that the 'dependency' problem is exaggerated in Botswana, with social assistance programmes overall corresponding to only about 3 per cent of government revenue, and the destitutes programme covering less than 2 per cent of the population. In addition, a wrong chain of causation is being inferred, whereby a decline in traditional social values and reciprocity is being blamed on social welfare programmes. In truth the decline of traditional social values is a worldwide phenomenon associated with changing economic pressures and social aspirations, and social welfare programmes are needed precisely in order to protect those who become marginalised by these social and economic changes.
25. Botswana is in a unique position to build on the strengths of what it has already achieved in the social development sphere, and pressures to dismantle and erode these past achievements will result in a less effective approach to social development than has been attained in the past. All statements about what constitutes good social development policy concur with the principles articulated in the preceding section, and a renewed sense of social cohesion nationally will occur by the government being seen resolutely and consistently to pursue equity of access and treatment for all citizens and social protection for the weakest members of society.
26. The implications for Botswana of this review of international best practice in specific areas of design and implementation of social programmes are as follows.

- The imposition of strong **conditions** on social transfers through the transfer of large numbers of able-bodied poor from the destitutes programme to *Ipelegeng* may serve to allay fears about the growth of a welfare handout mentality. However the able-bodied poor depend on social transfers because of factors that are largely outside their control – in particular structural weaknesses in the economy and labour markets, their effects on demographic trends, social cohesion and traditional values, and environmental change – rather than because the availability of transfers has made them lazy. The requirement to undertake hard physical labour on public works programmes has the potential actually to impair their capacity for livelihood adaptation in response to these changes.
- As presently implemented, *Ipelegeng* is unlikely to bring about any genuine reduction in dependency because it does not offer a route to more viable livelihoods or sustainable employment. Some measures that would help it do so include the following:
 - provide skills that help diversify livelihoods and enhance labour market access for women and men;
 - actively pursue linkages to development initiatives and labour market opportunities that would assist participants in securing productive employment;
 - undertake awareness campaigns for participants on key social issues and available services;
 - create good quality assets that will help reduce vulnerability and destitution and ensure proper arrangements for their future maintenance;
 - guarantee entitlement to a minimum quota of waged work which poor households can draw upon promptly and flexibly, moving into and out of schemes as their circumstances dictate;
 - improve management of schemes and involve beneficiary communities in their design and implementation.
- With respect to CHBC, the destitutes programme and *Ipelegeng*, caution is needed with respect to establishing arbitrary **graduation thresholds** and putting pressure on scheme managers to graduate participants before they have developed the necessary resilience to withstand shocks.
- Although there are calls to apply **means testing** to some programmes (old age pension, orphan care and CHBC) that presently rely only on categorical targeting, there are significant logistical constraints and management costs involved in so doing, and the budgetary savings could be modest. More importantly, this would open targeting up to discretionary interpretation of complex qualification criteria and remove the essential elements of entitlement and predictability that make these programmes effective as a platform for tackling social marginalisation and poverty, and which are incorporated in the AU Social Framework to which Botswana has signed up. The pension programme, for example, can be justified on grounds that go beyond income poverty and include the respect and care that society owes to its older citizens, the protection of their social standing in society, better security for older people's extended families as well as for themselves, and preventing older people from becoming a burden on their families.
- The establishment of independent **grievance and appeals procedures** would do much to clarify and embed entitlements within different social programmes and ensure better adherence to targeting criteria and proper accountability in implementation. They should cover perceived inclusion as well as exclusion errors. One approach would be to set up an independent Social Security Ombudsman's office to handle claims across all programmes.
- A major part of the rationale for establishing a national social development policy in Botswana is to improve the **co-ordination** of social programmes. Although this has been couched in terms of

bringing the full range of social programmes ‘under one roof’, this does not mean that management of all programmes must necessarily be concentrated within a single ministry or department at central level. The DSS clearly plays a lead role in its day-to-day management of a range of social services and programmes, yet there will remain a continuing need for involvement of other MLG departments and other ministries, for example the Ministry of Finance and Development Planning, the Ministry of Health (for CHBC), the Ministry of Education (for school feeding), and the Department of Local Government Development Planning (for *Ipelegeng*), as well as local authorities’ Social and Community Development Officers. As highlighted in chapter 4, a number of options for overall national co-ordination of social development within government could be considered, including a Ministry of Social Development and/or a Social Development Council, a central role for MFDP which has had oversight of poverty and rural development issues up to now, or a co-ordination office within the Office of the President. Whatever institutional strategy emerges will be judged in terms of its success in raising the profile of social development in national policy discourses, improving coherence between different initiatives and between central and local government, and enhancing transparency, accountability and the effectiveness and efficiency of delivery, in a way which justifies the inevitable costs of reorganisation. The co-ordination function does not stop with government; it is essential to include the private sector and civil society, both of which are playing vital roles (sections 3.3, 3.4), as well as development partners such as UNICEF. Co-ordination of information collection and analysis across all programmes is an important priority, building on the present SOBERS system, and this suggests a need for a technical secretariat for this purpose which also maintains a central beneficiary registry.

- Advances have been made in upgrading information and delivery systems to take advantage of **ICT opportunities**, but as chapter 7 made clear there is considerable scope for their continued expansion, both in terms of beneficiary coverage and of the range of functions and services incorporated. Better M&E systems are a particular priority, covering record keeping, beneficiary registration and verification, information transmission and collation, continuous impact monitoring, and the long overdue evaluation of several programmes.

Annex 1. Terms of reference

1 Rationale

In contrast to traditional economic development that focuses almost exclusively of increasing a nation's GDP for poverty alleviation, social development has emerged as an important development strategy which seeks a broader definition of development and seeks to directly address the issue of poverty. Social development is broader than social protection, covering both the development of society (e.g. building a compassionate, just and caring society) and social protection programmes, such as old-age pensions and benefits for children. Starting from the premise that poverty is an unacceptable human condition, inclusive social development is designed to assist people in developing their capacities for self-determination and subsequent poverty reduction. While there is little doubt that economic growth is a necessary condition for poverty reduction it is not sufficient for dealing with some of the more complex forms of poverty. As countries grow the stresses of inequality and poverty can become more profound and can even threaten the growth oriented reforms themselves. Therefore there is widespread acceptance that inequality and poverty cannot be solved by an emphasis solely on economic growth. At the same time, simple handouts to those not participating in economic growth can create a culture of dependence and is not sustainable. Social development seeks to broaden the development agenda and emphasizes equitable and sustainable improvements in the physical, social, and economic welfare of people, especially those that are in the most marginalized groups. In this way it is an essential component for poverty reduction, both by strengthening people's capabilities and reducing their vulnerability to various risks and shocks, and by protecting them against unexpected shocks.

A well designed social development policy is a comprehensive agenda that has many facets for the effective mitigation of poverty. At the highest level social development should be well integrated and coordinated with (in future) pro-poor economic growth policies. In addition, good governance and support by key government officials is essential. While these three pillars (governance, social development, pro-poor growth) are both individually and mutually reinforcing for effective poverty reduction, social development has several important underlying priorities issues that need to be considered. For example, there are institutional concerns and formal and informal rules that may govern access to social protection mechanisms.

As social development is inclusive of social protection, a well functioning social protection system is also critical. Social protection seeks to reduce people's vulnerabilities from the consequences of negative shocks, inclusive social protection moves marginalized people out of poverty. Effective social protection must be comprehensive and efficient, accountable and transparent, as well as predictable rather than reactive to changing social conditions. In addition, evidence-based research must guide possible reforms. Most importantly, well designed social protection systems should address issues of social exclusion and marginalization by faithfully observing the rights of individuals conferred on them by relevant national and international legislation.

2 Background

Many major policy documents in Botswana indicate that poverty reduction is of utmost concern for the nation. For example, Vision 2016, the main policy document driving Botswana's development, states in relation to poverty, "Botswana will be a compassionate and caring society, offering support and opportunity to those who are poor, and including all people in the benefits of growth." Vision 2016 is supported by successive National Development Plans which articulate national programmes, projects and

priorities for five years at a time. The current five year plan – NDP 10 – will take effect in 2010/11 – to 2015/16.

While growth has been exceptional over the past forty years and has significantly reduced rates of poverty it should be remembered that growth is necessary but not sufficient for poverty reduction. Poverty remains a serious social issue with rates at approximately 30.4% of the population (2004), and a Gini coefficient of around 0.57 (Household Income and Expenditure Survey [HIES], 2002/2003). The development of a social development policy would significantly improve both the coordination and efficiency of existing social programmes but also begin to construct over arching strategies to better alleviate poverty reduction. More specifically, an effective social development policy could improve income distribution, reduce poverty, better coordinate social safety nets, improve access to health and better combat HIV and AIDS. This policy should integrate social intervention with social development and plan with people rather than just for people.

The situation of children and women in Botswana continues to gradually improve, with the greatest risk being the negative impact of the AIDS epidemic. Botswana is an upper middle income country which has made impressive progress in its social policy: access to basic social services; primary school attendance, immunization coverage, and access to safe water are all above ninety per cent. Justice, transport, telecommunications, insurance, banking, security and commercial systems are all fully functional. The Millennium Development Goal on gender parity in education has been achieved. Services to address the impact of HIV/AIDS are in place including material support for orphans and other vulnerable children and over 90% coverage by PMTCT programmes¹. The Government has a rigorous planning process, and routinely collects, analyses and disseminates data through the national census, demographic surveys, MICS and others. However, these data are collected and analysed infrequently – for example, the latest data on poverty stem from the 2002/2003 HIES. This directly impacts on the country's ability to develop responsive, evidence-based policies.

Despite the institutional progress made since independence, infant and child mortality has increased sharply – in 2005, infant mortality rate is estimated at 51 per 1,000 live births², an increase from the rate of 45 reported in 1990. The main driver of increased child morbidity and mortality is HIV and AIDS. Surveillance data show that HIV prevalence among pregnant women is 33.43 percent (2005). There are also signs of a less than protective environment for children, and a growing cadre of vulnerable children, with emerging issues of child labour, alcohol abuse, trafficking and increasing gender-based violence. National survey data show the population below the poverty line has declined from 47% in '93/94 to 32% in 2002/2003 (HIES), a still significant number.

Orphans represent the 'third wave' of the epidemic – following the HIV curve and the AIDS curve. Some 58 percent of households are headed by a single parent, absentee fathers are common, and two percent of households are headed by children. Around 27% of children aged 10 years or older have lost at least one parent. In Botswana, it is estimated that 80% of the orphans are orphaned by AIDS.

Botswana has a large-scale and robust programme of support to orphans; the registration system is estimated to reach 95% of the eligible orphan population with formerly a food basket, now a coupon system, every month. Other programmes exist in relation to vulnerable families (the destitution programme), a home-based care services programme and others. In addition, there is also survey evidence that orphans are just as likely to attend school as non-orphans (MICS 2002). These programmes are generally managed/implemented by the Department of Social Services (DSS) under the Ministry of Local Government (MLG). In addition to the government funded food basket/coupon system and the support of

¹ Ministry of Health Data, October 2008

² Central Statistics Office, Botswana Demographic Survey 2006, http://www.cso.gov.bw/images/stories/Demography/2006_bdsrprt.pdf

³ http://www.unbotswana.org/bw/undp/hiv_aids.html

social workers, NGOs and faith-based organizations provide a range of services (such as children's centres, education, opportunities, psychosocial support) within and through communities.

However, the evaluation of the Short Term Plan of Action of Support to Orphans and Vulnerable Children (2006) did recommend that the programme adjust its focus from orphans to include other vulnerable children. Emerging evidence from the Eastern and Southern Africa region also points to focusing support, particularly through cash transfers, on the "ultra-poor" and families with high dependency ratios. This could be a less stigmatizing approach to mitigating the effects of the AIDS epidemic and potentially more effective in also lifting them out of poverty permanently.

Given the situation of orphans and other vulnerable children (OVC) in Botswana, including those belonging to minority tribes, living in remote areas and those living in poverty, in the face of HIV and AIDS, a robust social policy is necessary on the part of the government to pursue the rights of children and families in the context of a steadily developing economy. Many of these children and their families are in need, not only of social protection, but also of establishing enabling links that support their entry into the labour force and developing their independence. Other vulnerable groups include old age pensioners, remote area dwellers, persons receiving community home-based care and destitute families, all of whom are covered by relevant Government programmes, though not all may always be able to avail themselves of these.

3 Purpose and objectives

The purpose of the consultancy is to provide the information required by the Ministry of Local Government to assist the Department of Social Services to develop a coherent Social Development Policy Framework and Implementation Plan that meets the needs of the most vulnerable members of society, as well as building a 'caring, compassionate nation' by 2016.

The objectives of the study are as follows:

- 1) Assessing and describing the current state of affairs in the social development sector in Botswana including strengths and weaknesses, as described in the 'Key Assignments'.
- 2) Making recommendations for improvements to the system, including for a future outline Social Development Policy Framework and Implementation Plan, as described in the 'Key Assignments'.

4 Scope

Under the guidance of the UNICEF Social Policy Specialist and with the support of the Task Force, the consultant should carry out research to assess the scope, coverage, funding, administration, effectiveness and efficiency etc of all existing social programmes for all social groups, and make recommendations on improving them in the future in order to achieve the policy objectives of 'Vision 2016', NDP10, and internationally agreed goals and agreements such as MDGs, and UNCRC.

This study will require working closely with the Department responsible for social programmes in Botswana, the DSS under the MLG, as well as local governments who provide the services on the ground. A team of international and national consultants will be appointed working in close synergy with each other.

The consultancy is based at national level, evaluating national policy using a mixture of desk work, interviews as well as field visits to assess the operation of the social protection system 'on the ground'. A certain level of travel will therefore be required to discuss issues with local governments (in addition to MLG and DSS staff) and other relevant bodies (e.g. NGOs). The consultants will work closely with the UNICEF Social Protection Specialist in identifying partners for interaction and assessing progress on a

regular basis (at least fortnightly). In addition the consultant will work with a working group of DSS staff to facilitate skills transfer.

5 Responsibilities/key assignments

The following two main tasks should be carried out consecutively (for details see Annex A):

- An Assessment of the current state of affairs in social development policy in Botswana
 - An outline Policy Framework and Implementation Plan for a social development policy
- I. **Conduct situation analysis of social development programmes, their strengths and weakness, and identify emerging needs. This should link to programmes within and beyond DSS programmes; in particular the areas listed in Box 1 below.**

Box 1 – List of areas to be covered in the consultancy

- a) Groups covered by DSS (under the Ministry of Local Government) social protection programmes**
- The family, children, orphans and vulnerable children (OVC); systems and services relating to OVC will also be addressed within the consultancy relating to the drafting of the Long Term Action Plan for Orphans and Vulnerable children
 - Destitute persons, including those receiving home-based care
 - persons with HIV/AIDS
 - Old age pensioners
 - Remote area dwellers/indigenous minorities
 - Persons with disabilities
 - Children in conflict with the law
 - Persons covered by any other DSS programmes
- b) members of all these groups requiring access to (as relevant)**
- Education services
 - Health services
 - Labour market activities including training
 - Equal opportunities
 - Agricultural programmes and subsidies
 - Culture
 - Sport
 - Services for those involved in substance abuse and crime
- c) Current policy impact on:**
- Social Inclusion
 - Population and development
 - Environmental sustainability
 - MDGs
 - UNCRC
 - Vision 2016
 - African Charter on the Rights and Welfare of the Child

A. Prevailing Framework of Principles

1. Assess current rationale for social development policy in Botswana.
2. Assess overall policy as well as individual programme formulation, links and gaps in terms of overall strategy formulation and the integration between programmes.
3. Assess principles of the wider social sector in relation to groups covered by DSS and/or other relevant ministries/bodies:
 - 3a. Sectors
 - Education
 - Health
 - Recreational facilities for families and children
 - 3b. Specific groups
 - Persons with disabilities
 - Adolescents and youth (including employment needs)
 - Unemployed persons
 - 3c. Actions/mechanisms conducive to ensuring attainment of MDGs, NDP10, Vision 2016, UNCRC

B. Existing Situation of Social Development Policy in Botswana; challenges and gaps

4. Analyse the effectiveness of different social development/protection programs in Botswana, including complementary programmes linking beneficiaries to the labour market or other forms of self-sufficiency.
5. Identify problems associated with existing social protection programmes, including criteria and procedures for qualifying potential beneficiaries, gaps, overlaps.
6. Assess the benefits and costs of conditional versus non-conditional transfers in Botswana.

C. Existing Framework of Consensus Building

7. Identify responsible units or agencies for the formulation and execution of social development policy at local, district and national levels in relation to social protection programmes; also including the Ministry of Finance and Development Planning and GICO (Office of the President).
8. Assess current DSS capacity to implement the social development strategy.

D. Finance and Funding

9. Analyse of budgeting and funding processes. Analysis of public sector fiscal sustainability in the medium and long term horizons.

E. Current Situation of Social Work

10. Assess social worker coverage, capacity, activities including social worker training, code of conduct/ethics etc.

F. Existing Monitoring and Evaluation Systems

11. Assess current monitoring and evaluation capabilities and capacities.

G. International Best Practice

12. Describe of best international practices and describe implications for Botswana derived from analysis of best practices.

II. Establish framework for a policy for social development, which would include principles, objectives and institutional design.

Specific tasks include:

A. Proposals for a Framework of Principles for a new Social Development Policy

1. Develop proposals for a rationale for social development policy in Botswana.
2. Describe general objectives of the proposed framework: where will social development policy take Botswana.
3. Specify objectives with regard to: poverty reduction, human capital formation, protection of family, socio-economic development, including ways of exiting social protection programmes.

B. Proposals for a Specific Social Policy for Botswana

4. Develop and describe programmes that should constitute the social development policy, existing and new, including changes that should be introduced to existing programs to enhance their impact and cost-effectiveness
5. Outline criteria for beneficiaries' eligibility, re-evaluation of eligibility, targeting, exiting, exceptions to exiting and post exiting support.
6. Identify factors that determine the risks of vulnerability, and possibilities of escaping from poverty, of households/individuals and proposal of mitigating actions/means.
7. Develop proposals for introducing in the social protection programs special measures to compensate/offset effects of gender biases, and other discriminatory effects.
8. Special actions/mechanisms for the groups and areas shown in Box 1 above

C. Considerations for a Framework of Consensus Building

9. Make recommendations for institutional aspects: creation of national coordination body (social development council or social development steering committee), with participation of public sector, civil society, NGOs, international partners, etc.
10. Define of lines of authority and accountability, at national, local and NGO levels, particularly with regard to targeting, eligibility, service delivery, payment and monitoring.
11. Make recommendations for coordination mechanisms: periodic cross checking of beneficiaries data bases, integration of forms and reports used by national agencies and international partners, shared information system.
12. Develop recommendations on capacity building with DSS to ensure the focused delivery of the Social Development Strategy.

D. Recommendations on Finance and Funding

13. Assess the feasibility analysis of temporarily adapting/enhancing some of the social protection programs into means to attend the needs resulting from events that increase human vulnerability and economic disruption (drought, floods, etc).
14. Carry out a feasibility analysis of the creation of a contingency fund to protect operations in the event of funding shortfall.
15. Make recommendations on the Funding of social development policy: national budget, contributions from donors/partners, discussion of the design of specific taxes that can be appropriate to fund social programs.

E. Recommendations on Social Work Development

16. Make recommendations on the professionalization the social work sector.

F. Recommendations on Monitoring and Evaluation

17. Prepare TORs for design of monitoring and evaluation system.
18. Prepare TORs for a national information system.

G. Strategy

19. Develop proposals for the content and outline of national strategy, and national annual social development operative plan, including aspects of budgeting and funding, coordination, information system, opportunities and threats in the short term, dissemination and advocacy activities, manpower requirements, ensuring key staff is in place, risks, readiness tests, objectives, targets both national and at local level, development impact, pre-view of forthcoming fiscal year.

6 Outputs & Outcomes

3 reports should be produced, one at the end of each stage of the consultancy. An Inception Report should be produced at the end of week 2; the first main report should be produced no later than the end of phase 1 following the start of the consultancy, the second (and final) report, including Social Development Strategy and Implementation Plan) should be produced at the end of phase 2.

The reports should contain an executive summary of no more than 3 pages, introduction, background (briefer for the second report), and chapters following the headings in the 'Key Assignments' section of these ToRs. They should be no longer than 50 pages plus annexes.

The following outcomes should be achieved:

1) Initial report:

- A clear description of the existing framework of principles, existing social programmes, and the current framework of consensus building, including strengths, weaknesses and issues highlighting the effectiveness of these programmes in relation to children and women

2) Final Report

- Clearly stated recommendations on how to build an integrated social development policy for Botswana that improves and coordinates social programmes to ensure that they better meet the needs of (vulnerable) children, young adults and women
- A Social Development Strategy (including implementation plan) that will allow social programmes in Botswana to coherently address the needs of children, young adults and women which enables them (as appropriate) to develop their capacities to join the world of work.

7 Intellectual Propriety Rights

UNICEF and the Government of Botswana reserve the proprietary rights for the Documentation produced through this work.

[Sections on time frame, consultant qualifications, remuneration and terms and conditions omitted.]

Annex A – Detailed TOR requirements

The following two main tasks should be carried out consecutively:

- An Assessment of the current state of affairs in social development policy in Botswana
- An outline Strategy for a social development policy

I. Conduct situation analysis of the DSS, its social development programmes, their strengths and weakness, and identify emerging needs. This should link to programmes within and beyond DSS programmes; in particular the areas listed in Box 1 above.

A. Prevailing Framework of Principles

1. Assess current rationale for social development policy in Botswana: what it is, what is the intention, its roles in nation building, national solidarity, social inclusion, promotion of human rights, social cohesion, national identity, its fulfilment of Vision 2016.

2. Assess overall policy as well as individual programme formulation, links and gaps in terms of overall strategy formulation and the integration between programmes. Analysis of processes of program formulation, execution, service delivery, and allocation of responsibilities at national and local level. Detect whether there are the differences between different programmes, e.g. different eligibility criteria between broadly the same groups.

3. Describe the principles of the wider social sector in relation to groups covered by DSS and/or other relevant ministries/bodies:

3a) Assessment of education system: coverage, quality, gaps, constraints, costs, performance, issues related to Remote Area Dwellers (RADs) and gender, early childhood education, life-long learning (families, children, adolescents and youth, gender).

3b. Health system: coverage, quality, gaps, constraints, costs, performance, gender and children issues (families, children, adolescents/youth, HIV/AIDS, malaria, TB, disabled, ageing).

3c. Persons with disabilities: programs in place, constraints, gaps, laws and regulations in favour of persons with disabilities. Strengthening attention of needs of citizens with disabilities: increase of coverage of services, increase accessibility, therapy programs, and employment (disability).

3d. Actions/mechanisms conducive to improve quality, performance, access in education and health sectors and to ensure attainment of MDGs (families, children, adolescent/youth, HIV/AIDS, malaria, TB, disabled, environmental sustainability).

3e. Adolescents and youth: particular problems faced by youth: unemployment, drop out, poverty, child labour, crime, drugs (adolescents, youth).

3f. Mechanisms to attend to the needs of adolescents and youth: expansion of on the job training programs, support to obtain first job, internships, rehabilitation programs, scholarships, entrepreneurial programs (youth, substance abuse and crime).

3g. Situational analysis and proposals with regard to topics related to unemployment: unemployment benefits, labour intensive infrastructure works, regulations on overtime (Migration, labour and employment, population and development, environmental sustainability, agriculture, food and nutrition, impact of globalization, foreign direct investment, remote area dwellers, indigenous minorities).

3h. Situational analysis and proposals with regard to topics related to availability and expansion of recreational facilities for family and children, to musical training, and to counselling and prevention of drug and alcohol abuse (culture, sport, substance abuse, families, children, adolescents/youth, disability, gender).

B. Existing Situation of Social Development Policy in Botswana; challenges and gaps

4. Analysis of the effectiveness of different social development programs in operation in Botswana, stressing aspects of targeting, geographical distribution, costs, fiscal accounting and reporting, development impact, and their incidence on poverty level and income distribution. This section should cover all social programmes, including pensions provided by employers (state employees and company employees – estimating company pensions arrangements, levels of coverage, etc), also informal programmes, such as ‘funeral associations’. Include the identification of work incentives or otherwise, also issues relating to poverty vulnerability, e.g. where a small change in income/well being leads to a drastic change in income.

5. Identification of problems associated with existing social protection programmes including but not limited to targeting, gender issues, staffing issues, duplication and overlap between programmes, exiting, record keeping, monitoring and evaluation, cost effectiveness and assessment of impact. Reporting mechanism and feedback to policy level. Analyze ‘time taken to process’ (how long does it take for a person to receive support once they claimed it), how are customer-related issues addressed (e.g. missing documents, how do customers identify themselves if they have moved location). Customer options for complaints/appeals – how do these processes work, how are they communicated to customers, etc.

6. Analysis of criteria and procedures for qualifying potential beneficiaries, in terms of geography, income level, health conditions, age, children at risk, etc. Analysis of criteria and procedures for recertification of eligibility of beneficiaries. (By programme).

7. Analysis of existing complementary programs that seek to facilitate the entrance of beneficiaries in the labour market or have a productive life after exiting social protection programs. Analyze conditionalities by programme.

8. Analysis of benefits and costs of conditional versus non-conditional transfers in Botswana.

C. Existing Framework of Consensus Building

9. Identification of responsible units or agencies for the formulation and execution of social development policy at national, District and local levels in relation to social protection programmes. Identification of bottle-necks, overlaps, funding and manpower constraints.

This should focus on analyzing the current organization, and roles and responsibilities in terms of:

- Which organizations are involved and their coordination
- What are their individual roles and responsibilities
- What are the links horizontally and vertically
- Lines of accountability
- Monitoring and evaluation
- Direction
- Methods of communication/coordination
- How are problems addressed

10. Assessment of the capacity of DSS to implement a Social Development Policy.

D. Finance and Funding

11. Analysis of budgeting and funding processes, amounts, tendencies, number of beneficiaries, comparison of budgeted versus executed, allocation per District, urban/rural, consultations with stakeholders related to budget. This analysis is by programme. Analysis of resources used up by administration of programs. Description of funding sources and funding mechanisms, and coordination among funding agencies/partners. Analysis of public sector fiscal sustainability in the medium and long term horizons.

E. Current Situation of Social Work

12. Assess social worker coverage, capacity, activities etc, including also social worker training capacities and outputs (e.g. social worker courses at universities etc).

F. Existing IT/Monitoring and Evaluation Systems

13. Assess current IT capabilities and capacities, including networks, communication between different programmes, identification of beneficiaries of different programmes (e.g. is there a joint ID number?). automated monitoring and evaluation capacity and its use.

G. International Best Practice

14. Description of best international practices, including conditionalities, particularly in terms of targeting, monitoring and evaluation, criteria for determining eligibility of beneficiaries, criteria for re-evaluating eligibility, criteria for exiting, donor coordination, national agency coordination, vulnerability analysis and monitoring, after graduation (post-exiting) services, funding, information systems, guaranteed income, accountability and transparency. Specific implications for Botswana derived from analysis of best practices.

II. Establish framework for a policy for social development, which would include principles, objectives and institutional design.

Specific tasks include:

A. Proposals for a Framework of Principles for a new Social Development Policy

1. Develop proposals for a rationale for social development policy in Botswana: what it should be, what should be the intention, its roles in nation building, national solidarity, social inclusion, promotion of human rights, social cohesion, national identity, fulfilment of Vision 2016.
2. Describe the general objectives of the proposed Framework: where will social development policy take Botswana, what characteristics it will have because of the execution of social development policy, what are the medium and long term visions gestated by the social development policy.
3. Outline specific objectives with regard to: poverty reduction, human capital formation, protection of family, socio-economic development.
4. Description of complementary programs (and their conditionalities) to attend beneficiaries after exiting from social protection programs, so that they move towards self-sufficiency, i.e. training programs, counselling on job market tactics, on-the- job training, first job assistance, support in starting a business and in farming the land. Feasibility analysis of supporting these programs on an on-going basis, available to all, as a preventive social protection measure. Design of complementary services provided to children of poor families so as to support their continuity going to school. Complementary services to rehabilitate victims of household economic stress (funerals, chronic illness, alcoholism etc.).

B. Proposals for a Specific Social Policy for Botswana

5. Describe programs that should constitute the social development policy, existing and new. Description of changes that should be introduced to existing programs to enhance their impact and cost-effectiveness, and particularly on the protection of the family and the generation of human capital, including “once-off payments”, for instance to help over a particular crisis with a lump sum payment. Implications in terms of costs, funding, responsibilities, coordination and other institutional implications.
6. Outline criteria for beneficiaries’ eligibility, re-evaluation of eligibility, targeting, exiting, exceptions to exiting and post exiting support.
7. Identify of factors that determine the risks of vulnerability, and possibilities of escaping from poverty, of households/individuals and proposal of mitigating actions/means.
8. Develop proposals for introducing in the social protection programs special measures to compensate/offset effects of gender biases, and other discriminatory effects.
9. Make recommendations for special actions/mechanisms for the areas shown in Box 1 above.

C. Considerations for a Framework of Consensus Building

10. Make recommendations for institutional aspects: creation of national coordination body (social development council or social development steering committee), with participation of public sector, civil society, NGOs, international partners, etc. Preparation of women and children budgets. Definition of responsibilities at national and local levels. Systems for internal and external audits and for social (community) monitoring and accountability. Handling of complaints and appeals and programs for public disclosure. Publication of programs performance and scope. National programs of diffusion and advocacy activities. Creation of coordination mechanisms at national-local levels. Gauging of beneficiaries satisfaction, Outsourcing of provision of shelter and food rations. Mechanisms for the strengthening of local government capacities. Staffing implications.

11. Define of lines of authority and accountability, at national, local and NGO levels, particularly with regard to targeting, eligibility, service delivery, payment and monitoring. Indication of who should be accountable for each program component and design of performance incentives. Design of systems for payments accounting, financial reports, audits and supervision of procurement.

12. Make recommendations for coordination mechanisms: periodic cross checking of beneficiaries data bases, integration of forms and reports used by national agencies and international partners, shared information system. Mechanisms for the coordination with and among international partners.

13. Develop recommendations on capacity building with DSS to ensure the focused delivery of the Social Development Strategy.

D. Recommendations on Finance and Funding

14. Carry out a feasibility analysis of temporarily adapting/enhancing some of the social protection programs into means to attend the needs resulting from events that increase human vulnerability and economic disruption (draught, floods, etc).

15. Carry out a feasibility analysis of the creation of contingency fund to protect operations in the event of funding shortfall, or to increase disbursements in emergency situations, without resorting to requesting supplementary funding.

16. Make recommendations on the funding of social development policy: national budget, contributions from donors/partners, discussion of the design of specific taxes that can be appropriate to fund social programs. Preparation of mid-term scenarios for according to varying levels of coverage.

E. Recommendations on Social Work Development

17. Make recommendations on the professionalization of the social work sector. This would involve the creation of a professional code of ethics and professional regulations, as well as the registration and accreditation parameters for social workers. This process should include existing national guidelines and relevant regional and international practices.

F. Recommendations on Monitoring and Evaluation

18. Prepare TORs for design of monitoring and evaluation system: Definition of content of baselines, outputs, outcomes and impacts for each program. Mechanisms for data gathering, verification and for measurement of development impact. Dissemination of evaluations and extraction of best practices.

19. Develop TORs for national information system, including: Design of: IT team capacity, structure, roles and responsibilities; system infrastructure: hardware and software specifications and costs; IT development and maintenance plans; IT risk management. Design of: data and records management; service standards and disruption tolerance; information security and access control; data transfer within and across agencies. Cross checking of databases; IT systems audits; back up processes.

G. Strategy

20. Propose the content and outline of national strategy, and national annual social development operative plan, including aspects of budgeting and funding, coordination, information system, opportunities and threats in the short term, dissemination and advocacy activities, manpower requirements, ensuring key staff is in place, risks, readiness tests, objectives, targets both national and at local level, development impact, pre-view of forthcoming fiscal year.

Annex 2. The community home-based care programme

Summary of policy

1. With its health facilities increasingly unable to cater for the number of AIDS patients needing support, the government of Botswana adopted the community home-based care (CHBC) approach in 1995.

The overall goal of [the] community home-based care programme is to provide comprehensive care services at home and at community levels in order to meet the physical, psychological, social and spiritual needs of terminally ill patients including people living with AIDS and their families.

GOB, 2005a: 8.

2. CHBC is defined as

...the care given to individuals who are terminally ill in their own homes by their families; supported by Social Workers and other social welfare providers to meet spiritual, material and psychosocial needs with the individual playing the crucial role...

It may be defined as the care provided to patients (bedridden or ambulant) at home or in the community with the support of the professional health care workers.

GOB, 2005a: 9-10.

3. The programme is thus not restricted to AIDS patients, although they form the vast majority of beneficiaries. It is sometimes described as a mode of palliative care (a strategy formally adopted by the Botswana Ministry of Health in 2005), although discussion of the latter makes little reference to the option of return to an active lifestyle that is now available to CHBC beneficiaries receiving ART (Sebego and Ntsayagae, nd).

4. Patients are normally referred for support under the CHBC programme by government doctors, although social workers can also do so in emergency cases. The programme gives them the following types of support:

- a monthly food basket – either conventional food or foods suitable for oral tube feeding, as advised by a government dietician. The value of the conventional food basket was estimated in 2005 at P500 per month, and that of the oral tube feeding basket at P1,200 per month;
- transport to medical facilities for checkups;
- ‘repatriation’, i.e. relocation to

Community home-based care in Kgatleng

There are currently 53 beneficiaries registered in the programme. The programme covers patients who have chronic conditions and not just HIV and AIDS. Referral is generally done by the medical doctors; however, in emergency situations, social workers refer patients temporarily whilst waiting for a medical report.

Implementers believe that they reach all eligible beneficiaries since CHBC patients are registered after referral by a medical doctor. Additional strength in extending coverage is the utilisation of Health Education Assistants (formally known as Family Welfare Educators) who do home visits on a regular basis. They identify potential beneficiaries and report to the clinic. Assessment is then done by social workers.

With respect to referrals by medical doctors, some nurses feel that this causes delays in beneficiaries getting registered. Their observation is that they have gained experience over time to know when the patient should be referred. One nurse made these comments about referrals in the district:

When the doctor does not come as is the case in my clinic, patients are not assisted. I have seen two patients who need to be referred, but since the doctor has not come to visit, this has not happened. I believe that as nurses, we have been given adequate training on HIV and AIDS and other chronic illnesses. We know how to test patients and provide medication. I don't see why we cannot refer patients especially in areas where there are no medical doctors.

the patient's original home or another place where family and community care will be more readily available;

- counselling by a social worker;
- rehabilitation: particularly with the use of ART, this may enable the patient to leave the programme;
- burial, in cases where no other support is available to arrange it.

5. The CHBC programme is linked to that for destitutes. Provision of the food basket is means tested on the same criteria as those used for destitutes (see Annex 5). Acceptance of counselling is mandatory for those participating in the programme. CHBC guidelines set out the same procedures for dealing with defaulters as are used with destitutes. Care givers are expected to encourage patients to adhere to the guidelines and fulfil their responsibilities which are:

- *take responsibility for their own lives by honouring appointments for counselling sessions either in their homes or in the office;*
- *honour appointments for medical checkups;*
- *collect treatment on scheduled dates, and... adhere to the treatment;*
- *...adhere to the recommended diet;*
- *not sell food issued to them;*
- *take part in their rehabilitation and ensure enhancement of their social functioning.*

GOB, 2005a: 16.

6. Although the programme shares some features with support for destitutes, it is a greater challenge and responsibility for the social workers who administer it, because of its graver responsibilities with regard to psychosocial and counselling support. These must be extended not only to the patient, but also to household and community caregivers, with a careful balance of confidentiality between the interests of the patient, the family and local society.

Counselling for CHBC patients

Social welfare officers are expected to provide counselling. They are also expected do everything else in the village. Therefore, counselling is rarely done, if at all. Counselling is a process and not an event, but this principle is not followed because social workers spend most of their time delivering food rations. There is a need to have social workers focus on their profession. Therefore, they have to be moved away from the delivery of food packages.

Comments by S&CD staff, Kgatleng and Ngamiland.

Geographical distribution, coverage

7. The total number of CHBC patients has risen and then fallen over the past decade, reflecting the transformation that ART has achieved in the lives and prospects of many HIV-positive people. The total number of patients in 2008/09 was 26% of the peak number shown for 2004/05 in Table 17, even allowing for the fact that the incomplete data for the latter year do not cover the towns.

Table 17. Registered CHBC patients, 2002/03 – 2009/10

District or town	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Southern	1,116	1,138	1,157	966	1,342		714	470
South East	218	226	293	387	208		216	253
Kweneng	856	4,458	5,219	3,306	980		263	181
Kgatleng	852	1,139	513	531	493		58	47
Central	1,930	3,553	5,346	2,548	2,266		1,138	1,052
North East	79	192	259	255	253		94	34
North West	311	699	682	1,176	1,069		288	328
Chobe	82	94	217	0	259		36	34
Gantsi	146	398	184	334	226		280	247
Kgalagadi	155	190	260	235	127		160	174
Sub-total	5,745	12,087	14,130	9,737	7,223		3,247	2,819
Gaborone				362	321		78	50
Francistown				354	452		268	287
Lobatse				72	46		32	28
Jwaneng				28	7		11	10
Selebi-Phikwe				93	77		64	46
Sowa				3	2		2	2
Sub-total				911	905		455	424
Total	5,745	12,087	14,130	10,648	8,128		3,702	3,242

Note: this table is based on averages of the incomplete monthly and quarterly data sets that are available.

Source: MLG data.

8. Table 9 above shows that the geographical distribution of CHBC programme beneficiaries is skewed towards the rural areas. Whereas about a quarter of the population lives in the towns, only 13% of the CHBC patients were registered in those areas in 2009/10. This probably reflects the return of many seriously ill people to their rural homes for care. A better-off minority of urban patients may feel that they do not need to register for CHBC.

Targeting, qualification, graduation and recertification

9. As noted above, CHBC patients are targeted through referral by doctors (and sometimes by social workers), and eligibility to receive food baskets is assessed on the criteria used by the destitutes programme (Annex 5). The targeting and referral process requires collaboration between social and health workers. Copies of the referral form are kept in the patient's medical file at the health facility, in the health facility's administration, in the District Health Team and by the social worker.
10. The requirement that CHBC patients should normally be referred by doctors reportedly means that people who are far from medical facilities may find it more difficult to benefit. At Kgomodiatsaba in Kgatleng district, for example, the distance from doctors in Mochudi is reported to have precluded the registration of anyone in the CHBC programme, even though there are people who would benefit from it.
11. Again in parallel with the destitutes programme, CHBC patients are expected to graduate if possible. The provision of ART makes this possible for many, and – subject to their state of health – programme beneficiaries are required to enrol in rehabilitation activities that should lead them into economic self-sufficiency and the termination of their food basket support. Graduation is certified jointly by the social worker and the medical practitioner in terms of economic and health status respectively.

12. Recertification is not mentioned in the CHBC guidelines but is presumably permitted, as for destitutes, should a person's health deteriorate again.

Record keeping and reporting

13. On the basis of returns from social workers, the DSS compiles monthly reports on the total numbers of registered CHBC patients per local authority, as well as the numbers receiving food baskets, dying or being terminated from the programme due to successful rehabilitation or failure to comply with its requirements. As with other DSS programmes, the reliability and completeness of these data varies with the effort that social workers around the country make to submit them, and the availability of staff at headquarters to compile them.

Monitoring and evaluation

14. Individual CHBC cases are monitored by their carers, by the social worker and by the health system. The performance of the programme as a whole is monitored by DSS through the reporting system outlined above.
15. Although there have been a number of field studies of the implementation of CHBC in Botswana, there has been no overall evaluation of the programme.

Gender issues

16. DSS data do not show the gender of CHBC patients. The issue is not addressed in the programme guidelines. However, a study of the CHBC programme at Kanye in Southern District found that 98% of the 82 caregivers who took part were women. (The programme had a total of 140 caregivers.) One third of the women caregivers were aged 60 or over, while 42% were aged between 40 and 59 (Kang'ethe, 2009: 88). As is well known, much of the HIV/AIDS burden in Botswana falls on women.

With regard to gender, other studies indicated the same trend among the caregivers. In a study carried out in Botswana by Munodawafa (1998) all caregivers except one were female in Tutume while in Molepolole, all caregivers were females. This state of affairs does not augur well, especially with feminists who see it as gender exploitation of women. Because of women having to attend to other domestic chores in the homes, caregiving presents an overwhelming experience. This has also been a strong reason driving women to poverty... Societies need to work and persuade men to assist women in the caregiving assignments as the HIV/AIDS epidemic needs the support of all in the community. Advocacy by leaders and civil society bodies could help change the stereotypical idea that caregiving should be done by women.

Kang'ethe, 2009: 89.

Impact on poverty and income distribution

17. Although there are no empirical data available on the subject, the provision of food baskets to CHBC patients can be assumed to achieve a significant poverty alleviation benefit for them and their carers. With the small and declining number of programme beneficiaries, the national impact on poverty is negligible, as is the programme's effect on income distribution.

Impact on development

18. As a social safety net providing palliative care, the CHBC programme has a negligible impact on development. The related provision of ART, on the other hand, has presumably had a significant impact on Botswana's development potential by enabling large numbers of people to return to an economically active life.

Institutional roles and relationships

19. The CHBC programme is described as "integrated and multi-sectoral". Various government agencies are involved, as well as NGOs and community-based organisations (CBOs). At government level, the key agencies are the Ministry of Health and the local authorities' social workers, guided by the DSS of the MLG.

The programme is implemented by the government in collaboration with Non Governmental Organisations and Community Based Organisations... The Ministry of Health is responsible for the development of policies and standards and for provision of professional guidance and support on health care including counselling issues. On the other hand, the Ministry of Local Government through the Department of Social Services is responsible for the development of policies and standards for provision of technical guidance on the social welfare component.

NACA, 2010.

20. With its requirement for interministerial collaboration, the CHBC programme is bound to be challenging. Those challenges are compounded by the programme's character as a joint effort by families, civil society and government agencies.

Beneficiaries, budgets and expenditure

21. Table 18 below is drawn from Table 14 on page 57. Although data on beneficiary numbers could not be obtained for 2007/08, it shows that the cost per beneficiary has been rising while the number of beneficiaries has been falling. This is partly because of the relative inelasticity of some of the administrative costs associated with the programme, and partly because of increases in the cost of the special food rations provided to AIDS patients. Although expenditure and overheads data are not yet available for 2009/10, it can be seen that the budget allocation for this year was almost twice as high as that for 2007/08, and three times as much as for 2008/09.

Table 18. Community home-based care: beneficiaries, budgets and expenditure

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
No. of beneficiaries	14,130	10,648	8,128		3,702	3,242
Budget (P)	80,482,190	65,438,450	75,421,130	83,473,020	52,563,990	160,201,920
Expenditure (P)	85,425,640	62,629,770	75,421,130	78,856,160	51,563,910	
Overheads (P)	1,318,220	2,166,554	1,407,546		1,245,122	
Cost per beneficiary (P)	6,139	6,085	9,452		14,265	

Source: MLG data.

22. The budget for the CHBC programme comes entirely from domestic funds, and is transferred to local authorities through the annual Revenue Support Grants from MLG.

SWOT analysis

23. A number of the issues summarised below are mentioned by Sebege and Ntsayagae (nd).

<p>Strengths</p> <ul style="list-style-type: none"> • Commitment and structure in place to support families • Programme is now an effective part of system to deliver ART • Referral arrangements are established and functioning • Significant relief to government budget and work load of health staff and facilities 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Quality of care provided is not always adequate • Service providers, and therefore carers, insufficiently knowledgeable and skilled with regard to palliative care • Social workers lack time to provide adequate counselling • Issues concerning death and dying not adequately addressed • Rehabilitation efforts not adequately effective in helping beneficiaries build income generating activities
<p>Opportunities</p> <ul style="list-style-type: none"> • Build stronger collaboration between health staff, social workers, community structures and carers • Outsource some administration and clerical duties so that social workers have more time for professional role 	<p>Threats</p> <ul style="list-style-type: none"> • Potential reduction in funding available for ART

Annex 3. Programmes to support children

1. This annex outlines a number of programmes that support children: those for orphans and vulnerable children (OVC); those for 'needy children' and 'needy students' (provided under the programme for destitutes) and those for children in conflict in the law. Children also benefit from the feeding programmes operated at government primary and secondary schools (Annex 4), and in some cases from their parents' registration as destitute persons (Annex 5). There are also special provisions for the children of remote area dwellers (Annex 8).

Summary of policy

2. Although there have been a number of plans and programmes over the last decade and the Children's Act was passed in April 2009, there is no approved policy statement in place with regard to the social protection of children. Prior to 1999, **orphans** and children in need were supported under the destitutes programme. In that year, recognising the escalating numbers of children being orphaned by the HIV pandemic, government initiated a Short-Term Plan of Action (STPA) on Care of Orphans in Botswana, 1999-2001. The STPA called for formulation of a comprehensive policy on orphans and its implementation through a long-term plan of action. The National Strategic Framework for AIDS, 2003-2009, "prioritises prevention, treatment as well as support for orphan households" (GOB, 2008b: 66).
3. A long-term plan for orphans has yet to be launched. An overall ten year National Plan of Action for Children had been instituted in 1993, but did not succeed in achieving co-ordinated and effective support. It has not been renewed. UNICEF is currently supporting formulation of a National Plan of Action for Orphans and Vulnerable Children, 2010-16, although that process has been delayed. In effect, the STPA remains in place. It was evaluated in 2006. Although many institutional and operational deficiencies were noted, the findings were broadly positive: the STPA had succeeded in getting orphans clearly onto the national agenda, registering virtually all of them and addressing their food and other basic needs.
4. Replacing the Children's Act of 1981, the Children's Act of 2009 provides "for the promotion and protection of the rights of the child; for the promotion of the physical, emotional, intellectual and social development and general well-being of children; for the protection and care of children; [and] for the establishment of structures to provide for the care, support, protection and rehabilitation of children..." It sets out a Bill of Child Rights; specifies parental duties and rights; provides for community and governmental support to parents; establishes a Children's Consultative Forum, a National Children's Council and Children's Courts (which are actually magistrate's courts); designates magistrates as Commissioners of Child Welfare; provides for the care of children in need of protection; sets out foster care arrangements (there is a separate Adoption Act); provides for the treatment of children in conflict with the law; specifies how children's homes and similar institutions are to be regulated; and prohibits child abduction and child trafficking. Although passed by Parliament, the Act is not in force at the time of writing (3 February 2009). Publication in the Gazette of the Notice of Commencement is understood to be imminent. It was delayed while it was decided whether all the subordinate regulations needed to be drafted first. The conclusion was that the Act could be put into operation without them.
5. The Act effectively enshrines policy in law, even though the policy was not separately stated beforehand. However, Botswana's social development context requires additional focus on OVC. A draft National Policy on Orphans and Vulnerable Children was finalised in August 2009, and now awaits review by Cabinet.

6. Guided by the Child Protection Services Division of DSS, social workers in the Social and Community Development Departments of local authorities assess and register orphans. Registration should lead to referral for a variety of support services, as required by the orphan's situation. These include basic needs and essential support – food, shelter, education and security – and psychosocial support and health and legal services. Direct action on shelter is rarely necessary, as most orphans are accommodated by relatives – most typically a grandmother. While the homes that take them in may be small and of poor structural quality, there is no policy to upgrade them because they accommodate orphans.
7. Social workers register and assess **vulnerable children** in a similar manner, although they depend on others to identify and refer them to the S&CD Department. Chiefs, Village Development Committees, church leaders, community organisations and other concerned people may refer vulnerable children for support in this way.
8. The standard services offered to registered orphans and vulnerable children are:

Challenges with the orphans programme

In the event there are many orphans within a household, there is a lot of waste of food as every orphan is individually entitled to a food ration. Some families sell food, although the extent of this practice is unknown. Some have to give the food away. In certain cases the food piles up as families are unable to finish all their supplies within a month. Some key informants felt strongly that there should be household-wide assessment and distribution of packages to minimise wastage.

While the advantages of the coupon system outweigh the disadvantages some families (carers of orphans) are not happy that orphans could be designated card holders. This allows them to use the cards without permission from the carer. They felt the cards should be registered in the names of the carer.

Uniform sometimes comes late or incomplete. It is given every two years and this is too long. Some warm clothes (uniform) are sometimes not provided and children have to go through winter without them. Students sometimes outgrow the uniform because they grow fast and it is not frequently provided.

Children schooling outside their villages and in rented accommodation are sometimes evicted because of failure by Councils to pay for boarding on time. Moreover, needed facilities such as stretchers are provided late to these children.

Food baskets are at times incomplete both in terms of missing items or lower quantities compared with what is prescribed.

There have been instances, though rare, where the family received rations for orphans who are in boarding school.

Relatives of orphaned children sometimes fight to take custody of the children. This is usually motivated by the food packages given to the children. There have been instances where orphans had to change carer families to receive better care, only for the family from which they moved to refuse to give benefits to the new family.

Some orphans are not treated well by their relatives and are sometimes denied access to the food.

Orphans lose books at home. As a result they cannot be given their certificates after graduating.

Comments by VDCs in Kgatleng and Ngamiland.

- *food basket provided on a monthly basis;*
- *school uniform provided based on child's needs;*
- *private clothing also provided based on child's needs;*
- *transport fares also provided based on child's needs;*
- *psychosocial support provided by Social Workers in District [and Town] Councils.*

GOB, nd (a): 18.

9. S&CD Departments also co-ordinate support to an overlapping category of **'needy children'**. These include destitutes under 18 who are not cared for by other programmes, but they are mainly children in the households of registered destitutes. Under the 'Head Start Programme' set out in the 2002 Revised National Policy on Destitute Persons, **'needy students'** are defined as 'needy children' who are at school or in vocational training or tertiary education. This support is continued up to the age of 29 (the maximum age of the 'youth' group as defined in Botswana) if the student's programme of study is continuing. Support includes school fees and uniform, toiletries, accommodation if required and all other expenses associated with school or college.
10. **Child labour**, including some of the worst forms of child labour, takes place in Botswana, with working children making up 8.5% of the total population of children between ages 7 and 17 (Warner *et al.*, 2010: 2). An Action Programme on the Elimination of Child Labour has now been adopted (GOB, 2008g). In addition to building general awareness and understanding about the issue, this programme aims to tackle excessive and inappropriate domestic work, children working in agriculture, the commercial sexual exploitation of children, the use of children to commit crimes, child work in shebeens and on the streets, physical work by children in schools and issues of HIV/AIDS and the exploitation of OVC. Programme actions include awareness raising, education, capacity building, policy and legislative development, institutional development, enhanced implementation of the relevant laws, strengthened family and community strategies and improved monitoring and reporting of the issue.
11. As noted above, the 2009 Children's Act makes detailed provision for **children in conflict in the law**, and the operation of Children's Courts. Children convicted of offences may be put on probation; sent to a 'school of industries'; or sentenced to community service, corporal punishment or imprisonment. The Act does not specify the nature of imprisonment. There are at present a detention facility at Molepolole (the Ikago Centre) for male juvenile offenders (aged 14-18) and a new prison at Moshopa for male offenders aged 18-21. There are no detention facilities for young female offenders. Probation and related psychosocial support should be key features of policy for young offenders, but not all local authorities have appointed probation officers.
12. **Primary and secondary school education** used to be free in Botswana. In 2006, secondary school fees were reintroduced. They remain at the 2006 levels of P300 per year for Forms 1-3, and P450 per year for Forms 4 and 5. However, families assessed by their local S&CD officer as having incomes lower than P1,200 per month (or assets that generate an equivalent income level) are exempted from paying these fees. The majority of families thus continue to receive free secondary education.

Geographical distribution, coverage

13. Table 9 above and Table 19 below show that, although orphans are registered nationwide, these registrations are disproportionately represented in the rural areas. This is probably not because orphanhood is commoner in rural Botswana, but rather because many of those caring for orphans in the towns choose not to register them – either because they consider it unnecessary or because they find it demeaning. It is possible, of course, that some unregistered orphans are exploited or abused. Another reason for the apparent under representation of orphans in urban areas is that many of these children may go to live with grandparents or other relatives in the rural areas from which their families originally came.
14. The 2008 national situation analysis on OVC enumerated 51,806 orphans, using the Botswana definition quoted on page 103 below. Again, this is more than the total registered, probably for the reasons just outlined. Using the international definition, the study gave a total of 137,805 orphans. The 2006 evaluation of the STPA calculated that more orphans were registered in 2005 than should have

been eligible, based on the official definition and available data. It suggested that this discrepancy might be ascribed to ambiguities about how to interpret the definition in cases of children being brought up by a single parent and whose other parent had died (SIAPAC, 2006: 21). Like other indicators of the HIV pandemic, official data on registered orphans (Table 19) show a peak around the middle of the last decade and a gradual decline since – although there has not been much change over the last three years.

15. The 2008 situation analysis concluded that there were virtually no **child-headed households** in Botswana, although there are OVC living in households heading by unemployed siblings aged over 18 (GOB, 2008b: 48).
16. The data on ‘needy students’ and ‘needy children’ in Table 20 and Table 21 below are drawn from the records of the destitutes programme. No separate records are kept on ‘vulnerable children’, although all those in the two categories just mentioned can be considered ‘vulnerable’ (GOB, 2008b: 44). The numbers of ‘needy children’ appear low because most of the children of destitutes are in school and therefore appear in the ‘needy students’ category. For these two groups, the registrations are again skewed towards the rural areas (which include, as usual, the urban villages; see also Table 9 above). In these cases, the reason for the imbalance is probably the higher standard of living in the towns. As Table 9 shows, 97.5% of the 2008/09 destitute registrations were in rural communities, even though this sector only made up about three quarters of the national population.

Table 19. 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: MLG data.

Table 20. Needy student registrations, 2002/03 – 2009/10

District or town	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Southern	1,245	2,098	3,267	2,944	3,434	4,729	4,996	4,875
South East	244	404	410	424	489	503	705	787
Kweneng	2,113	3,735	6,167	5,401	3,718	3,001	3,439	3,642
Kgatleng	671	603	849	811	823	892	1,019	1,450
Central	7,284	8,253	10,056	10,089	9,630	9,944	10,648	13,483
North East	512	677	826	929	741	750	797	857
North West	1,474	1,531	1,694	2,222	1,759	1,607	3,087	4,044
Chobe	245	313	337		220	208	239	340
Gantsi	368	423	619	671	629	782	825	1,023
Kgalagadi	1,140	1,147	1,310	1,121	684	938	937	1,058
Sub-total	15,296	19,184	25,535	24,612	22,128	23,354	26,692	31,559
Gaborone				244	278	166	259	310
Francistown				477	546	735	914	1,312
Lobatse				147	172	183	161	173
Jwaneng				53	55	54	54	23
Selebi-Phikwe				157	190	269	328	284
Sowa				1	0		3	0
Sub-total				1,080	1,239	1,407	1,718	2,102
Total	15,296	19,184	25,535	25,691	23,367	24,761	28,411	33,661

Source: MLG data.

Table 21. Needy children registrations, 2002/03 – 2009/10

District or town	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Southern	299	56	81	83	85	79	118	136
South East	17	0	0	4	3	0	6	15
Kweneng	26	86	107	42	42	30	30	17
Kgatleng	14	12	22	26	45	44	44	69
Central	169	321	499	436	342	439	225	353
North East	5	11	24	31	18	10	13	19
North West	4	4	24	16	23	32	44	74
Chobe	4	9	8	0	5	4	3	16
Gantsi	37	29	29	30	24	34	6	28
Kgalagadi	29	6	9	9	8	10	8	30
Sub-total	604	534	803	675	595	682	498	757
Gaborone				25	35	28	44	52
Francistown				14	19	0	56	124
Lobatse				10	11	12	24	39
Jwaneng				4	2	0	0	0
Selebi-Phikwe				2	1	0	0	0
Sowa				1	0		1	0
Sub-total				55	67	40	124	215
Total	604	534	803	730	662	722	622	972

Source: MLG data.

17. The 2008 situation analysis reached the “consoling” conclusion that almost all eligible orphans, as defined on the official Botswana criteria, have been registered (GOB, 2008b: 41). But it went on to offer a different perspective on the extent and effectiveness of current programmes’ coverage. It used the official definition of orphans and an operational definition of vulnerable children as those (under 18) living in households where nobody was gainfully employed and/or where there was a person who had been critically ill for at least three months (*ibid.*: 10). On this basis, it found that only 49% of households with OVC were receiving assistance (although this was an improvement over the 44% getting it in 2004). Ninety-two per cent of these households said that they were receiving assistance in the form of food; 56% said they were getting educational support. The study also pointed out the intra-household

dimensions of coverage by OVC support. Food assistance, in particular, may not go to the intended orphan beneficiary within the household, but may be shared across several or all household members (*ibid.*: 66-69).

Targeting, qualification, graduation and recertification

18. All orphans are targeted for registration. There is no means test. The STPA defined an orphan as a “child below 18 years who has lost one (single parents) or two (married couples) biological or adoptive parents... Social Orphans are defined as abandoned or dumped children whose parents cannot be traced.” (GOB, 1999: 9). This differs from the international (UNAIDS) definition (a child aged under 18 who has lost one or both parents) but is likely to be retained by the forthcoming policy.

19. The 2008 national situation analysis on OVC quotes the Botswana definition of a vulnerable child as

...a child below the age of 18 years who meets any of the following six criteria:

- *lives in an abusive environment*
- *lives in a poverty-stricken family and is not able to access basic services*
- *lives in a child-headed household*
- *lives with a sick parent(s) or guardian*
- *is infected with HIV*
- *lives outside family care.*

GOB, 2008b: 9.

20. The proposed new policy compresses this definition and refers to children who are in any situation or circumstance that adversely affects, or is likely adversely to affect, their physical, emotional, psychological or general well-being and that prevents the enjoyment of their rights (now specified by the Act), and who are in need of protection.

21. The STPA is silent on the possibility of further support after an orphan turns 18. The proposed new national policy on OVC refers briefly to promotion of links between skills training for OVC and youth grants and other income generation opportunities that they may be able to exploit from age 18 onwards. In practice, an orphan automatically graduates from the programme at that age, but may receive

Identification and assessment of orphans
<i>This is done according to the STPA guidelines.</i>
<i>Families used to cheat the system by registering ineligible children. Even yellow hospital/clinic cards for children were sometimes remade to defraud the system. However, it is now a requirement for birth certificates to bear the names of both parents to avoid fraud, and only birth certificates are used to verify identity of applicants to the programme.</i>
<i>The Affiliation Proceedings Act (on child support) can be used to exclude the child if the father is alive – however, there is no consistency in the application of the Act. Most of the time, unmarried fathers (still alive) get away with it as they never get to support their children.</i>
<i>Identification is based on self (including family), community, VDC, and other referrals.</i>
<i>There is an assessment tool. Inheritance is sometimes counted/considered, but disclosure is a problem as officers are unable to do in-depth assessment.</i>
<i>Sometimes an attempt is made to protect the assets of orphaned children, but this is rarely (if at all) the case.</i>
<i>There is no double-dipping of orphans as an orphan is simply an orphan. There are, however, rare incidents where children were registered and received benefits in two districts. This may happen (though rarely) when the child transfers. Also those that graduate are sometimes left in the list/registry leading, sometimes, to receipt of benefits by the relatives of the orphan.</i>
<i>Overlaps occur at family level though, with some families taking care of orphans benefiting from other programmes such as the old age pension and destitution. However, some destitute persons are sometimes deregistered on the basis that they live with many orphans receiving food baskets.</i>
<i>Comments from S&CD staff in Kgatleng and Ngamiland.</i>

further support for ongoing education, as do 'needy students' supported by the destitutes programme.

22. 'Needy children' and 'needy students' graduate from that status if their families graduate from the destitutes programme, as outlined in Annex 5. It is not clear whether the children of destitutes transferred to the *Ipelegeng* labour-intensive public works (LIPW) programme will continue to receive any support. Officials suggest that decisions should be made on a case by case basis.

The beneficiary perspective

Orphans

23. The following views were gathered from orphans during field investigations in Kgatleng and Ngamiland districts. With respect to coverage and targeting, beneficiaries think that all of them are covered by the programme. They think that eligibility criteria are straightforward and systems are in place to register orphans as soon as they lose one or both parents. They note that they are supposed to receive food packages, school uniform, private clothes, toiletry, various forms of educational support, and psycho-social support.
24. Orphans share a number of **programme delivery** issues. With respect to food packages, they say that they are uncomfortable with their food packages being distributed at the *kgotla*. They feel that it is better if they receive the food rations at the shops. They recommend that this system be stopped and those awarded the tenders informed accordingly to refrain from the practice. Food rations are sometimes incomplete with some items missing. Food suppliers then promise to deliver the rest of the items on a later date, but they sometimes never deliver as promised. In certain cases, smaller quantities of food are delivered than what is expected under the programme. Some food items are provided spoiled and some not ripe. Sometimes they are given items that are more susceptible to spoilage, such as meat, instead of canned beef. This causes losses as they do not have access to refrigeration.
25. Toiletries are delivered by social welfare officers at the *kgotla*. They require identity cards to collect them, but the under 16 do not have these. To address this issue, they are of the view that toiletry money should be put on smart cards (coupons) as is the case with food money, where this system is in use. This, they argue, will promote efficiency. Toiletries are sometimes not delivered in full or are not delivered at all. Some essential items such as polish, deodorant and glycerine are sometimes not provided. Day scholars feel discriminated against because they do not receive some toiletries that are supplied only to those orphans in boarding school.
26. Regarding uniform, orphans complain about it being supplied after long intervals, and that when finally supplied it is incomplete. In certain areas, orphans report that ties are not provided as part of uniform and they end up having to buy them for themselves. They also worry about delays in the provision of uniform. This leads to small sizes being ultimately provided to children, as they grow fast and have outgrown the original sizes promised. The delays are more pronounced with the provision of school shoes, which sometimes take a year to be delivered after the initial request by the child.
27. Orphans note that they are supplied with private clothing every two years. They are worried that they find they have limited choices at selected shops in urban centres (they cannot find suitable clothing), as they are given the vouchers for buying clothes in December when most items are sold out due to increased demand. They also complain about the limited number of shops at which they can redeem their vouchers. They request that the number of shops should be increased to allow them more choice.
28. Orphans reveal that **psycho-social support** has generally never been provided to them by social welfare officers. They only talk to guidance teachers, at schools, when they have problems. They have a

number of issues they would like addressed. For example, one of them feels that they have the right to know who their fathers are, in the case where they lost single mothers who never revealed the identities of the biological fathers. They noted that, in certain cases, families prevent them from getting to know their fathers, even if they request to do so.

29. Orphans also raise issues with respect to the **dynamics at home**. They note that the food is not enough where it is shared with foster families with many dependants. In certain cases they are denied access to food rations. They are also told not to eat some of the food as it is for the youngest children in the family, who are not orphans. In other cases, neighbours ask for food when they see the food rations coming in, and foster parents give food away even against the will of the children. Orphans also complain of the loss of books at school from theft. As a result, they are not allowed to collect their certificate upon graduation, unless they have paid for the lost books. They complain that most of the time the orphans cannot get their certificate as they have no money to pay for the lost books.
30. Orphans think that the programme has some **positive impacts** on them. They note that they would not be able to attend school without government assistance as they do not have parents to take care of them. Their caretaker relatives are not working, and, hence, would not be able to take care of them (provide basic needs such as food, clothing, school uniform, school fees, etc.) in the absence of the programme (i.e. without public assistance). They are now like other kids who have not lost their parents because the government supplies them with most of the basic needs of children.

Needy students

31. The **policy framework** regarding the needy students programme is well understood by beneficiaries interviewed in Kgatleng and Ngamiland, by virtue of the fact that majority of their parents are registered destitute persons. Nevertheless, when it comes to **coverage and targeting** of potential beneficiaries, some students reported that not all needy children are supported by the programme as they have seen desperate situations in school where some students come with torn uniform and worn out shoes. They also made said that they know of some parents who are embarrassed to register their children. The main issue of concern highlighted is that they are forced to exit the programme when they reach 18 years. In their opinion, this is an unrealistic cut off point as their needs are not age limited. They suggest that eligibility criteria should be raised to age 21 to allow those who still need assistance to continue being helped. They further propose that social workers should ensure that needy children are well integrated into the system before they can be left to stand on their own.

Comments on the needy students programme

Not all potential beneficiaries are identified and registered. Some end up being identified at schools because parents are not forthcoming. There are no guidelines for assessing needy students other than those with parents in the destitution programme. For now, the destitution policy is used as a guide. Needy children's parents are sometimes not eligible for assistance as destitute persons but they are unable to meet the educational needs of their children.

The best way to improve coverage is through school identification. S&CD officers should discuss with guidance teachers to help in identifying needy students.

Selection is based on the destitution policy. Children of destitute persons are automatically designated as needy.

However, children of non-destitute persons are selected based on individual need and neglect.

There is not much abuse of the programme. The interest of the child comes first.

Psycho-social support is supposed to be provided to needy students as well: this is not in the policy but is being done.

Comments by S&CD staff in Kgatleng and Ngamiland.

32. With respect to **delivery** of the needy students package, there is a broad consensus that some major reforms must be made with respect to quality, quantity, and timeliness of the items. The majority report that the practice of giving them uniform once in two years is unrealistic. They observe that by the time they get new supply, their uniform is too small or torn. Others complain about delays in getting assistance.

We are very unhappy with the uniform system. We do not get uniform on time. We are also told that uniform is supplied after two or three years. What then happens is that social workers give us bigger sizes. For example, I was given size 7 shoes when I wear size 4. I was then told, as I grow, the size will eventually fit.

When I was in Form 2, the school changed our uniform. I came to report to the social worker. To my surprise I was told that we only get uniform in Form 1. My parents had to devise means to get me new uniform.

At the beginning of this term, I stayed for a week not coming to school because I did not have uniform. It was only after my teachers came to intervene that I got uniform.

I requested shoes when I was in Standard 7. I am now in Form 2 and still waiting.

33. Despite these grievances, beneficiaries acknowledge with great sense of gratitude the support they receive from government. Some testify that if this assistance was not provided, their self-esteem would diminish and they would not have an opportunity to come to school. With the reintroduction of school fees, they observe that this has alleviated the burden from their parents as it is evident that some are already struggling to pay for PTA fees and other development fees demanded by school authorities.
34. Regarding their general well being, beneficiaries are of the view that some parents neglect them and fail to support them at school. Some drink too much alcohol. They also experience stigma and discrimination. They report that they are often called 'social worker's children' (*'bana ba maboipelego'*) by fellow students. They indicate that they dislike such comments because they have parents; it is only that they are very poor. They are also embarrassed by the practice whereby social workers call them from classes to get supplies. They prefer to get these supplies from the office rather than at school.
35. Asked if they receive **psychosocial support**, the majority said that this aspect is lacking. However, in Sehithwa Community Junior Secondary School, students are in close contact with the social worker and they indicate that although he does not come to the school frequently, they feel free to discuss issues with him. School guidance teachers are also a source of support for the majority of beneficiaries in secondary schools.

RADP needy students

36. The RADP needy students programme targets all children living in remote areas under the age of 18 who have insufficient assets and income sources. The majority of these attend primary and secondary schools. A few are in tertiary institutions. Boarding facilities have been established in recognition of the fact that some children live very far from the school. **Coverage** of the programme is inclusive of all children living in remote areas as most of them have very low incomes. However some beneficiaries in the focus groups said that they know some children are not supported.
37. Regarding **delivery**, beneficiaries are provided with the following:

- meals (breakfast, lunch and supper);
- bedding (blanket, pair of sheets, pillow case);
- school uniform;
- private clothing;
- toiletries (soap, toothpaste, skin lotion, deodorant, toothbrush).

38. In general, the beneficiaries interviewed are not satisfied with the manner in which **meals** are prepared. Their concern is that in a majority of instances they eat food that is either over cooked or not cooked at all. Although the menu indicates that they get fruit, this is a rare commodity. Some who have been in the school longer remember that they used to get oranges or apples. They long to have fruit and fresh vegetables as part of their menu.
39. Besides preparation of the food, children complain about the inadequacy of the food supply in the hostel. They find it quite strange that at times caretakers take the food home or they bring their children to eat with them whereas they are told the food is in short supply. Further, they object strongly to the current uniform policy where they have to wait for two years before they get new outfits. Their view is that this practice contributes to the lowering of their self-esteem as they are forced to go to school with old or torn clothes.
40. Finally, with reference to their general welfare, beneficiaries report that they experience verbal abuse and insults as a result of their status. The following are typical statements made.

Your parents can't afford, that's why Council authorities clothe you.

You are not doing anything for yourselves, you are just depending on the Council.

Social worker's children – 'bana ba maboipelego'.

In your homes you don't eat this type of food, you eat relish and wild animal meat.

41. Asked if they ever appeal to someone when they are ill-treated, one commented "when I complain, our caretaker gets very angry; she will be sulky the whole time, not talking to us". In a nutshell, beneficiaries seem to be experiencing a lot of hardships as some are in the habit of escaping from the hostels to find refuge in the village or to go back home.

Cost sharing of secondary school fees

42. This programme **targets** children who are registered under the orphan care and needy students programmes and those whose parents have a monthly income below P1,200. Parents and guardians of these children are exempted from paying secondary school fees. In terms of **coverage**, the programme benefits the majority of the target group as long as they meet eligibility criteria. Almost all parents and guardians of school going age are knowledgeable about this programme. Information is disseminated during PTA meetings, in the media and at *kgotla* meetings. When Standard 7 leavers complete primary school, they are given secondary school admission forms together with exemption forms. Consequently, parents have the opportunity to approach the social work office to request exemption. Overall, beneficiaries are satisfied with the manner in which this programme is being implemented. They report that the assessment is efficient, timely and straight forward and care is taken to ensure that eligible children are not disadvantaged. It is important to emphasise that in both districts visited,

there were no cases reported of children who have been denied school attendance as a result of the reintroduction of school fees.

43. Beneficiaries participating in the focus groups in Ngamiland said that eligibility criteria for a programme such as this one must take into consideration unique realities such as the outbreak of foot and mouth disease. They reiterate that this problem has created enormous hardships as most parents do not have a market to sell their cattle. Consequently, it is very difficult for some of these parents to pay school fees.
44. In Kgatleng, on the other hand, concern was raised regarding high unemployment in the district and rising poverty levels. Although those benefiting from the programme acknowledge that government has come to their rescue, they fail to see why cost sharing has been introduced in the first place. They are also disheartened by additional expenses they have to pay such as an annual PTA development fee of P100 and payment of P30—P60 for toilet fees. Many are afraid that if they fail to pay, their children will not be given certificates to further their education. One parent reiterated:

I have arrears amounting to P80 for the PTA. I know my daughter will not get a reference or get her certificate unless I pay this amount. I am hoping to get into lpelegeng. If I get a negative response it means my daughter will not go to senior school even if she does well in her final examination.

45. Another issue emerging from discussion with parents concerns payment for lost books. The school policy is that if children lose books, parents pay. If they fail to pay, school authorities withhold certificates. In general, the majority of parents interviewed are very unhappy about this arrangement. They feel that in some cases, books get stolen because there are no proper security measures in the school and therefore they fail to understand why the cost is passed to them. In other instances, even when they buy locks, other students destroy them and steal books that they sell to others.
46. However, not all parents condone the situation of apparent lawlessness and lack of responsibility on the part of students. They argue strongly that some parents have lost control and have left responsibility for their children to the school system. In the end, teachers and social workers are blamed for all the problems; and ultimately government is expected to find a way to address the situation. Summing up these concerns, one parent made these comments:

Our children will never be independent as long as we parents perpetuate the legacy of dependency. We do not encourage them to be responsible. We should try to encourage our children to look for piece jobs – even cleaning yards for people. This will teach them survival skills rather than all the time expecting government to provide free services”

Record keeping and reporting

47. The 2006 evaluation of the STPA found that, although orphan registration forms were being thoroughly filled out, the data were not being compiled, “substantially limiting [their] utility” (SIAPAC, 2006: 16). The evaluators also indicated that lack of records on various activities in support of orphans made it difficult to judge their effectiveness. They found that “the records that are kept are largely limited to the total number of orphans registered on a quarterly basis, and the total number of orphans receiving support” (*ibid.*: 98). This study’s experience in sourcing data on orphans suggests that little has changed. Local authorities do not even report even the most basic data regularly.

Monitoring and evaluation

48. The 2006 evaluation of the STPA stated that

Monitoring and evaluation is perhaps the most serious deficiency in the operation of the STPA. Of critical importance to the effective functioning of the STPA, the absence of an effective monitoring and evaluation framework and the dysfunctional nature of existing systems meant that little record of performance, outputs or outcomes were measured, except for orphan registration and referral numbers, and incidentally through non-state actor initiatives funded outside the framework of the STPA...

- *Monitoring systems associated with the STPA were largely dysfunctional. As a result, only basic data are available associated with the numbers registered, and the numbers referred for social welfare transfers. Training has been sporadic, and does not seem to have yielded desired results.*
- *Evaluation was virtually absent from the STPA process.*
- *Important information remains only in hard copy or, if computerised, are not available to the vast majority of users.*
- *Monitoring initiatives were technically driven, and did not involve stakeholders.*
- *For some community-based initiatives supported through NGOs/FBOs, separate monitoring and evaluation systems have emerged, some of which can provide important lessons for the LTPA.*
- *Indicators of plan success, as noted in the original STPA, do not seem to have guided implementation, and have not been systematically measured.*

SIAPAC, 2006: 96-97, 105.

49. The 2006 study was of course an important step forward in evaluation of social protection for children. Two years later, another important step was taken with the national situation analysis on OVC. This was because

...none of [the previous studies and evaluations] was done on a national basis and none was comprehensive enough to inform policy formulation and serve as an evidence-based planning tool for an enhanced national OVC response in Botswana.

GOB, 2008b: 2.

50. The 2008 study was both a quantitative enumeration of OVC and a qualitative assessment of Botswana's response to their needs. It served as a major input to formulation of the draft national policy on OVC that is now before Cabinet. However, it inevitably sidestepped the basic problem of inadequate monitoring and record keeping. It could not be based on existing data. A comprehensive national survey had to be done instead. Surprisingly, enhanced monitoring and record keeping are not included in the study's recommendations.

Gender issues

51. There is little gender-specific analysis or policy prescription with regard to the social protection of children in Botswana. There is general recognition that boys and girls experience different threats and challenges. The former may be forced into agricultural labour or street work instead of continuing their education. Girls are more vulnerable to sexual abuse, may have to engage in intergenerational or transactional sex, and may be forced into early marriage. While referring to these differing vulnerabilities, the draft new policy on OVC does also imply gender awareness with its repeated references to boys and girls, rather than just to OVC. There is less reference in the national literature to another obvious gender dimension of the country's care for orphans, which is that much of it is undertaken by elderly, poor women, who must take on this burden in addition to that of coping with their own gendered status in society and the economy.

Impact on poverty and income distribution

52. Neither the 2006 evaluation of the STPA nor the 2008 national situation analysis assessed the impact of Botswana's child protection programmes in terms of poverty or income distribution. It can be assumed that these programmes do prevent children from falling into absolute poverty and that the 'head start' provisions for 'needy children' and 'needy students' are at least partially achieving their intention of giving OVC the same economic opportunities as other children by helping them to stay in school. However, the recent review of the destitutes programme found that the level of education of children of destitutes was "quite poor... This means that the children from destitute families do not take advantage of education as a major vehicle for poverty reduction" (GOB, 2008a: 54). A recent UNICEF study reports that "of those orphans and children at risk within the 13-17 year bracket, 14.8[%] of the males and 24.1 percent of the females were out of school in 2004" (Caceres, 2009: 24).
53. The child support programmes have no impact on poverty distribution.

Impact on development

54. While they have little immediate impact on Botswana's development, the potential longer-term impact of programmes to support children is a key example of the importance of a social development policy. With the younger generations so threatened by the vulnerabilities associated with the HIV pandemic and the pace of current social change, their potential to play a full economic role over future decades is significantly compromised. Botswana's future prosperity depends on today's OVC being able to play their full part in tomorrow's economy and society. There is no empirical evidence about the extent to which current programmes are ensuring this. Subjectively it would seem that they are making a significant contribution, but that socio-economic inequalities, and the economic under-performance of a majority, will persist.

Institutional roles and relationships

55. The Social and Community Development Departments of local authorities play the central role in delivering programmes of support to children in Botswana. As noted above, they are guided in this respect by the Child Protection Services Division of DSS, which currently has seven staff. A generic issue arises in the way policy for children is articulated between MLG and the local authorities. Co-operation is not always complete. Reaction and implementation by local authorities are sometimes slowed or diminished by a reluctance to take direction from the centre. District, City and Town Councils are now

powerful institutions in their own right, and their senior staff outnumber the few civil servants in the DSS who are meant to co-ordinate the various social protection subsectors.

56. At local level, the central role of the S&CD staff is dominated by their daily task of administering social welfare – registering orphans and destitutes and making sure that the basic benefit and support packages are delivered to them. This means that social workers have little time for real social work – assessment, counselling and support. Instead, they must devote most hours of the day to basic administration and clerical work. This impedes effective delivery of programmes to support children.
57. One key institutional relationship in support to children should be that between social workers and the courts. The Children’s Act of 2009 is meant to restructure this working relationship and make it more effective. At present, again, it is overshadowed by social workers’ administrative functions. The various institutional provisions of the Act have yet to take effect: the National Children’s Council, the Children’s Consultative Forum and the Village Child Protection Committees that it establishes are not yet operating.
58. As in other aspects of social protection, NGOs play important roles with regard to support for children: running care and counselling services, and advocating for children’s rights. They are often under-resourced, and liaison with DSS and local authorities is not always efficient. Part XV of the 2009 Act makes new provisions for the licensing and operation of child welfare institutions by NGOs and the private sector.
59. The 2006 review of the STPA noted that

In an environment where there is suspicion of non-state actors and their involvement in community development, it is perhaps not surprising that only limited success has been achieved in community-based orphan support initiatives.

SIAPAC, 2006: 95.

60. The study found that community participation in orphan care initiatives had been limited and that the Masiela Trust Fund, set up by government in 2001 to support orphans, had run out of money (although it has since received new funding and now receives regular support from government). While a few community-based or NGO programmes had done well over the years and continued to operate effectively, many others had fallen by the wayside due to an inability to raise funds and/or the lukewarm government attitudes referred to above.
61. The 2008 situation analysis stated that NGOs provide some education-related support to OVC; some care and psychosocial support; day care and related activities such as feeding programmes; programmes for youth; and capacity building for other organisations in the child support sector. But it found that hardly any of those caring OVC reported receiving any assistance from NGOs: “...in terms of quantity, NGO[s], CBO[s] and FBO[s] are small players in the field of OVC support” (GOB, 2008b: 79).
62. The Action Programme on the Elimination of Child Labour is implemented under the auspices of a Programme Advisory Committee on Child Labour, chaired in the past by MLHA – although it is proposed that this task should in future be shared by the MLHA Department of Social Security and the MLG DSS. The Department of Labour and Social Security takes the lead in programme implementation.

Beneficiaries, budgets and expenditure

63. Table 22 below is drawn from Table 14 on page 57. As noted earlier, the number of OVC requiring support under this programme has been dropping. The budget for 2009/10 has been radically reduced.

It would appear that S&CD departments' overheads rose enormously in 2008/09. It remains to be seen how they will turn out in 2009/10. The general budget for these programmes was almost doubled from 2006/07 to 2007/08. This is reflected in the leap in cost per beneficiary in the latter year.

Table 22. Orphans and vulnerable children: beneficiaries, budgets and expenditure

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
No. of beneficiaries	52,537	53,223	48,655	49,301	48,119	45,816
Budget (P)	189,274,140	215,469,270	181,569,580	321,586,960	238,159,420	46,984,180
Expenditure (P)	189,133,310	195,183,490	181,569,580	331,705,490	238,159,420	
Overheads (P)	4,901,298	10,829,309	8,425,710	7,722,341	16,184,237	
Cost per beneficiary (P)	3,693	3,871	3,905	6,885	5,286	

Source: MLG data.

64. The budget for these programmes comes entirely from domestic funds, and is transferred to local authorities through the annual Revenue Support Grants from MLG.

SWOT analysis

<p>Strengths</p> <ul style="list-style-type: none"> • Generally well organised transfer mechanisms • Strong package of support • On Botswana definition, almost all orphans covered by support system • Support to OVC has fairly high policy profile 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Delays in policy and planning • Social workers do too much administration, too little social work • Delays in institutional development • Poor monitoring and evaluation • Inadequate correctional and probation procedures and capacity for children in conflict with the law • Uncertain status of orphans whose carers do not register them
<p>Opportunities</p> <ul style="list-style-type: none"> • New Children's Act offers enhanced institutional and legal framework 	<p>Threats</p> <ul style="list-style-type: none"> • Limited NGO capacity • Uncertain fiscal sustainability • Support to needy children could be weakened as destitute households transferred to <i>Ipelegeng</i> • Inadequate co-ordination between national and local government

Annex 4. Feeding programmes

Summary of policy

1. Government operates several feeding programmes:
 - all government primary school children receive one meal a day at school, with the exception of remote area dwellers' children, who receive two meals (GOB, 2009d: 2);
 - under the Vulnerable Group Feeding Programme (VGFP):
 - specially designed food rations are distributed through clinics to all children aged between 6 and 60 months (there are separate ration packages for 6-18, 19-36 and 37-60 months, and all rations are doubled for severely malnourished children);
 - this under-fives feeding programme is currently extended to children up to six years old;
 - food rations are distributed through clinics to selected pregnant and lactating women and to tuberculosis outpatients (GOB, 2008d: 18-19);
 - meals are provided to all students at government secondary schools.
2. These are all long-standing programmes; primary school feeding has been carried out since 1966 (GOB, 2001a: 5). That programme still uses guidelines drawn up in the early 1990s when the World Food Programme (WFP) still played a major role (GOB, nd(d)). WFP's involvement ended in 1997 (WFP, 2003). The original guidelines are supplemented by a 2001 review of the primary school menu. The feeding programme at secondary schools is guided by an undated Ministry of Education and Skills Development (MOE) review (MOE, nd). Guidelines for the VGFP are included in recent guidelines on growth monitoring and promotion and nutrition surveillance (GOB, 2008d). No other formal policy statements or reviews appear to exist for any of these programmes.
3. There has been a steady programme of improvements to kitchen facilities at primary schools, reducing the need to cook outside on a wood fire. (MLG has discouraged the use of wood fires for environmental and health reasons.) Traditionally, grain has been hand stamped for use in school kitchens, by women employed by the local authorities. The 2001 review noted the opposing views that it was unhygienic and should be abolished, and that it provided employment and should be continued. The latter argument appears to have prevailed.
4. Foodstuffs for infants, pre-school children, pregnant and lactating women and tuberculosis patients are distributed at health facilities for preparation and consumption at home. The *tsabana* sorghum/soya formula used for infants has been developed and is produced in Botswana. Vitamin enrichment is adjusted according to the target group.
5. Government has a strategy to introduce pre-primary schooling, but budget constraints have stalled this programme. MLG did budget for a pilot feeding scheme at pre-primary schools in 2010/11.
6. Procurement, delivery and accounting for the required foodstuffs to schools and health facilities all over Botswana are major logistical and administrative challenges. Some procurement is still done centrally by MLG; other supplies are procured by Councils. Predictable difficulties arise, such as the unavailability of some commodities from time to time, late deliveries and occasional food quality or storage problems. (Pest control in stores is a regular budget item.)

Geographical distribution, coverage

7. All these feeding programmes operate nationwide. However, although data on procurement and deliveries are compiled centrally by MLG's Food Relief Services (FRS) Division and MOE's Department of Secondary Education, it has proved difficult to retrieve all of them. Table 24 below provides a summary of food supplied through primary schools and health facilities between 2006 and 2009. The total number of primary school children catered for by the programme in 2009 was 261,513. There were 166,607 children enrolled in secondary schools in 2008, and 165,097 in 2009 – all being supplied with at least one meal a day. In 2009, 13,174 children of remote area dwellers benefited from the 'second meal programme' at school. Meanwhile, the number of VGFP beneficiaries recorded in February 2010 was 230,985 (GOB, 2010c: 1).
8. Table 25 and Table 26 provide a snapshot of deliveries to primary schools and clinics in the month of August, 2009. Both sets of data suggest the significant shortfalls caused by the logistical failings noted above, although the schools data in Table 24 and Table 25 imply an assumption that all children enrolled are being fed at least some of the intended rations. As can be seen from Table 24, the proportion of planned food supplies actually delivered to primary schools rose from 67% in 2006 to 70% in 2008 and 84% in 2009; for health facilities it rose from 54% in 2006 to 70% in 2007, but then fell back to 63% in 2008 and 64% in 2009. Since 2007, the target has been 85% (GOB, 2009d: 4). These problems are reflected again in Table 23, which shows food supply targets and deliveries for the last quarter of the 2008 and 2009 calendar years. The incomplete deliveries are ascribed to price increases and tendering and logistical delays. Interim arrangements by the MLG Food Relief Services Division to fill gaps with direct supplementary disbursements to some local authorities were only partially successful (GOB, 2009d: 1; 2010c: 2-3). A recent survey of the Food Relief Services logistics system found that 85% of Service Delivery Points, district depots and regional warehouses had run out of at least one food commodity in the previous six months and that "logistics supervision is non-existent" (UNICEF and GOB, 2009: 15, 17).

Table 23. Food deliveries against target, primary schools and health facilities

Commodity	4 th quarter 2008		4 th quarter 2009	
	Primary schools %	Health facilities %	Primary schools %	Health facilities %
Sorghum grain 50 kg	96	NA	93	NA
Sorghum meal 25 kg	100	NA	100	NA
Beans 50 kg	76	62	79	55
Samp 25 kg	72	NA	88	NA
Stewing steak 3.1 kg	89	NA	87	NA
UHT milk 340 ml	66	NA	73	NA
Vegetable oil 750 ml	51	30	38	37
Tsabana infant formula 2.5 kg	NA	85	NA	78
Mealie meal 5.5 kg	NA	87	NA	26

Source: GOB 2009d: 6, 2010c: 4.

Table 24. Food supplies and deliveries to primary schools and health facilities, 2006 - 2009

Year	Commodity	Primary schools		Health facilities		Beneficiaries			
		Quantity required MT	Quantity supplied MT	Quantity required MT	Quantity supplied MT	Targeted population		Actual no. of beneficiaries fed	
						Primary schools	Health facilities	Primary schools	Health facilities
2006	Sorghum grain 50 kg	2,721.5	2,478.8	NA	NA	271,750	NA	271,750	NA
	Beans 50 kg	3,075.2	2,344.5	2,500.5	1,525.3	271,750	115,801	271,750	88,893
	Samp 25 kg	1,022.6	866.3	NA	NA	271,750	NA	271,750	NA
	Stewed steak 3.1 kg	3,456.4	1,795.0	NA	NA	271,750	NA	271,750	NA
	Vegetable oil 750 ml	572.4	109.3	1,838.3	739.6	271,750	232,536	271,750	137,183
	UHT milk 340 ml	2166.3	1,112.2	NA	NA	271,750	NA	271,750	NA
	Mealie meal 5.5 kg	NA	NA	7,510.8	4,398.2	NA	115,801	NA	72,899
	Tsabana 2.5 kg	NA	NA	7,258.1	3,735.0	NA	116,735	NA	64,284
Total	13,014.4	8,706.1 (67%)	19,107.7	10,398.1 (54%)					
2007	Sorghum grain 50 kg	2,844.15	2,825.75	NA	NA	236,365	NA	236,365	NA
	Sorghum meal 25 kg	99.28	76.37	NA	NA	12,417	NA	12,417	NA
	Beans 50 kg	3,242.77	1,343.99	2,416.36	958.26	260,507	112,896	260,507	44,771
	Samp 25 kg	2,178.52	698.44	NA	NA	260,507	NA	260,507	NA
	Stewed steak 3.1 kg	1,068.53	1,011.59	NA	NA	260,507	NA	260,507	NA
	Vegetable oil 750 ml	543.49	152.4	1,989.07	288.68	260,507	230,301	260,507	33,424
	UHT milk 340 ml	3,720.90	2,865.25	NA	NA	260,507	NA	200,601	NA
	Mealie meal 5.5 kg	NA	NA	7,653.77	6,311.78	NA	112,896	NA	93,101
	Tsabana 2.5 kg	NA	NA	8,502.25	6,928.88	NA	117,505	NA	95,774
Total	13,697.64	8,973.79 (66%)	20,561.45	14,488.60 (70%)					
2008	Sorghum grain 50 kg	2,729.74	2,534.38	NA	NA	251,075	NA	251,075	NA
	Sorghum meal 25 kg	60.12	53.7	NA	NA	20,849	NA	20,849	NA
	Beans 50 kg	2,878.78	2,206.36	2,579.99	1,466.08	271,924	116,530	271,924	66,218
	Samp 25 kg	2,211.37	1,392.33	NA	NA	271,924	NA	271,924	NA
	Stewed steak 3.1 kg	1,066.17	827.81	NA	NA	271,924	NA	271,924	NA
	Vegetable oil 750 ml	534.99	259.11	2,070.41	612.97	271,924	234,149	271,924	69,320
	UHT milk 340 ml	3,578.11	1,873.66	NA	NA	271,924	NA	271,924	NA
	Mealie meal 5.5 kg	NA	NA	7,608.33	4,380.14	271,924	116,530	271,924	67,087
	Tsabana 2.5 kg	NA	NA	8,484.11	6,368.22	271,924	117,609	271,924	88,278
Total	12,010.30	8,358.53 (70%)	19,216.33	12,015.62 (63%)					
2009	Sorghum grain 50 kg	2,606.01	2,138.98	N/A	N/A	250,636	N/A	250,636	N/A
	Sorghum meal 25 kg	96.08	87.08	N/A	N/A	10,877	N/A	10,877	N/A
	Beans 50 kg	3,239.95	2,726.58	2,565.65	1,927.9	261,513	116,216	261,513	87,328
	Samp 25 kg	2,187.22	1,813.74	N/A	N/A	261,513	N/A	261,513	N/A
	Stewed steak 3.1 kg	1,032.12	974.60	N/A	N/A	261,513	N/A	261,513	N/A
	Vegetable oil 750 ml	485.04	176.25	2,066.36	511.49	261,513	230,985	261,513	57,176
	UHT milk 340 ml	3,510.38	3,088.46	N/A	N/A	261,513	N/A	261,513	N/A
	Mealie meal 5.5 kg	N/A	N/A	7,774.65	4,137.92	N/A	116,216	N/A	61,854
	Tsabana 2.5 kg	N/A	N/A	9,037.82	7,195.64	N/A	114,769	N/A	91,376
Total	13,156.80	11,005.69 (84%)	21,444.48	13,772.95 (64%)					

Source: GOB, 2009d: 5; 2010c: 3.

Table 25. Food supplies to primary schools, August 2009

District or town	No. of students	Actual beneficiaries	Sorghum grain		Beans		Vegetable oil		UHT milk		Stewed steak		Samp		Sorghum meal	
			Planned MT	Actual MT	Planned MT	Actual MT	Planned MT	Actual MT	Planned MT	Actual MT	Planned MT	Actual MT	Planned MT	Actual MT	Planned MT	Actual MT
Southern	38,562	38,562	10.28	10.30	11.85	11.85	1.77	0.30	13.43	13.43	3.95	3.92	7.81	7.51	0.56	0.20
South East	8,415	8,415	2.36	2.36	2.52	1.68	0.38	0.38	2.86	2.86	0.84	0.84	1.68	1.68	NA	NA
Kweneng	29,874	29,874	8.42	4.65	9.36	7.16	1.40	0.00	10.64	10.66	3.13	3.12	6.26	4.07	0.38	0.38
Kgatleng	13,709	13,709	3.90	3.90	4.19	4.19	0.63	NA	4.75	4.75	1.39	1.39	2.79	2.79	NA	NA
Central	106,166	106,166	31.81	23.21	34.08	24.85	5.12	0.71	38.62	28.15	11.40	8.23	22.73	20.67	0.00	0.00
North East	11,598	11,598	3.25	3.25	3.48	3.48	0.52	0.52	3.94	3.94	1.16	1.16	2.32	2.32	NA	NA
Ngamiland	28,084	28,084	8.24	8.24	8.83	8.83	1.33	0.00	10.02	10.03	2.94	2.94	5.89	5.89	0.00	0.00
Chobe	3,089	3,089	NA	NA	0.93	0.92	0.14	0.14	1.05	1.03	0.31	0.31	0.62	0.62	NA	NA
Gantsi	7,090	7,090	NA	NA	2.70	2.12	0.41	0.31	3.06	2.41	0.90	0.70	1.80	1.41	NA	NA
Kgalagadi	8,839	8,839	0.00	0.00	2.96	2.96	0.44	0.44	3.40	3.40	0.96	0.96	1.97	1.97	1.88	1.88
Sub-total	255,426	255,426	68.26	55.91	80.90	68.04	12.14	2.80	91.77	80.66	26.98	23.57	53.87	48.93	2.82	2.46
Gaborone	21,141	21,141	NA	NA	6.34	6.68	0.35	0.63	7.19	7.18	2.10	2.10	4.20	4.20	4.20	4.20
Francistown	13,723	13,723	NA	NA	4.12	4.11	0.62	0.62	4.70	4.66	1.37	1.37	2.74	2.74	2.74	2.74
Lobatse	4,125	4,125	NA	NA	1.20	0.70	0.19	1.40	1.40	0.40	0.40	0.40	0.83	0.83	0.83	NA
Selebi-Phikwe	7,555	7,555	NA	NA	2.27	2.30	0.34	NA	2.57	2.50	0.76	0.75	1.51	1.50	1.50	1.50
Sub-total	46,544	46,544	0.00	0.00	13.93	13.79	1.50	2.65	15.86	14.74	4.63	4.62	9.28	9.27	9.27	8.44
Total	301,970	301,970	68.26	55.91	94.83	81.83	13.64	5.45	107.63	95.40	31.61	28.19	63.15	58.20	12.09	10.90
% of target achieved				82%		86%		40%		89%		89%		92%		90%

Source: MLG data.

Table 26. Food supplies to clinics, August 2009

District or town	Maize meal				Tsabana infant formula				Vegetable oil				Beans			
	Target population	Beneficiaries fed	Planned MT	Actual MT	Target population	Beneficiaries fed	Planned MT	Actual MT	Target population	Beneficiaries fed	Planned MT	Actual MT	Target population	Beneficiaries fed	Planned MT	Actual MT
Southern	16,984	6,366	93.99	35.19	15,190	15,176	96.99	96.90	32,174	5,958	24.35	4.50	16,984	16,907	30.75	30.61
South East	2,866	0	15.83	0.00	3,736	2,996	23.29	18.68	6,602	3,751	11.88	6.75	2,866	2,866	5.17	5.17
Kweneng	16,586	1,662	91.41	9.17	18,250	13,568	116.09	86.17	34,836	0	24.11	0.00	16,586	11,411	29.92	20.60
Kgatleng	5,332	5,332	29.49	29.49	5,771	5,771	36.47	36.47	11,013	0	7.70	0.00	5,332	4,779	9.65	8.65
Central	46,031	15,582	254.48	85.62	44,591	42,896	283.50	272.78	90,622	44,566	62.98	30.97	46,031	43,840	83.30	79.33
North East	4,813	0	26.60	0.00	4,644	4,642	29.27	29.26	9,457	9,457	6.59	6.59	4,813	4,813	8.70	8.70
Ngamiland	13,272	11,202	73.08	61.69	12,707	48	50.36	0.30	25,979	0	17.98	0.00	13,272	6,642	23.91	11.98
Chobe	1,228	1,228	6.77	6.77	1,300	1,294	8.18	8.14	2,528	2,528	1.75	1.75	1,228	1,228	2.22	2.22
Gantsi	5,971	4,601	33.22	25.60	4,739	4,013	30.47	25.80	10,710	2,233	8.20	1.71	5,971	5,878	10.87	10.70
Kgalagadi	4,887	3,415	26.96	18.80	3,978	3,978	25.61	25.61	8,966	3,382	6.13	2.33	4,887	4,887	8.80	8.80
Sub-total	117,970	49,388	651.83	272.33	114,906	94,382	700.23	600.11	232,887	71,875	171.67	54.60	117,970	103,251	213.29	186.76
Gaborone	3,711	0	20.60	0.00	5,483	3,156	33.32	19.18	9,194	9,194	6.37	6.37	3,711	3,683	6.73	6.68
Francistown	5,154	0	28.47	0.00	5,620	5,620	36.64	36.64	10,774	0	7.56	0.00	5,154	5,154	9.32	9.32
Selebi-Phikwe	2,434	1,356	13.46	7.50	2,836	2,836	17.92	17.92	5,270	0	3.66	0.00	2,434	2,434	4.40	4.40
Lobatse	1,405	0	7.74	0.00	1,480	1,480	8.99	8.99	2,885	0	2.20	0.00	1,405	1,405	2.53	2.53
Sub-total	12,704	1,356	70.27	7.50	15,419	13,092	96.87	82.73	28,123	9,194	19.79	6.37	12,704	12,676	22.98	22.93
Total	130,674	50,744	722.10	279.83	130,325	107,474	797.10	682.84	261,010	81,069	191.46	60.97	130,674	115,927	236.27	209.69
% of target achieved				39%				86%				32%				89%

Source: MLG data.

Targeting, qualification, graduation and recertification

9. None of these benefits is means tested. The infant feeding programme aims at universal coverage, but depends on the children being brought to clinics. The same is true of the school feeding programmes, which rely on children attending school. In fact, it is widely asserted that these programmes do enhance attendance rates.
10. Pregnant and lactating women receive food rations at clinics according to the following criteria:

All pregnant women who are:

- *anaemic;*
- *have children of poor weight for age below -2 standard deviation or below the middle growth curve;*
- *not gaining enough weight (weighing <45 kg during the first visit) and any women who falls below weight line for more than two consecutive visits;*
- *in fifth or more pregnancies (multigravidas);*
- *teenagers (between 13-18 years of age);*
- *with history of poor pregnancy outcome.*

All nursing mothers (up to 1 year after delivery) who are:

- *anaemic;*
- *feeding twins or triplets;*
- *with children of poor weight;*
- *teenagers (between 13-18 years of age).*

GOB, 2008d: 19.

The beneficiary perspective

11. In all **health care facilities** visited during field work in Kgatleng and Ngamiland, there were no reports of shortages of supplies except cooking oil. Even in the remote settlements, supplies were delivered in a timely manner. However, concern was raised by some nurses that some children benefiting from this programme still show signs of malnutrition and stunted growth. They said that this may be an indication that supplements do not go directly to beneficiaries or that parents are neglecting their responsibilities to ensure that children are adequately fed.
12. In **primary and secondary schools**, reliability of supplies varies. In most primary schools, children receive their meals in an efficient and timely manner and the Council brings adequate supplies. However, in one primary school in Kgatleng, the food supply was reported to be in short supply since 2007. The only consistent menu is bread and milk, which is delivered only on Thursdays. The head teacher of the school expressed concern that children go for days without having meals. This, she said, affected the running of the afternoon programme as children have to be dismissed early.

Table 27. Typical primary and secondary school menus

	Primary school (meal time 10.30 a.m.)	Junior Secondary (meal time 12.30 p.m.)	Senior Secondary Meal time 12.30 p.m.)
Monday	Sorghum porridge, stew	Porridge, cabbage and soup, funa drink	Porridge, cabbage, meat
Tuesday	Samp, beans	Stampa with beans, apples	Stampa, mince meat
Wednesday	Sorghum porridge, beans	Rice, beetroot, meat, funa drink	Rice, mince
Thursday	Bread, jam/peanut butter	Porridge and beans	Stampa and soup
Friday	Samp and beans	Seswaa and porridge, funa drink	Porridge, meat
Saturday (boarding)	NA	Stampa only	Phaletshe and meat
Sunday (boarding)	NA	Rice, beetroot, meat	Rice, mince meat
Morning break (secondary only)	NA	Slice of bread, funa drink	Slice of bread, funa drink

13. In all schools visited, students complained about the quality of the food. The statements below summarize these concerns:

Rice is usually not well cooked- sometimes it is mashed or overcooked, other days it is uncooked.

Porridge is usually too soft or it has lumps showing it is uncooked.

Cabbage is just boiled and we are given uncooked cabbage leaves.

It is not unusual to find small particles of pot scraper, small stones or butter nut seeds in our food - we literally eat dirt.

Samp meal is prepared without oil and salt; this makes it less tasty.

Most of the time we are given rotten apples.

The funa drink is usually warm and not tasty.

We are given frozen bread with warm funa drink.

Sometimes we drink funa with dirty water from the river.

14. Besides badly prepared meals, students report that the quantity they get is not enough. Boarders, for example, eat soft porridge as early as 6 p.m. before they go for study. By the time they sleep, they are very hungry. They recommend that they should be given a heavier meal at dinner or a snack after evening study time. Students often complain about food preparation and quantity; but they say they are rebuked strongly by school authorities:

You didn't bring a cow to school, don't complain about the meat.

You are lucky you got a bone.

You didn't bring bread with you, don't complain.

Why are you complaining, this food belongs to government, your parents did not bring food to school.

15. On a positive note, students appreciate the fact that they get meals. Asked to indicate the impact of school feeding programmes on their welfare they expressed the following view points:

We are in school for many hours; having meals here is good since we don't get the chance to go home.

We come from different backgrounds; some children come from poor families and don't have anything to eat at all.

Food keeps us healthy due to good nutrients.

Some students might drop out from school if there was no feeding.

If there was no school feeding, some of us might engage in commercial sex work with sugar daddies to get food supplies.

Academic performance improves. When you are hungry, you can't concentrate - hence school feeding has a positive effect on learning.

This programme provides nutritional benefits to younger children who are not yet old enough to prepare their own meals in the morning. Most children in the rural areas don't eat in the morning. They rely totally on the school feeding.

School feeding improves school attendance. If the programme were to be stopped, 80% of the children would not come to school. Most children would choose to stay at the lands or cattle posts.

There is a lot of parental neglect. Some parents believe that the school has to take care of all the needs of the children including providing food for them.

We concentrate better with a full stomach. If you have not eaten, you sleep in class, you feel tired and weak.

Record keeping and reporting

16. The recent UNICEF/GOB study reports that the FRS Division operates a logistics management information system that comprises various types of records and reports (UNICEF and GOB, 2010a: 12). It also reports a number of inconsistencies and shortcomings in this system. It is evident that the Division does compile detailed monthly and annual summaries, or did until recently (Table 23 - Table 26 are drawn from these data). However, the Division has not been able to produce any other time series of delivery or coverage data, and its ability to generate overview reports appears extremely limited at present.

Monitoring and evaluation

17. As noted above, monitoring of these major programmes does appear to take place, although the recorded evidence is scanty. There have been no recent evaluations, apart from the undated review of secondary school feeding, which appears to have been undertaken sometime over the last decade (MOE, nd).

Gender issues

18. The lack of analysis of these major programmes means that no discussion of their gender implications is apparent. From a gender perspective, one advantage of the school feeding programme is that girls and boys have equal access to the food. Girls (who in 2006 made up 49% of primary and 52% of secondary school enrolments (GOB, 2009c: 25)) do not suffer any of the disadvantage in access to food that they might suffer within their households.

Impact on poverty and income distribution

19. Again, it is not possible to quote any analysis with regard to poverty or income distribution. These feeding programmes were introduced as a basic measure to combat the malnutrition suffered by the very poor in Botswana, and especially to enhance the physical and intellectual development of children. Several decades of better nutrition should have enhanced the educational performance and subsequent income generation capacity of young people in Botswana, although there appear to be no impact studies to prove this and the educational benefits of school feeding are still a matter of international debate (Tomlinson, 2007). There is unlikely to have been any impact on income distribution. Available data suggest that the beneficial effect of the children's feeding programmes may have been minimal over the last 15 years. Comparison of data from the Botswana Family Health Surveys (BFHS) III and IV of 1996 and 2007 and the Multiple Indicator Cluster (MICS) Survey of 2000 suggests improvement between 1996 and 2000, and a deterioration since then.

Table 28. Nutrition indicators for children aged under five, 1996 - 2007

Indicator	Description	BFHS III, 1996	MICS, 2000	BFHS IV, 2007
Underweight prevalence	Percentage of under fives who are too thin for their age	17	13	13.5
Stunting prevalence	Percentage of under fives who are too short for their age	29	23	25.9
Wasting prevalence	Percentage of under fives who are too thin for their height	11	5	7.2

GOB, 2009b: 1.

Impact on development

20. By the same token, the better nutrition and consequent educational achievement of young Botswana should mean that these feeding programmes have had a real, if indirect, impact on the nation's development. Table 28 casts some doubt on the sustainability of this impact.

Institutional roles and relationships

21. Within MLG, the feeding programmes for primary schools and health facilities are managed by the Food Relief Services Division, which undertakes central procurement and supply chain management of the required commodities (UNICEF and GOB, 2009: 7). The MOE Department of Secondary Education is responsible for feeding at secondary schools.
22. As activities co-ordinated by MLG but largely implemented through local authorities, the primary school and clinic feeding programmes suffer the standard difficulties of communication and direction between the centre and the Councils. MLG must also collaborate with the Ministry of Education (although primary schools are managed by local authorities) and with the Ministry of Health.

23. Parent Teacher Associations (PTAs), Village Development Committees and other local structures are meant to collaborate in providing the funds for employment of school cooks. This can be difficult. Wages are low and working conditions often poor, although the employment is welcome in many smaller communities. MOE's review reports that secondary schools that have run out of funds for the provision of meals sometimes turn to PTAs for help (MOE, nd: 3).

Beneficiaries, budgets and expenditure

24. Although there is little doubt that budget, expenditure and delivery data for the primary school feeding programme exist, it has so far not proved possible to obtain all of them in MLG. This is reflected in the many empty cells in the relevant section of Table 14 on page 57. Table 29 below shows the substantial sums that MLG has recently budgeted for primary school feeding and the VGFP. All funds from these programmes come from domestic sources. These are the approved budgets. The 2010/11 budget was reappraised, leading to the suggestion that the amount actually needed would be P563m. It remains to be seen whether this increase will be approved in the course of the financial year.

Table 29 Budget for MLG feeding programmes, 2004/05 - 2010/11

	2004/05 P	2005/06 P	2006/07 P	2007/08 P	2008/09 P	2009/10 P	2010/11 P
Primary school feeding	153,663,899	160,412,086	NA	152,312,505	NA	207,981,510	228,700,725
Pre-school feeding pilot	-	-	NA	-	NA		1,357,620
Vulnerable group feeding (infants, children 3-6, pregnant and lactating women, TB patients)	156,171,816	150,785,796	NA	154,788,708	NA	196,019,120	195,018,120
Hand stamping (for primary school feeding)	8,254,387	8,052,708	NA	7,206,258	NA	10,546,800	12,656,160
Sorghum milling	296,180	410,300	NA	248,050	NA		
Pallets (for distribution and storage of commodities)	389,400	254,000	NA	254,000	NA	420,000	420,000
Pest control chemicals	-	300,000	NA	300,000	NA	400,000	400,000
Sub-total	318,775,681	320,214,889	NA	315,109,521	NA	415,367,430	438,552,625
Value added tax (10%)	-	32,021,489	NA	31,510,952	NA	41,536,743	43,855,263
Total	318,775,681	352,236,378	NA	346,620,473	NA	456,904,173	482,407,888

Source: MLG.

25. It should be noted that these budgets exclude some other substantial cost items, such as transport and staff time.
26. Table 30 shows the MOE budget and expenditure for secondary school feeding over the past six financial years, with expenditure for the current year up to 16 February 2010.

Table 30. Secondary school feeding: budget and expenditure, 2004/05 - 2009/10

	2004/05 P	2005/06 P	2006/07 P	2007/08 P	2008/09 P	2009/10 P
Budget	100,361,690	96,269,120	112,407,470	133,240,820	155,522,591	172,477,975
Expenditure	92,058,035	91,471,583	104,701,433	126,904,545	155,309,492	135,316,756

Source: MOE.

27. The budgets for all these feeding programmes come entirely from domestic funds.

SWOT analysis

<p>Strengths</p> <ul style="list-style-type: none"> • Well established systems, mode of operation familiar • Probably achieve important nutritional benefits for large numbers of beneficiaries 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Periodic logistical difficulties • Poor record keeping and central monitoring mean that cost-effectiveness unknown • Lack of evaluation means that effectiveness and impact cannot be empirically demonstrated • Declining willingness of parents and communities to contribute to costs (e.g. of school cooks)
<p>Opportunities</p> <ul style="list-style-type: none"> • Thorough review of these programmes could lead to adjustments that would suit them better to current conditions and enhance their effectiveness 	<p>Threats</p> <ul style="list-style-type: none"> • Fiscal sustainability not assured

Annex 5. Destitutes

Summary of policy

1. The 1980 National Policy on Destitute Persons was reviewed in 2000. A revised version was approved by Parliament in July 2002. The 2002 policy was reviewed in 2008 (GOB, 2008a), but the recommended revisions (already prepared in the form of a new policy and guidelines) have not yet been adopted.
2. The 2002 revisions allowed for the facts that registered destitute persons typically shared their rations with their dependants; that a destitute household might own a limited number of assets; that such households need some cash as well as rations in kind; and that 'double dipping' should be precluded. It also emphasised the importance of an exit policy and of a rehabilitation component.
3. The 2002 policy said that "eligibility for destitute benefits is targeted and conditional. Any assistance provided under this policy is not an automatic entitlement." Rehabilitation was to include counselling, training and job creation, for example through LIPW, and was meant to lead to 'exit from destitution'. The policy also recognised that some 'permanent destitutes' would not be able to graduate.
4. The policy allowed for the provision of a nutritionally balanced diet allowing at least 1,750 calories per adult per day. Extra rations would be allocated according to the number of dependants. A cash component would also be provided. At present the cash allowance is P81 per month. The cost of the food basket to government is P450-700 per month, depending on location. Reports from the field indicate that registered destitutes, and each of their dependants aged under 18, are provided with P500 worth of clothing every two years. There is no reference to this in the policy document.
5. The 2002 policy exempted destitute persons from payment for publicly provided services such as water, electricity, school and medical fees, and provided occasional additional benefits such as transport fares.
6. In line with the 1999 Revised Housing Policy, Councils were required to provide basic shelter (with a toilet) for destitute persons who needed it. The latter were required to participate in its construction.
7. Support to destitute families includes a special package of assistance to 'needy children' and 'needy students' through the Head Start Programme. This support is reviewed in Annex 3 above.
8. The 2002 policy addressed the problems of possible disincentives to graduate from destitution, and required destitute persons to make the most of the rehabilitation opportunities provided and to find a job whenever possible. Policy allowed for those not co-operating to be suspended from all benefits.
9. The policy also provided for the development of a comprehensive database on destitute persons.
10. As noted above, the recommendations of the 2008 review of the 2002 policy have not yet been adopted, although this is likely to occur during 2010. It reported a widespread concern about the creation of dependency, and a consensus that, although adequate relief was being provided, rehabilitation efforts were proving ineffective. The destitute programme was also seen as vulnerable to political interference, with pressure to increase the number of

Some recommendations arising from the destitutes programme

The destitution policy should be reviewed.

All social welfare policies should be collapsed into a single policy so that they talk to each other.

Increase cash transfers to old age pensioners and remove them from destitution programme.

Adopt cash transfers to promote independence.

Staff within S&CD should perform duties related to their specialisation.

Comments from S&CD staff in Kgatleng and Ngamiland.

beneficiaries in order to gain voters' support. The 2008 study noted two gaps between the destitute programme and poverty alleviation. First, it recommended that the programme have a 'prevention' component to help stop people from falling into destitution. Secondly, it called for a stronger link between the programme's rehabilitation efforts and overall national strategy to combat poverty. It criticised the lack of monitoring and evaluation to assess the programme's performance in terms of destitute welfare, rehabilitation or poverty alleviation, as well as the lack of institutional co-ordination and policy harmonisation.

11. The 2008 review made 69 recommendations and called for "a paradigm shift or a serious re-think in addressing poverty and destitution in Botswana". It urged a renewed emphasis on self reliance and a stricter approach to the registration of destitutes. It recommended a transfer from food packages to cash; a shift from an individual approach to a household one; and stronger efforts at rehabilitation to prevent temporary destitutes from becoming permanent ones. It also called for the policy on destitute persons to be moved to MFDP.
12. The 2008 review is likely to result in a new National Policy on Needy and Vulnerable Families that will represent a significant policy shift from relief to rehabilitation and, it is hoped, sustainable development for the most needy people in Botswana. This will not only rename the destitutes programme; it will give it a more explicit and central role in government's strategy to combat poverty.

Geographical distribution, coverage

13. About two per cent of the national population are registered as permanent destitutes. The destitutes programme operates nationwide, as shown in Table 31. As can be seen in Table 9 on page 30 above, it mainly supports very poor people in rural areas. However, the distribution of destitution programme beneficiaries does not precisely correspond to the distribution of poverty in Botswana (however that is defined). While there is no doubt that poverty is concentrated in the rural areas, some very poor rural people are supported by the RADP rather than the destitutes programme. It is also important to note that the districts of Botswana, while administratively distinct from the towns, are not entirely rural. Some include substantial urban settlements, such as Molepolole and Mahalapye.

Table 31. Recipients of destitute cash allowance, 2004/05 - 2009/10

District or town	2004/05		2005/06		2006/07		2007/08		2008/09		2009/10	
	Recip- ients	Payments (P)	Recip- ients	Payments (P)	Recip- ients	Payments (P)	Recip- ients	Payments (P)	Recip- ients	Payments (P)	Recip- ients	Payments (P)
Southern	3,905	2,607,878	4,518	3,276,028	4,965	3,871,669	5,971	4,604,160	7,732	7,856,787	8,114	9,103,736
South East	599	418,083	631	461,905	719	555,892	693	540,060	878	809,369	951	1,032,977
Kweneng	6,167	4,291,236	6,744	5,815,464	7,115	6,117,496	6,973	5,077,482	6,544	6,512,904	6,840	7,531,238
Kgatlang	411	291,049	526	346,420	607	465,643	785	585,425	1,156	1,009,415	1,232	1,253,783
Central	9,678	6,708,313	10,325	7,956,468	11,001	9,213,602	11,598	9,082,529	12,378	12,181,984	13,533	14,960,836
North East	252	188,666	451	443,900	480	390,121	562	485,793	770	787,134	849	916,378
Ngamiland	1,774	1,228,162	1,985	1,521,733	2,264	1,843,587	2,667	2,208,760	3,246	3,134,839	3,344	3,67,7842
Chobe	178	122,484	191	147,171	216	180,176	229	183,721	256	259,242	313	345,220
Gantsi	1,999	1,445,052	2,165	1,738,774	2,295	1,963,459	2,285	1,810,492	2,394	2,355,380	2,421	2,618,467
Kgalagadi	1,934	1,375,599	1,865	1,420,083	1,571	1,141,739	1,485	1,105,759	1,593	1,618,589	1,798	1,938,808
Sub-total	26,897	18,676,522	29,401	23,127,946	31,233	25,743,384	33,248	25,684,181	36,947	36,525,643	39,395	43,379,285
Gaborone	107	71,621	131	119,299	142	122,135	154	124,909	208	213,831	248	296,752
Francistown	158	111,883	218	172,158	257	220,688	276	224,106	488	457,201	599	684,274
Lobatse	122	79,228	156	105,038	217	154,844	226	172,480	295	245,521	273	298,097
Jwaneng	54	39,719	70	51,179	74	54,214	108	100,238	125	133,405	132	145,385
Selebi-Phikwe	96	58,457	102	68,800	88	71,481	95	73,167	150	155,916	190	217,941
Sowa	22	14,512	21	17,013	21	17,810	22	17,418	24	24,321	28	32,319
Sub-total	559	375,420	698	533,487	799	641,172	881	712,318	1,290	1,230,195	1,470	1,674,768
TOTAL	27,456	19,051,942	30,099	23,661,433	32,032	26,384,556	34,129	26,396,499	38,237	37,755,838	40,865	45,054,053

Note: these payment data do not exactly match DSS records of the numbers of registered destitutes.

Source: MLG SOBERS data.

Targeting, qualification, graduation and recertification

14. Under the 2002 policy, a destitute person is “an individual who, due to disabilities or chronic health condition, is unable to engage in sustainable economic activities and has insufficient assets and income sources”. He or she owns not more than four livestock units or has an income of less than P120/month without dependants or less than P150/month with dependants. Dependants are defined as those under 18 who depend on an adult for more than half of their subsistence and are not being supported by another programme such as that for orphans or the RADP. Destitutes are also defined as those who, due to age, health or disability reasons, are “incapable of engaging in a sustainable economic activity and [have] unreliable and limited sources of income”.

VDCs' role in identifying beneficiaries for the destitutes programme

The VDC identifies potential beneficiaries and the social welfare officer makes the final recommendation at village level. They sometimes contradict each other. In certain cases, people who were found to be ineligible by the VDC end up benefiting, and social workers do not provide any feedback as to why such individuals ended up being registered. The reverse scenario has also occurred. Key informants felt strongly that it is important to ensure that proper feedback is given between community leaders involved with these programmes (e.g. VDCs) and government officers also involved in implementation. Some VDCs feel they should also be involved in assessment. Thus, the system is not transparent, according to some key informants. Notwithstanding the above, some VDCs felt that they did not know the eligibility criteria for the programme, and hence this could also be a contributory factor to the occurrence of conflicts.

Notes from discussions with VDCs, Kgatleng and Ngamiland.

15. Each qualifying adult in a household can be registered separately as a destitute. Additional support is given according to the number of dependants each adult destitute within the household has.
16. Policy also distinguishes permanent and temporary destitutes, the latter being victims of accidents or disasters, including social crises like family breakdown.
17. Those wanting to be registered as destitute may apply themselves or be identified and nominated by family or local leaders or organisations. Each such case is assessed by a social worker employed by the local authority, leading to a Social Enquiry report that is reviewed by an internal committee. Recommendations are then made to the Health and Works Committee of the local authority for approval. Rejected applicants can appeal to the local authority's Chief Social and Community Development Officer, to the Council Secretary or to the DSS.
18. Policy recognises that exit or graduation from destitute benefits is not possible for all, but that every effort should be made – by the programme and by the beneficiaries - to maximise the number who can achieve it. The 2008 policy review concludes that not enough is being done in this regard. Efforts are made to engage destitute people in crop and livestock production, home gardening, carpentry and handicrafts, but DSS reports constraints such as lack of land and water and insufficient funding for rehabilitation projects.
19. Leaving aside the political motives that some elected representatives have for promoting the relief rather than the rehabilitation aspect of the destitutes programme, these challenges epitomise the fundamental constraints on poverty alleviation and sustainable development in Botswana. It is easier to provide people with infrastructure and basic livelihood support than it is to help them build sustainable livelihoods and autonomous economic development.
20. There are no special procedures for graduates who want to re-register as destitutes. This is allowed and treated in the same way as first time applications.

Some challenges in the destitutes programme

Potential beneficiaries do not declare all their assets, particularly livestock, and house rent income (it appears that some communities supports and contribute to non-disclosure).

Political interest leads to registration of ineligible applicants.

The policy is weak and outdated for the current situation (e.g. income threshold of P120 is too low and unrealistic) – hence, it requires review.

Ineligible people such as cattle herders are sometimes registered through the assistance of their employers.

Children sometimes decide to build houses for their parents while they don't buy them any food, leading them to benefit from the destitution programme. This can be dealt with by using children's employment status as part of the criteria.

Comments by S&CD staff in Kgatleng and Ngamiland.

There are delays in the provision of the cash component of the destitute package after initial registration into the programme. It takes months and sometimes more than a year before the money becomes available. Some people were removed from the destitution programme into Ipelegeng while they were still owed cash benefits from the former. The cash component of the destitute programme is processed by the same people who process pensions. It looks as if they delay more in processing payment for the destitution programme than they do for the pension programme (while there are delays in both programmes, the situation is worse for the destitution programme).

In certain areas, it was reported that some of the beneficiaries exchange or sell their food for tobacco. Some of the individuals were caught and discontinued from the programme, causing them to fall deeper into poverty.

Food provided to beneficiaries is sometimes of poor quality. In certain cases the food is already spoiled, expired, or is infested with pests, mould, etc. In other cases, contract holders supply lower quality brands, not agreed to in the contract, which beneficiaries do not prefer/enjoy.

Food packages are sometimes delivered late and/or incomplete.

Sometimes beneficiaries are missing from the food distribution list. There then has to be confirmation before the ration is provided to the beneficiary. It is also possible for names to appear on two suppliers' lists and for a beneficiary to get two instead of one ration.

Comments by VDCs in Kgatleng and Ngamiland.

21. The current (2002) policy makes no specific reference to post graduation support for former destitutes. As it currently stands, the programme is seen as a relief effort rather than a development one.
22. There is a concern that existing rehabilitation projects often prove unrewarding for participants, who sometimes then abandon them.
23. Participants in the *Ipelegeng* LIPW programme receive less money than the total value of the cash and food package that destitutes are given, but it is more than the threshold income below which people qualify for destitute benefits.
24. Although the 2008 review has not been formally approved, a major policy decision has already been taken in response to widespread concern about rising dependency and beneficiary numbers in the destitutes programme. A mass assessment has been undertaken to identify all able-bodied beneficiaries of the programme, who will be required to participate instead in the *Ipelegeng* programme. It was initially announced that these participants would have the right to work full time in *Ipelegeng*, rather than by rotation as others do. It has since been decided that they will have to rotate in the normal way, although those affected had not yet been informed at the time of fieldwork for this study in March 2010. It is anticipated that fewer people will qualify as 'temporary destitutes'. This category will be reserved more strictly for those defined by the policy as affected by disasters like fires or floods.
25. The new National Policy on Needy and Vulnerable Families is likely to build a strong rehabilitation element into the programme. This will include closer collaboration with other ministries' programmes, such as ISPAAD, NAMPAAD and LIMID.

The beneficiary perspective

26. Findings from Kgatleng and Ngamiland show that beneficiaries are fairly knowledgeable about the destitute programme and the procedures to follow to be registered. The programme is disseminated through *kgotla* meetings addressed by social workers, politicians, Members of Parliament and the VDC. In terms of **coverage**, beneficiaries are of the view that the programme does not cover everyone in the villages and settlements. They report that they know of neighbours who have become vulnerable over time due to poor agricultural performance, ill health or neglect by family members. In Kareng, beneficiaries gave the example that although some of them have many cattle, they cannot sell due to the outbreak of foot and mouth disease. Social workers and the VDC are aware of these cases, but the response they get is that these people do not qualify. They complain about the rigidity of officers and inflexibility of the policy to accommodate such circumstances.
27. With regard to **targeting**, there is a general consensus that the process of identifying the intended beneficiaries is transparent and efficient. However, eligibility criteria are deemed to be exclusive as the social workers target the individual instead of the household. This practice, they observe, tends to exclude desperately poor members of the family; particularly dependent children who are often left with grandparents. One of the beneficiaries summarized this by saying:

I am not happy because we are two in the household; only one person benefits. The food is not enough. I am visually impaired; my wife has a similar problem. The food finishes quickly. We used to help each other by farming. Now that we are both blind, this creates a big problem for us. Our children are not taking care of the fields.

28. Another said:

I have my son here with me today. He is very sick - he is epileptic. He is not getting rations. He does not even have enough clothing except when people in the village donate to him. Even for me I am quite sick and old, I can't even take care of him, and I don't even have shelter.

29. As a way forward, beneficiaries strongly recommend that eligibility criteria should target the household including dependent children. They note that grandparents are faced with enormous pressure of taking care of grandchildren with very little support from their parents who are normally residing in towns.
30. **Delivery** of the destitute transfer is through the food basket, coupons and a cash component. Where the food basket delivery system is used, there are serious challenges with respect to quality, quantity, timeliness and reliability of procurement procedures. From the perspective of beneficiaries, the quality of the food basket is unsatisfactory. They are concerned that they get food that has expired and at times the condition of perishable food items such as cabbage, meat and fruit is often bad. They reiterate that when they lodge a complaint, they are ridiculed by some suppliers, who say that they should be grateful because they get the food free after all.
31. The **quantity of the food basket** is also a bone of contention for the majority of beneficiaries with large families. The consensus gathered is that the food is not adequate as it finishes within a very short period. Besides the inadequacy of the food basket, some beneficiaries report that they are inconvenienced when they do not receive the complete basket. Items such as oil, baking powder, flour and beans are often in short supply; but are re-distributed once they are available. **Timeliness** of the supplies is yet another issue needing attention. Although beneficiaries are aware that they get their rations each month, exact dates are not made known to them. Further, a number of them complain about delays in receiving the cash component from the destitute package. Some have waited as long as two years. They report that they are always told to wait. From their perspective, the root cause could be that they are registered under two different programmes. After being registered under the destitute programme, their names are submitted to the old age pension office. This is where they suspect their names get lost in the system.
32. In relation to **procurement of supplies**, an important issue highlighted is that local entrepreneurs are not given priority when tenders are issued. Some beneficiaries complain that the district authorities often award tenders to big companies who already have a monopoly in the districts. This arrangement, they observe, undermines the local market. In one ward in Ngamiland, some beneficiaries expressed dissatisfaction that some local people owning tuck shops were awarded tenders but this was discontinued after only a month.
33. On a positive note, beneficiaries who receive their transfer through the **coupon system** are generally satisfied with this method of delivery. The coupon system, they report, allows them flexibility and better choice of commodities and this minimises wastage. Nevertheless, although the coupon system is deemed to be better, beneficiaries report that they have encountered several problems, namely:
- Some shop owners hike prices because they know they have the monopoly of being the only suppliers.
 - Coupons are kept by shop keepers to ensure that beneficiaries do not go elsewhere.
 - Some beneficiaries are given food on credit so they can depend on the same supplier.
 - Beneficiaries are generally taken for granted because of lack of knowledge regarding how the system works.
34. In summing up these concerns, one beneficiary said:

We are very happy with the coupon system. However the shops that have been selected hike prices. We normally wait for specials... and what they call specials is the actual price in other shops. We are at the mercy of these suppliers and they take full advantage of our situation.

35. Turning to the issue of whether the destitute programme has made any impact in their lives, beneficiaries had this to say:

I am very grateful. I have one son; but he does not work. Since I was registered, I am not starving as I used to be. When my son gets temporary jobs, he drinks all the money.

I am very sickly and needy. Before, I didn't have anything. Government rescued me from very difficult circumstances where I did not even have proper shelter. For many years, I was struggling to make ends meet. Now, I have a house that was built for me by the Council. I use the cash component to buy paraffin. I am very grateful.

I am very fortunate to be in this programme. I don't have relatives; my children are not working. I depend on the food rations. Even when I am sick, social workers come to take me to the hospital. If I tell them my needs, they respond positively.

I am physically challenged. I got into this programme because of disability. I tried working; but in 2006, I was forced to retire. I didn't have any money with me. People told me to see the VDC. I then started getting the food basket. My only concern is that I have a physical condition that requires special diet; at least vegetables and fruit. I asked for vegetables; but I was told that this is a scheme that cannot be changed.

I thank the government for social workers. They assisted me to roof my two room house which I built through collecting and selling cans. The only problem I have is getting a gas stove and gas. Firewood is hard to get; besides, I am very old to go and collect. I use shake-shake containers to cook meals.

Before I enrolled in the programme I was very needy, I used to knock on people's homes begging. As I am I do not have anything of my own. Government came to my rescue.

36. Interestingly, when it comes to the issue of **exiting the programme**, a majority of beneficiaries acknowledge that they have the desire to exit, but their challenge is that there are no job opportunities in the villages to sustain their livelihoods. Some argue that farming is no longer viable due to natural disasters such as drought and diseases. In some areas in Ngamiland, beneficiaries are concerned about wild animals which destroy their crops:

Botswana have always been hard working people. In the past we did not rely on rations from government. We ploughed and assisted each other. For us in this region, we plough, but elephants destroy our crops. We are compensated P150. This is not enough to motivate us as it appears government is more interested in promoting tourism; now elephants and lions are more important than us.

37. A few beneficiaries are aware of **rehabilitation programmes** implemented by the Council. However, findings show that these programmes have assisted two or three individuals in all sites visited. Some of those who benefited from rehabilitation schemes shared these experiences:

Exiting from the destitute programme is a big challenge and a difficult task for us. You need a lot of patience because there are too many bottlenecks. If you lose hope, you will never get anywhere. I went to seek help in November 2007. I got assisted in 2008 to start running a tuck shop. I am progressing well; but I need assistance to buy more stock and Council is not giving

me a positive response. I don't want to be in the destitute programme. I even won a tender to supply destitute rations; this gave me hope. But this was stopped after a month.

The council took me to the Rural Industries Innovation Centre where I was trained in various trades. I can make cushions, leather shoes, hats, hand bags, phone bags. I was also given training on leather work. Right now I am only repairing shoes because I don't have equipment and materials to put my skills into practice. The officers told me that the machine is too expensive and that they are in the process of sourcing the money.

I wanted to start a fishing business. I was told that this business is not for destitute persons, but for people who have money. The officer then advised me to make three legged pot holders (matshego). I am not interested in making matshego. I feel discouraged.

38. Able bodied beneficiaries who have been transferred from this programme to *lpelegeng* express dissatisfaction that *lpelegeng* projects are a temporary measure and the payment they receive is too little to cater for their basic necessities.

Record keeping and reporting

39. Monthly summaries of key data are submitted by local authorities to DSS. The quality of detailed record keeping by local authorities is variable. Specific files on each beneficiary are unusual. It is more common for staff to keep a file or notebook on each village or ward with which they work.
40. More systematic records of the cash allowances paid to destitutes are kept in the DSS SOBERS system, which indicates the number and value of payments made per locality through banks, by the District Commissioner's staff on village visits, and through post offices. Data can be called up for any specified period.

Monitoring and evaluation

41. There is no specific M&E strategy or system for the destitutes programme. Local authorities do report regularly to DSS on implementation of the programme and the types and numbers of beneficiaries involved. Councils' social welfare staff do also monitor individual cases and keep some records on them.
42. The 2008 policy review constituted an evaluation of the programme. It identified the lack of an inbuilt M&E framework as a serious weakness.

Gender issues

43. The 2002 policy on destitute persons does not refer to gender issues. The 2008 review of the policy found that 76% of the randomly selected registered destitutes covered by its sample survey were female and noted that this confirmed the findings of other studies "that women are over-represented in poverty and destitution in Botswana". February 2010 data show 73% of registered destitutes to be women. Noting the "entrenched socio-cultural factors that tend to make women vulnerable to destitution", the 2008 review calls for affirmative action to target destitute and poor women with relief, prevention and rehabilitation programmes.

44. At the same time, staff report that men tend to be more reticent about their hardships than women, although when women register for benefits the men in their families may assert control over what is received.

Impact on poverty and income distribution

45. It can be assumed that the destitutes programme prevents its more than 40,000 beneficiaries from falling into absolute poverty and that this is a significant impact on the national incidence of poverty. However, the 2008 review of the programme criticises it for not making a more proactive effort to graduate its beneficiaries out of poverty, or integrating its activities with broader poverty alleviation programmes.
46. The programme's impact on income distribution has not been measured. It clearly constitutes a redistribution of national wealth to the very poorest members of society. However, its overall impact on the distribution of income in the country is likely to be slight.

Impact on development

47. The destitutes programme does not achieve development impact. It functions as a social safety net rather than a development initiative, and is criticised by the 2008 review as making insufficient effort to help or require its beneficiaries to build their way out of absolute poverty and dependency.

Institutional roles and relationships

48. The Elderly and Benefit Services Division within the MLG DSS is responsible for the destitutes programme. Services are delivered by local authorities (District and Town/City Councils). The Home Economics Division works with Councils on rehabilitation programmes for destitutes.
49. The DSS has two staff working on the destitutes programme (as well as the emerging programme for elderly people). Until September 2009 there was only one officer.
50. Local authority Social and Community Development staff usually have to deal with all social protection matters. The majority are social workers. There are no staff focused on the rehabilitation aspect of the destitutes programme, which is mainly handled by Home Economics and Community Development personnel. Most S&CD staff work on Social Welfare. A minority, most of whom have adult education training, focus on Community Development.

Beneficiaries, budgets and expenditure

51. Table 32 below is drawn from Table 14 on page 57. It shows that the budget allocation for the destitutes programme has risen more steeply than the number of beneficiaries. There has been only a slow increase in the cost per beneficiary, but expenditure in 2006/07 seems to have been substantially lower, causing a significant drop in the cost per beneficiary that year. The S&CD department overheads calculated by MLG for this programme more than doubled between 2007/08 and 2008/09.
52. The budget allocation for this programme for 2009/10 appears to have been cut dramatically. This may have been in anticipation of a reduction in the number of beneficiaries due to the planned transfer of able-bodied destitutes to *Ipelegeng* – a process that actually went on all through the financial year. It

seems likely that expenditures in 2009/10 will have exceeded this budget allocation. S&CD staff interviewed during this study indicated that supplementary budgeting for social welfare programmes is common and, to date, has always secured the extra money needed to keep benefits flowing to all registered beneficiaries. Again, it remains to be seen whether that continued to happen during 2009/10.

Table 32. Destitutes programme: beneficiaries, budgets and expenditure

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
No. of beneficiaries	27,456	30,099	32,032	34,129	38,237	40,865
Budget (P)	92,060,506	113,614,114	131,480,390	151,031,445	205,438,544	36,720,300
Expenditure (P)	122,808,194	115,564,927	81,023,992	165,194,778	201,104,393	
Overheads (P)	2,561,434	6,124,258	5,547,063	5,345,850	12,860,547	
Cost per beneficiary (P)	4,566	4,043	2,703	4,997	5,596	

Source: MLG data.

53. The budget for the destitutes programme comes entirely from domestic funds, and is transferred to local authorities through the annual Revenue Support Grants from MLG.

SWOT analysis

<p>Strengths</p> <ul style="list-style-type: none"> Well established system whose systems and regulations are widely known Makes significant difference to the lives of the very poor 	<p>Weaknesses</p> <ul style="list-style-type: none"> 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 Confusion around transfer of able-bodied destitutes to <i>Ipelegeng</i>
<p>Opportunities</p> <ul style="list-style-type: none"> Transfer of many beneficiaries to <i>Ipelegeng</i> and publication of a new policy offer new opportunities for strategy to support the very poor Revision of community development strategy could be linked to more balanced approach to welfare and development elements of destitutes programme 	<p>Threats</p> <ul style="list-style-type: none"> Further uncertainty if new policy not approved and published soon Those transferred to <i>Ipelegeng</i> may suffer worse poverty Uncertainty about how monitoring and rehabilitation of destitutes transferred to <i>Ipelegeng</i> will be carried out

Annex 6. The state old age pension

Summary of policy

1. The state old age pension scheme was introduced in October 1996. A pension of P220 is paid monthly to all those aged 65 and over who have registered with the DSS. The gradual increase in the rate since the launch of the scheme is shown in Table 33 below.

Table 33. Old age pension monthly rates, 1996 - 2009

Date	Old age pension P
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

Source: MLG data.

2. Payment is made by bank transfer or in cash. In the latter case, pensioners may collect their money each month from a post office, or receive it from Pension Officers at their community *kgotla* (meeting place). Pension Officers work under the District Commissioner, who is responsible for distributing cash transfers on behalf of the DSS in areas without post offices. Beneficiaries are given order books covering the financial year, and must present these each month in order to receive payment. Those unable to reach a pay point may appoint a proxy, who must be registered and must present his or her *Omang* at the time of payment. Proxies are also identified for the mentally disabled. People serving prison terms or extramural sentences are not eligible to receive the old age pension. Those receiving payment by bank transfer or through proxies are required to present themselves in person every three months to complete a life declaration certificate, failing which their payments are suspended.
3. As might be expected with such a large scheme, a number of administrative and logistical difficulties arise. Pensioners sometimes lose their order books or other documentation, or may not show up to prove that they are still alive. Payment schedules may be disrupted, and there is often congestion at post offices, where the elderly may have to queue for hours before receiving their pensions. In larger centres, there are systems for pensioners from specified wards to come to the post office on specified days. The local authorities must then try to ensure that people come on the correct days.

Geographical distribution, coverage

4. Table 34 below and Table 9 above show that distribution of the state pension is skewed towards the rural areas. Even districts with scattered, inaccessible populations like Kgalagadi and Gantsi have the same share of the pensioner population as they do of the total national population. Gaborone has an estimated 12.5% of the national population, but only 2.0% of all recipients of old age pensions in 2008/09. This is mainly because of the different age distribution in the towns, where younger age groups dominate. Some town dwellers return to their original rural homes when they retire, and younger people from elsewhere flock to the towns in search of employment. A lesser factor explaining the lower numbers of state pensioners in the towns may be reluctance or apathy about collecting what some would consider the small pension payment of P220 per month.
5. Overall, with steadily improving levels of registration, the total number of pension recipients increased by 35% between 2004/05 and 2008/09 to achieve virtually total coverage of the target group. It now represents about 5% of the national population. At the 2001 census, those aged 65 and over made up the same proportion of the total.

Delivery of the old age pension: strengths and weaknesses

Delivery through the post office works, is fairly reliable. However security is compromised where pay points involve movement of cash.

Transfers are easily accessible to beneficiaries.

Delivery is done in a timely manner and beneficiaries know when to receive the allowance.

Low opportunities for leakages as beneficiaries have to confirm eligibility every three months.

Police presence during delivery tightens security - there is partnership with Botswana Police. Each vehicle has armed police officers. In the Delta, officers are accompanied by BDF with helicopters.

The elderly look after their money.

Long queues and congestion at the delivery points.

Transport constraints.

Safety of officers is not always guaranteed - some officers have been attacked.

Some beneficiaries who qualify fail to get registered due to lack of information about the scheme.

Shortage of facilities at pay points - bathrooms, chairs, shade.

Staff shortage: during the pay period, all officers vacate the office and there is no one to assist beneficiaries who visit the office.

Due to a highly centralised system of capturing and paying beneficiaries there are unnecessary delays in the delivery system.

Comments by pension officers, Kgatleng and Ngamiland.

Table 34. Old age pension recipients and payments, 2004/05 - 2009/10

District or town	2004/05		2005/06		2006/07		2007/08		2008/09		2009/10	
	Total beneficiaries	Total payment P	Total beneficiaries	Total payment P	Total beneficiaries	Total payment P	Total beneficiaries	Total payment P	Total beneficiaries	Total payment P	Total beneficiaries	Total payment P
Southern	8,911	24,528,831	9,824	26,706,469	10,553	30,998,935	11,412	32,155,967	12,088	43,445,574	12,625	49,060,867
South East	1,978	4,778,763	2,186	5,275,624	2,348	6,155,065	2,593	6,444,021	2,792	8,908,327	2,983	10,109,785
Kweneng	9,379	24,812,407	10,492	27,296,905	11,419	32,167,423	12,270	33,373,761	13,003	44,898,911	13,742	50,799,869
Kgatlang	3,965	9,271,476	4,284	10,022,128	4,608	11,671,832	5,036	12,207,270	5,332	16,554,965	5,542	18,428,572
Central	25,241	65,253,403	27,469	70,705,556	29,835	83,676,675	32,126	85,803,678	33,742	114,978,862	34,553	126,185,752
North East	2,707	6,487,183	2,899	6,971,802	3,067	7,943,973	3,282	8,268,522	3,448	11,236,090	3,514	12,221,506
Ngamiland	5,552	15,002,308	6,095	16,764,564	6,590	19,490,336	7,050	20,133,010	7,360	26,613,060	7,702	29,716,577
Chobe	388	1,084,091	433	1,223,058	469	1,492,775	500	1,493,382	542	2,072,097	576	2,295,001
Gantsi	1,521	4,790,264	1,625	5,148,022	1,698	5,919,784	1,828	5,980,753	1,912	7,905,107	1,917	8,417,308
Kgalagadi	1,610	5,004,140	1,769	5,457,947	1,890	6,355,023	2,063	6,673,053	2,221	8,938,397	2,312	9,911,321
Sub-total	61,252	161,012,866	67,076	175,572,075	72,477	205,871,821	78,160	212,533,417	82,440	285,551,390	85,466	317,146,558
Gaborone	1,145	2,584,608	1,291	2,918,306	1,418	3,481,700	1,604	3,793,535	1,789	5,363,459	1,955	6,382,862
Francistown	1,388	3,224,820	1,529	3,614,490	1,663	4,313,791	1,801	4,505,358	1,928	6,107,215	1,945	6,621,726
Lobatse	635	1,494,463	715	1,703,901	779	1,989,505	867	2,119,048	945	2,929,337	1,002	3,370,139
Jwaneng	185	516,192	211	577,933	237	696,269	257	734,538	269	978,278	277	1,062,165
Selebi-Phikwe	435	1,003,628	506	1,159,129	564	1,404,869	630	1,518,337	696	2,142,900	743	2,460,676
Sowa	34	104,852	35	108,066	42	124,585	51	148,412	54	227,961	58	221,980
Sub-total	3,822	8,928,563	4,287	10,081,825	4,703	12,010,719	5,210	12,819,228	5,681	17,749,150	5,980	20,119,548
TOTAL	65,074	169,941,429	71,363	185,653,900	77,180	217,882,540	83,370	225,352,645	88,121	303,300,540	91,446	337,266,106

Source: MLG SOBERS data.

Targeting, qualification, graduation and recertification

6. Eligibility for the state pension is not means tested. The criteria are:

- citizenship of Botswana;
- age 65 or over;
- possession of a valid *Omang* (national identity document);
- registration with the DSS.

7. There is no age differential between eligibility for men and for women.

The beneficiary perspective

8. With respect to **coverage and targeting**, beneficiaries interviewed in Kgatleng and Ngamiland feel that everyone who is eligible is registered because the programme is well known and potential beneficiaries are aware of it. However, not all pensioners register on time when they turn 65 because some of them do not fully understand the implications of registering late – they are not familiar with registration rules. Consequently, some register late and are paid from the time/month of registration rather than

from their 65th birthdays. Beneficiaries note with approval the overlaps of the old age pension with other social welfare programmes at both individual and household levels. They observe, for instance, that some pensioners take care of orphans benefiting from the orphan care programme, and some benefit directly from the destitution programme. The overlaps, they note, are needed because they can use some of their pension money to support orphans, as not all their needs are met through the orphan care programme. They note further that poor pensioners should continue to be supported under the destitution programmes because their pensions are inadequate to meet all their needs. Pensioners are of the view that in certain parts of the country, there are beneficiaries who get pensions from Botswana and South Africa. However, they note that the extent of this is unknown. This frustrates pension committee members, who cannot disclose such practices to the relevant authorities in fear of endangering their lives.

9. Regarding **programme delivery**, pensioners raise a number of issues. They note that the three modes of dispensing the pension money are post office, mobile payments at *kgotla*, and direct deposit at their banks. Those receiving cash through post offices are happy about this system because of convenience, as the money can be received anytime during a particular month. Moreover, with proper documentation, they can get money from any post office in Botswana (although not all the pensioners are aware of this). While pensioners are generally happy about receiving cash at the post offices, they noted as follows during one of the focus group discussions:

As most of us collect the money at the beginning of the month on a ward basis, we form long queues. We have to wait in the sun for long periods of time. There are no public toilets at post offices and we have to walk long distances to find these facilities. The long queues are worsened by the fact that paying officers do not put enough effort when it comes to processing payments. Sometimes there is only one officer working at any particular point in time, causing further delays in processing of payment. We never see the supervisors to channel our complaints. We cannot speak for ourselves because we lack education.

10. Mobile payments are sometimes delayed and the dates of payment are not known in advance. Pensioners note further that mobile payments pose the risk of money being stolen while being transported to the beneficiaries. They are of the view that even officers may connive with robbers to steal the cash. Those getting their pensions through direct deposits at banks are few in number. They also complain about the long queues at the banks, which they say happen all the time. Overall, beneficiaries are of the view that payments at the post offices are the most convenient and that the situation can be improved if all the necessary facilities (such as toilets) are provided to them at the post offices.
11. While the pensioners note with much appreciation the assistance they receive from the government, they raise the following additional issues with respect to programme delivery. Firstly, when a pensioner misses a month of payment (when they don't turn up for payment) he/she is removed from the system. Following removal, it sometimes takes months before he/she is reinstated in the programme. A pensioner cited a case in point:

I could not collect my benefits because I was ill. I was removed from the list and I have not been paid for five months. I was told to identify someone who could receive payments on my behalf. I identified one of my children to do so and went through all the necessary documentation to ensure this happens. However, I still have not been reinstated after five months.

12. Pensioners suggest that house-to-house visits should be made to pay pensioners who can no longer walk and do not have caretakers who can collect the money for them. This, they say, will avoid situations where some of them are removed from the list because they could not come for payment or

they failed to make a life declaration, which is required every three months for those who appointed a guardian to collect the money for them.

13. Secondly, they are concerned that, following initial registration, they miss a month of payment. While they are given a receipt as evidence of payment for future payment for the month missed, there are a lot of delays and sometimes they never get paid. For example, a pensioner in one of the focus group discussions cited a case where she lost the receipt and was never paid for the month missed. The explanation given by pension officers was that no payment could be made without a receipt. Even today this pensioner is still owed the money and has given up; the incident dates back to 2007.
14. Thirdly, and as noted previously, pensioners note that there is a general lack of information on how the scheme works. For example, many of them were not aware that they could receive their pensions elsewhere in Botswana if they have proper documentation. They note that such information is helpful as it will avoid missing payments and being removed from the list, and all the other bureaucratic delays with respect to reinstatement. They blame their ignorance on this particular issue on poor information dissemination by pension officers.
15. Despite raising the above delivery issues, pensioners are of the view that the old age pension has **positive impacts** as it contributes to their livelihoods, reduces poverty and improves food security. They argue that some pensioners have no other livelihood sources than this pension. They reveal a number of important uses of the pension money to illustrate the positive impacts of the programme. They are able to register in burial societies using part of the money received from their pensions. Some use the money to meet other, but not all, cash needs such as utilities, toiletries, paraffin, clothes and support of orphans. Others invest their money in livestock production; they purchase oil and diesel for pumping water and they save to buy livestock. Some others have been able to save the money to use it whenever there are more pressing cash needs, such as when they lose a family member.
16. Regarding **appeals and grievance procedures**, pensioners say that they are unaware of any mechanism, if at all they exist. Some pension committees note that they usually channel their issues to the social welfare office at the district offices. However, most of the time their issues are never addressed, as they do not receive any reply.

Record keeping and reporting

17. Records on pension disbursements are kept by the Elderly and Benefits Services Division of the DSS. The Social Benefits Payment and Reconciliation System (SOBERS) is used to maintain computerised records of payments made in each locality or urban ward by each method: bank transfer, post office collection or payment by the District Commissioner. SOBERS permits detailed reporting of these data by locality, ward, town, district or sub-district for any specified period.
18. Files are also kept on each individual beneficiary. However, these appear not to be compiled in any way that would permit analysis of variables like age or gender of pensioners.

Monitoring and evaluation

19. Based on their accounting records and on SOBERS data, MLG and the Ministry of Finance and Development Planning are able to monitor expenditure on the old age pension. A form of social monitoring also takes place at community level through Village Pension Committees (see below). At district level, Age Assessment Committees are responsible for tracking and advising on individual issues

– particularly those relating to allegedly under age beneficiaries or elderly people who cannot prove their age.

20. While some other social pension schemes in southern Africa – notably those of South Africa and Lesotho – have been the subject of evaluative analysis by national and international agencies, this does not seem to be the case for the Botswana scheme. As it approaches its 15th anniversary, the time is more than ripe for a comprehensive evaluation of the Botswana state pension.

Gender issues

21. Female recipients of the old age pension outnumber male ones. They made up 60.2% of the total in February 2010. However, there appears to have been little discussion of gender issues relating to the pension scheme. It can be assumed that many female pensioners are heading households and using their monthly transfers to help support dependants – notably AIDS orphans who have come into their care. Many more such elderly carers would benefit if, as in many other countries, the pensionable age for women was lower than that for men.

Impact on poverty and income distribution

22. Poverty is known to be widespread among the elderly in Botswana. Taking an economic rather than a social development approach, the National Strategy for Poverty Reduction of 2003 does not refer to old age pensions or any other social protection strategies (GOB, 2003a). While the impact of social pension schemes on poverty has been analysed in some other southern African countries (South Africa and Lesotho), no such analysis appears to have been done in Botswana. However, the state pension has undoubtedly had a significant beneficial effect in alleviating the poverty of the elderly since its introduction in 1996.
23. Despite its beneficial impact on individual livelihoods, the Botswana state pension is unlikely to have had a significant impact on the unequal distribution of income in the country.

Impact on development

24. As a social protection mechanism, the state pension has not had a major development impact. However, as in other poor to middle income countries with such schemes, significant amounts of local economic activity are stimulated by the monthly inflow of money into communities. Especially around post offices and other pension pay points, there is substantial informal commerce which is likely to have a significant multiplier effect in the local economy.

Institutional roles and relationships

25. Supervised by the Commissioner of Social Benefits, the Elderly and Benefits Services Division of the DSS is responsible for the state pension scheme. As has been noted, MLG's District Commissioners and their staff play a vital role in the delivery of pension transfers in remoter areas, and two social benefits committees play supplementary roles. The Village Pension Committee

...is responsible for monitoring payments, to encourage beneficiaries to turn up for payment, and to advise paying officers on problems encountered in their village.

Composition:

Four (4) Old Age Pensioners

Two (2) Destitute Persons

One (1) World War II Veteran

The committee may elect non pensioners to assist them especially as committee secretaries...

Public servants in the village are ex-officio members...

GOB, nd (a): 10.

26. The Age Assessment Committee operates at district level and is chaired by the District Commissioner and includes representation from the chieftainship, from the pensions staff and from the administration of the national *Omang* identification system. It deals with cases where old people's age is not documented, and can recommend the termination of pension transfers to people who it finds have not actually reached the required age.

Beneficiaries, budgets and expenditure

27. As Table 34 shows, total disbursements by MLG on the state pension have risen from P170m in 2004/05 to P337m in 2009/10. Table 35 below is drawn from Table 14 on page 57. These data are drawn from the SOBERS system, which shows amounts disbursed, the number of beneficiaries and the method of payment (through bank accounts, in cash by pension officers, or collected at post offices). Not surprisingly, the amount disbursed per pensioner per year has increased; the increase in the monthly pension over the years is shown in Table 33 above. But the annual average disbursements per beneficiary are substantially higher than the monthly pension multiplied by 12 (which was P2,640, for example, in 2009/10). The Elderly and Benefits Division of DSS, which is responsible for these payments, explains the discrepancy in terms of arrears that are paid to pensioners from time to time. No data are available on the administrative costs of the pension scheme, so the cost per Pula transferred cannot be calculated.

Table 35. State old age pension: beneficiaries, budgets and disbursements

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
No. of beneficiaries	65,074	71,363	77,180	83,370	88,121	91,446
Budget (P)	171,312,000	174,812,000	184,007,016	204,336,317	255,756,250	255,837,120
Disbursements (P)	169,941,429	185,653,900	217,882,540	225,352,645	303,300,540	337,266,106
Disbursement per beneficiary (P)	2,612	2,602	2,823	2,703	3,442	3,688
Cost per P1 transferred						

Source: MLG data.

28. The state pension is funded entirely from government's domestic budget.

SWOT analysis

<p>Strengths</p> <ul style="list-style-type: none"> • Generally well organised transfer mechanisms • Simple and well understood system • Although not measured, scheme is likely to deliver significant benefits to the elderly 	<p>Weaknesses</p> <ul style="list-style-type: none"> • System may, despite simplicity, be a challenge for less educated, more elderly and more remote pensioners • Impacts of scheme have not been evaluated • Explanation of discrepancy between total disbursements and total value of pension – explained in terms of arrears – requires further elaboration.
<p>Opportunities</p> <ul style="list-style-type: none"> • SOBERS system could be expanded and capture more data 	<p>Threats</p> <ul style="list-style-type: none"> •

Annex 7. War veterans' pension

Summary of policy

1. Government introduced pensions for veterans of the Second World War in April 1998 "as a token of appreciation for their effort and sacrifice in contributing towards saving the World from racist domination" (GOB, nd (a): 7). When a veteran dies, his spouse(s) continue to collect the pension until their death. The veterans' pension thus remains available, in theory, to a few widows of First World War veterans – although the war memorial in Gaborone only records one life lost in that conflict. Children of war veterans who are aged under 21 and whose father and mother have both died may also collect the veteran's pension until they reach that age.
2. At P359 per month, the veterans' pension is higher than the general state pension. War veterans collect the regular state pension in addition to their veterans' pension.

Table 36. War veterans' pension monthly rates, 1996 - 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: MLG data.

3. Payment arrangements and related procedures and regulations are the same for the war veterans' pension as they are for the general state pension (Annex 6). One exception is that the veteran's pension continues to be paid if he is sentenced to a term in prison. "This is because the Old Age Pension is directed to the pensioner and not extended to the family/relatives as is the case with World War Veterans' allowance (GOB, nd (c): 2).

Geographical distribution, coverage

4. Although Table 9 above does not show the distribution of war veterans' pension recipients, analysis of the data below shows that this group are even more concentrated in the rural areas (96%) than recipients of the general state pension (94%). The reasons are probably the same. What is also notable from Table 37 is that the number of veterans receiving the pension has been increasing over the years (by 6% between 2004/05 and 2008/09). This counter-intuitive finding is presumably because more veterans have been presenting themselves for registration each year than have been dying without leaving dependants eligible to continue receiving the pension.

Table 37. War veterans' pension recipients and payments, 2004/05 - 2009/10

District or town	2004/05		2005/06		2006/07		2007/08		2008/09		2009/10	
	Total beneficiaries	Total payment P	Total beneficiaries	Total payment P	Total beneficiaries	Total payment P	Total beneficiaries	Total payment P	Total beneficiaries	Total payment P	Total beneficiaries	Total payment P
Southern	398	2,943,312	404	3,000,704	413	3,293,708	415	3,205,178	425	4,098,484	426	4,678,511
South East	36	301,920	36	288,592	36	299,586	36	307,718	36	372,430	36	417,749
Kweneng	328	2,536,264	331	2,547,008	333	2,761,162	337	2,744,980	340	3,432,852	336	3,741,621
Kgatleng	159	1,086,368	161	1,089,496	163	1,196,031	166	1,203,992	166	1,512,001	165	1,595,389
Central	1,538	10,732,581	1,569	10,893,335	1,593	11,934,690	1,614	11,810,243	1,637	14,834,589	1,567	15,604,983
North East	157	1,042,168	159	1,022,448	159	1,117,834	162	1,127,810	168	1,499,296	165	1,560,055
Ngamiland	88	643,280	88	641,648	91	700,738	95	738,904	99	951,355	99	1,047,829
Chobe	8	60,928	8	60,384	10	90,722	10	91,032	10	118,094	10	122,060
Gantsi	6	42,432	6	48,960	6	54,420	6	50,508	6	60,936	6	67,133
Kgalagadi	9	65,280	10	79,152	10	77,616	10	78,624	10	95,494	10	102,674
Sub-total	2,727	19,454,533	2,772	19,671,727	2,814	21,526,507	2,851	21,358,989	2,897	26,975,531	2,820	28,938,004
Gaborone	38	267,376	39	256,496	41	304,336	42	306,578	42	386,021	44	433,509
Francistown	37	264,520	38	283,968	39	285,843	40	288,372	40	364,490	38	385,780
Lobatse	15	104,176	14	100,640	15	114,800	15	112,778	16	156,584	18	166,761
Jwaneng	2	13,056	2	13,056	2	14,112	2	15,484	2	19,198	3	31,592
Selebi-Phikwe	14	104,992	14	106,896	14	116,498	14	108,504	14	142,416	16	170,431
Sowa	1	9,792	1	9,792	1	8,820	1	7,488	1	10,676	1	9,334
Sub-total	107	763,912	108	770,848	112	844,409	114	839,204	115	1,079,385	120	1,197,407
TOTAL	2,834	20,218,445	2,880	20,442,575	2,926	22,370,916	2,965	22,198,193	3,012	28,054,916	2,940	30,135,411

Source: MLG data.

Targeting, qualification, graduation and recertification

5. The criteria for receipt of the war veterans' pension are:

- to be a citizen of Botswana;
- to have served in the First or Second World War;
- to be a spouse of a deceased war veteran but not to have remarried with a man who is not a veteran;
- be the child of a deceased war veteran aged under 21 whose mother has also died;
- to hold a valid *Omang* (national identity document) if aged over 16.

6. If more than one spouse survives a veteran, the pension is divided equally among them. "If any of the spouses die leaving behind a child/children aged under 21, that child/children shall receive their late mother's allowance, not the older children or the other spouse" (GOB, nd(c): 3).

Record keeping and reporting

7. Record keeping and reporting on the war veterans' pension scheme are integrated with the systems for the general state pension.

Monitoring and evaluation

8. Monitoring and evaluation arrangements for the war veterans' pension scheme (or the lack of them) match those for the general state pension.

Gender issues

9. Although it has not been possible to find summary data on the gender of war veterans benefiting under this scheme, it can be assumed that they are all male. As was pointed out above, the veterans' pension differs from the state pension in being transferable to other family members on the death of the veteran himself. Again, it must be assumed that veterans' widows aged over 65 are not eligible to receive the general state pension as well as the veteran's one. Nevertheless, widows heading the remainder of veterans' households (and possibly supporting numbers of dependants including AIDS orphans) are still somewhat better off than other elderly female household heads.

Impact on poverty and income distribution

10. The war veterans' pension thus has a modest but significant impact on the poverty of a small group within Botswana's elderly population. Its impact on income distribution in the country is negligible.

Impact on development

11. Similarly, the war veterans' pension scheme has a negligible impact on development.

Institutional roles and relationships

12. Institutional arrangements and responsibilities for the war veterans' pension scheme are the same as for the general state pension.

Beneficiaries, budgets and expenditure

13. Table 38 below is drawn from Table 14 on page 57. The total disbursements to war veterans (P30m in 2009/10) are modest compared to that of the general state pension (P337m in the same year). As for the old age pension, however, the amount disbursed per war veteran per year is substantially more than the pension amount due per year. Again, the explanation offered by the responsible agency in DSS is that the discrepancy represents arrears payments. No data are available on the administrative costs of the war veterans' pension scheme, so the cost per Pula transferred cannot be calculated.

Table 38. War veterans' pension: beneficiaries, budgets and disbursements

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
No. of beneficiaries	2,834	2,880	2,926	2,965	3,012	2,940
Budget (P)	16,124,160	13,824,160	15,340,800	15,876,000	13,897,200	15,431,300
Disbursements (P)	20,218,445	20,442,575	22,370,916	22,198,193	28,054,916	30,135,411
Disbursements per beneficiary (P)	7,134	7,098	7,646	7,487	9,314	10,250
Cost per P1 transferred						

Source: MLG data.

14. Like the state pension, the war veterans' pension is funded from government's domestic budget.

SWOT analysis

<p>Strengths</p> <ul style="list-style-type: none"> • Generally well organised transfer mechanisms • Simple and well understood system • Although not measured, scheme is likely to deliver significant benefits to veterans and their families 	<p>Weaknesses</p> <ul style="list-style-type: none"> • System may, despite simplicity, be a challenge for less educated, more elderly and more remote pensioners • Impacts of scheme have not been evaluated • Provision for spouses and children of veterans means that programme will continue for an extended period with very few beneficiaries and relatively high overheads
<p>Opportunities</p> <ul style="list-style-type: none"> • SOBERS system could be expanded and capture more data 	<p>Threats</p> <ul style="list-style-type: none"> •

Annex 8. Remote area dwellers

Summary of policy

1. The Remote Area Development Programme (RADP) has its origins in the Bushmen Development Programme that was launched in 1974, became the Extra-Rural Development Programme in 1976 and took the current title in 1978. The Accelerated RADP was launched in 1987, and reviewed in 1995. The RADP continues to date, having been reviewed again in 1997 (by MLG internally) and in 2003. Six years later, a policy statement on the Revised RADP was published by MLG in February 2009.
2. The current policy document outlines the multiple frameworks within which the RADP should operate. These are the Revised Rural Development Policy, the National Poverty Reduction Strategy and the National Settlement Policy. Targets are framed by Botswana's commitment to the Millennium Development Goals and the country's own Vision 2016. With these multiple frameworks, the document concludes that

*Therefore, the RADP does not require a special policy of its own, **as it is a strategy for rural development**. Remote area issues shall instead be mainstreamed into the RDP, the NRSP and the NSP, the Revised National Policy on Education and other related policies.*

GOB, 2009: 2. Emphasis in original.

3. The RADP is also framed by Botswana's complex and sensitive national attitude to ethnicity, and especially to the Basarwa, as the Bushmen or San groups are known in this country. The current policy quotes Vision 2016's explicit rejection of any form of racial or ethnic discrimination and its commitment to cultural and linguistic diversity. It is nevertheless ambivalent in emphasising that its target group is defined in terms of remoteness but making special provision for Basarwa even when they live in non-remote settlements.
4. The RADP is thus defined as a rural development programme striving to achieve the MDGs and Vision 2016 through community development approaches focused on a 'community resilience model', which is

...an eclectic model that combines social mobilisation, community renewal/redevelopment, participatory development tools, community economic development, and strategic planning... resilient communities take stock of the values and beliefs of people, capacity of community based organisations, locally available resources and community processes with the aim of strengthening them to attain self-reliance and sustainable development.

GOB, 2009a: 3.

5. The overall goal of the revised RADP is

...to achieve sustainable social and economic development of people in the remote areas, through a co-ordinated and integrated multi-sectoral approach, so that they can equally benefit from the rapid economic development of the country.

GOB, 2009a: 6.

6. The programme's objectives are:

- provision of development infrastructure in remote area settlements;
- promotion of sustainable livelihoods in these settlements;

- promotion of community participation by remote area dwellers in local development issues and processes;
- promotion of local institutional development “compatible with the traditional structures and cultures of the people who live there”;
- affirmative action to achieve equal enjoyment by remote area dwellers of all the entitlements of Botswana citizens;
- promotion of tolerance and understanding at national level “of the unity and cultural diversity of Botswana, particularly in regard to historically marginalised people from remote areas”.

RADP income generating projects in Kgatleng

In Kgatleng, a few beneficiaries are involved in income generating activities such as leather work (1); bakery (3); poultry (1); carpentry (1) and LIMID (13). In general, the projects are not doing too well. There is no enthusiasm amongst the beneficiaries to participate actively. The dropout rate is high as people easily get distracted. For example, 15 beneficiaries were given 20 goats each. Now they all have a maximum of 2 goats or none. Other projects are just there by name.

The success story in the village is a communal shop which was started by 20 villagers. Council assisted with the structure and the members contributed to buy supplies. The project has generated P100, 000. The general dealer supplies groceries to the community. The food baskets as well as toiletries for beneficiaries are also provided through the shop.

Secondly, the bakery is being expanded and refurbished by the Council. It is hoped that beneficiaries will take advantage of this flourishing market. Currently there is no bakery in the settlement.

RADP income generating projects in Ngamiland

Not much activity is taking place in Ngamiland either. It appears that beneficiaries are not keen to persevere with income generating projects. Even in situations where there are viable markets for some services such as bakeries, beneficiaries seem not to be too interested. Implementers have observed that it appears beneficiaries want quick money. Despite these pitfalls, there appear to be success stories where community trusts have been established (Khwai & Mababe). These trusts are run by the community themselves. People are employed as assistant guides, work as night watchmen and kitchen staff. Community members employ their own children. Earnings are up to P1,500 per month or more. The number of destitute persons in these places is very low compared to other settlements. The downside is that school children often drop out from school to come to work, as happened in Kareng where 30 children left school. A few managed to go back.

7. The RADP is thus a rural development programme with special social and political characteristics, tackling an extreme version of Botswana’s rural development challenge – which is to move beyond the provision of infrastructure to the effective promotion of sustained economic growth and income generation. More than earlier versions of the programme, the current RADP is to be mainstreamed into the efforts of many ministries, although it will continue under the auspices of MLG. Beyond 2009/10, there is no special budget provision for the programme in NDP 10. However, the policy does provide for the continuation of the RADP’s Economic Promotion Fund, which is meant to complement other financial assistance schemes that help poor Botswana to launch businesses, create employment or otherwise stimulate economic activity.
8. The RADP has traditionally taken the place of the destitutes programme for those areas and individuals who qualified, and has now borrowed a number of its criteria and procedures (see below). The suspension of dedicated funding for the RADP under NDP 10 suggests that, in future, qualifying individuals in remote areas will be supported directly by the destitutes programme.
9. An important concept in RADP policy is that of developing settlements for remote area dwellers “to accommodate all the landless inhabitants of remote areas as guided by the district settlement strategy” (GOB, 2009a: 11). Government sees this as a way of extending standard services to Basarwa and other remote area dwellers, as is their right. The provision or withdrawal of these services has sometimes proved controversial, as in the Central Kgalagadi Game Reserve.

Geographical distribution, coverage

10. The RADP operates in Kgalagadi, Central, Gantsi, Ngamiland, Southern, Kgatleng and Kweneng districts. Few data are available on the numbers of settlements and people served. Table 39 below shows what could be obtained. It indicates that there has been no expansion in recent years, although two settlements were listed as new in 2003. The programme was evidently drawing population data from the 2001 national census, and was not estimating any increases. The last column in the table estimates current populations on the basis of national growth rates (GOB, nd (b): 3).

Table 39. RADP settlements and their population

District	2003				2007				2010
	No. of settlements	Female	Male	Total	No. of settlements	Female	Male	Total	Estimated total
Southern	6	1,383	1,404	2,787	6	1,383	1,404	2,787	3,093
Kweneng	7	1,986	1,651	3,637	7	1,986	1,651	3,637	4,036
Kgatlang	1	202	306	508	1	202	306	508	564
Central	22	7,911	7,684	15,831	22	7,911	7,684	15,831	17,568
Ngamiland	10	2,222	2,461	4,683	10	2,222	2,461	4,683	5,197
Gantsi	9	3,064	3,474	6,538	9	3,064	3,474	6,538	7,255
Kgalagadi	9	2,349	2,478	4,827	9	2,349	2,478	4,827	5,357
TOTAL	64	19,117	19,458	38,811	64	19,117	19,458	38,811	43,070

Source: MLG and CSO data.

11. Table 9 above shows that the remote area dweller population is disproportionately concentrated in four districts. Central District has 41% of the estimated total of remote area dwellers in 2010, but only 29% of the estimated national population. Gantsi has 17% (but only 2% of the national population); Ngamiland 12% (7%); and Kgalagadi 12% (3%). This reflects the geography of Basarwa in Botswana.

Targeting, qualification, graduation and recertification

12. The RADP has a dual geographical and ethnic targeting approach. The primary focus is now on remote area settlements, which
- Must be not less than 250 people or 50 household[s] and the geographical location of such settlement should be remote;*
 - Must be at least 15 km from the nearest recognised village or settlement (Tertiary III level or above);*
 - Must have been in existence for at least five years; and*
 - Must have a recognised traditional leadership or some semblance of it.*

GOB, 2009a: 5.

13. The policy states that remote area settlements do not qualify if they “are not located far from existing ones”. It defines remote area communities as people who:

- a) *Live in settlements with a population of 250-499;*
- b) *Have no adequate water rights;*
- c) *Have no real access to land; and*
- d) *Are out of reach in terms of distance from generally available basic services such as education, health, extension etc.*

GOB, 2009a: 5.

14. People living in settlements of less than 250 people or 50 households appear to be excluded from support by the RADP.

15. The 2009 policy states that RADP support will only be extended to the poorest members of remote area communities; those with “the means for their own sustenance” will not be assisted. The criteria are:

- a) *An individual who, due to age, disabilities or chronic health condition, is unable to engage in sustainable economic activities and has insufficient assets and income sources.*
- b) *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 them self-reliant in the long term.*
- c) *An individual who is a Mosarwa by origin irrespective of his/her place of residence.*

Life at a remote area dwellers’ school hostel in Ngamiland

There are no sport and recreational facilities for the children in the hostel. Instead, children use school facilities to play soccer, netball or volleyball. The hostel has a few indoor games, but children hardly have the chance to play as there is no one to coach them. It is reported by the boarding staff that lack of recreational facilities causes boredom and this may explain why children escape through the fence.

It is reported that the drop-out rate is high in the hostel. For example in 2007, 33 children from Khwai settlement dropped out of school. After being persuaded, 13 came back. In 2010, three children attempted to leave. The root causes of dropping out have not been fully established; but hostel staff suspect that Basarwa children in particular want to be close to their families and to the cultural lifestyle they are accustomed to.

Caretakers reported that they make efforts to train older children (Standards 4 to 7) to perform minor household chores and to take care of the little ones. There is often resistance, as children feel that this is not their responsibility. However a few children accept the responsibility. They expressed concern that some children use abusive language and bully others. Vandalism is also rampant. To address this indiscipline, children are counselled and, in serious cases, corporal punishment is administered. In general caretakers say that they are not able to provide holistic care as they used to in the past because they no longer get the opportunity to collect children from their homes and to drop them when the school close. This practice, they argue, gave them an opportunity to brief the parents about the general conduct of the child, to discuss their health conditions and to share important information about the child. They also feel that they lack adequate skills to take care of complex issues affecting the children.

GOB, 2009a: 8.

16. The last criterion adds an ethnic element to the geographic and economic ones outlined above.

17. The 2009 policy puts new emphasis on graduation from the RADP, by both settlements and individuals. It states that most remote area settlements already qualify to be graduated into normal settlements in terms of the National Settlement Policy. It gives the following criteria:

- a) *The availability of at least the basic social services such as primary school, health clinic and potable water.*
- b) *At least a Headman of Record plus ancillary staff.*
- c) *Evidence of reduction in poverty levels (at least 85% of the residents are non-destitute) or that a significant proportion of the residents are engaged in economic empowering*

activities and that a minimum of 50% of the residents are self-sustaining through agricultural or other means.

- d) Established extension services e.g. agriculture, social and community development etc.*
- e) At least a population of 500 people.*
- f) More than 50% of residents being literate.*
- g) A settlement having been officially recognised for at least five years.*
- h) Accessible to primary or secondary centres through access road or telecommunication.*

GOB, 2009a: 12-13.

18. As far as individuals are concerned, the graduation process will follow that of the destitutes policy. RADP beneficiaries are to be enrolled in the rehabilitation component of the destitutes policy. The RADP evades the question of how its beneficiaries can build sustainable livelihoods in their geographic and economic context:

Districts will have to be innovative to come up [with] culturally relevant and more meaningful economic development initiatives for the RADP target population.

GOB, 2009a: 13.

19. There is no reference in the RADP policy to the recertification of beneficiaries, although presumably this should be feasible in the same way as under the destitutes policy.

Record keeping and reporting

20. As indicated above, few records are now available at central level on the last decade's operation of the RADP. Local authorities seem to submit their reports on the programme to the DSS only at irregular intervals, and there is evidently no counter pressure from the centre to achieve comprehensive reporting on the RADP.

Monitoring and evaluation

21. From the central perspective, monitoring of the RADP thus appears to be minimal, however diligent some RADP staff may be in their monitoring efforts at district or settlement levels. Partly because of earlier donor support for it, the RADP has been repeatedly evaluated over the years (1981, 1986, 1990, 1995, 1997 and 2003). The 2009 policy draws heavily on the recommendations of the 2003 evaluation. Whether the programme is evaluated again will depend on whether it retains any significant profile in government's social development strategy.

Gender issues

22. Discussion of the RADP tends to be so dominated by issues of poverty and ethnicity that there has been little attention to gender. The subject is not mentioned in the 2003 or 1995 evaluations of the programme. The gender differentiation of livelihood roles among the Basarwa has been extensively reviewed from an anthropological perspective, but potential gender dimensions of the RADP do not appear to have been examined. Table 39 above suggests that remote area communities have roughly

equivalent numbers of males and females. A 1996 IFAD social assessment found that female-headed households made up 25-40% of households in these communities, which was lower than in conventional villages – although male heads might often be away from remote area households in search of food or employment (Perrett, 1996).

Impact on poverty and income distribution

23. One of the guiding principles of the RADP is poverty reduction. Like many other aspects of the programme, this concept is sensitive and debatable – since, to some observers, Basarwa’s traditional way of life is one of absolute poverty and, to others, it constitutes a higher and more satisfactory standard of living than that of many people with higher monetary incomes. Be that as it may, it is clear that many remote area dwellers are now marginalised into conditions of extreme poverty and that the RADP aims to alleviate these hardships.
24. Recent evaluations of the programme have assessed strategy rather than impact. There are no empirical data on the extent to which the RADP may have alleviated the poverty of remote area dwellers, or influenced income distribution within the country. Depending again on how poverty is defined, it is reasonable to conclude that the programme has made a positive contribution through the provision of basic infrastructure and social services, but that it has done little to enhance economic activity or income generation. Similarly, it is likely to have had a negligible impact on the distribution of income within the country.

Impact on development

25. Over time, the RADP has placed gradually increasing emphasis on the development of economic opportunities and activity, rather than just the provision of infrastructure to remote area settlements. Its impact in this regard has been limited, despite the continuing application of growing amounts of investment through the programme’s Economic Promotion Fund. The 2003 evaluation found that “most EPF funded projects had short life spans and tended to collapse” (BIDPA, 2003: 96). The RADP’s impact on economic development is hampered not only by the general challenges to sustainable livelihoods in rural Botswana, but by the specific constraints of the remote areas and RADP context, which include inaccessibility, negligible local markets, and the low levels of education of the beneficiaries and many of the programme staff who are meant to help them.
26. From another perspective, the RADP has had a significant impact in delivering government’s unambiguous social development commitment with regard to remote area dwellers in general, and Basarwa in particular. This is a normative commitment to offer programme beneficiaries the same services and opportunities as other citizens and, it is implied, to encourage them to adopt broadly similar lifestyles. The wandering, isolated existence of first peoples has long been anathema to Botswana policy. Although controversial in some quarters, the social development strategy spearheaded by the RADP has combined with the inexorable and accelerating pace of social, economic and environmental change to transform the lives of most remote area dwellers.

Institutional roles and relationships

27. The RADP used to be managed by a dedicated unit within the MLG headquarters, headed at Director level. It has now been made a responsibility of the Community Development Division within the DSS, where one officer is assigned to it. The post was vacated at the end of 2009 and, at the time of writing, has not been filled. Field implementation of the programme is the responsibility of the seven District Councils in whose areas it operates. The S&CD Departments of these local authorities employ Remote

Area Development Officers at their headquarters and a number of assistant staff at some of the settlements. Current arrangements reflect the statement of the 2009 policy that “RADP is a community development function” (GOB, 2009a: 25).

28. With the implied intention of current policy to mainstream the RADP, the programme can be expected to maintain a low institutional profile or to sink still further from view. The institutional challenge for MLG will then be to ensure that the various line ministries commit resources and deliver them effectively to ensure convincing implementation of this still significant social development initiative.

Beneficiaries, budgets and expenditure

29. Table 40 below shows that, despite the indifferent profile and performance of the RADP over recent years, the seven District Councils involved have continued to receive substantial budget allocations for its implementation. The total budget has more than doubled over the last five years.

Table 40. Budget allocations to District Councils for RADP, 2005/06 - 2009/10

District Council	2005/06 P	2006/07 P	2007/08 P	2008/09 P	2009/10 P	% growth over 5 years
Southern	1,852,460	1,852,010	1,871,410	3,793,390	4,780,660	158
Kweneng	3,782,810	3,709,310	3,776,200	4,451,280	6,079,000	61
Kgatleng	435,070	442,260	471,960	650,560	631,970	45
Central	6,426,060	6,513,430	7,018,120	9,381,100	17,938,880	179
Ngamiland	3,315,980	3,315,980	3,407,780	5,302,270	6,153,900	86
Gantsi	3,779,700	3,933,870	3,888,800	6,042,590	5,609,520	48
Kgalagadi	2,833,060	2,886,800	2,981,250	3,251,310	5,667,340	100
TOTAL	22,425,140	22,653,660	23,415,520	32,872,500	46,861,270	109

Source: MLG data, quoted in Caceres, 2009: 24.

30. Table 41 below is drawn from different MLG sources, and the budgets shown do not exactly match those in Table 40 above – a good illustration of the many uncertainties involved in establishing budget and expenditure data for social protection programmes in Botswana. However, if the expenditure and overhead figures in Table 41 are added together, they come close to the budget allocations shown in Table 40. What is notable from Table 41 is that, although the population of RAD settlements is assumed to have grown only at the national rate, and thus increased by about 5% between 2004/05 and 2008/09, the annual cost of the programme per beneficiary increased by a third over the same period, from P565 to P755. These are modest amounts, largely reflecting the transfers made to remote area dwellers through this programme that would be made through the destitutes programme if they lived elsewhere. They do not represent the large investments that government has made in infrastructure at the 64 settlements, most of which took place before 2004.

Table 41. RADP: beneficiaries, budgets and expenditure

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
No. of beneficiaries	40,705	41,178	41,651	42,124	42,597	43,070
Budget (P)	15,347,800	15,150,300	21,625,670	23,982,700	33,185,760	46,861,270
Expenditure (P)	13,754,822	11,656,445	11,128,780	12,267,009	17,955,093	
Overheads (P)	9,261,026	8,368,255	8,935,048	11,732,884	14,211,702	
Cost per beneficiary (P)	565	486	482	570	755	

Source: MLG data.

31. Although the RADP was partly funded by various international donors in earlier decades, its budget now comes entirely from domestic sources.

SWOT analysis

<p>Strengths</p> <ul style="list-style-type: none"> Established strategies, familiar mode of operations 	<p>Weaknesses</p> <ul style="list-style-type: none"> Very limited capacity in central government Poor direction and co-ordination Limited commitment and capacity in civil society Beneficiaries remain poorly resourced and organised
<p>Opportunities</p> <ul style="list-style-type: none"> Mainstreamed approach could open new resourcing opportunities in other ministries (Partial) integration with destitutes programme could simplify and strengthen implementation 	<p>Threats</p> <ul style="list-style-type: none"> Decreasing policy commitment and profile Dwindling resources Very limited economic opportunities in remote areas

Annex 9. *Ipelegeng*

Summary of policy

1. *Ipelegeng*, a call for self reliance, is a core concept in Botswana's social and development strategy. It appears as a motto on all the country's coins. It was also linked to the long-running series of programmes to relieve the hardships of drought. The 1977 national symposium on drought recognised the desirability of replacing food for work approaches with cash for work – a strategy that was progressively implemented during subsequent droughts, starting with the severe and extended one of 1981 – 1986. Following the declaration of a drought emergency, labour-intensive public works (LIPW) were organised to provide short-term wage employment to those most in need of supplementary income. During the NDP 9 period, for example, droughts were declared, and the *Ipelegeng* programme operated to alleviate their impact, in 2003/04, 2005/06 and 2006/07.
2. Drought is of course a relative concept, and the frequent declaration of drought emergencies suggests that fundamental adjustments are needed in livelihood and development strategies. It means that, for one reason or another, people are trying to make a living by unrealistic means. It can also be argued that the repeated provision of drought relief does little to promote more feasible or sustainable strategies, and may instead create a fatalistic dependence on ongoing support from the state.
3. In 2008 it was decided to convert *Ipelegeng* from an intermittent to a permanent programme and to shift its focus from drought relief to poverty alleviation (although the public still often refer to it as drought relief (Olesitse, 2009)). It continues to sponsor labour-intensive public works, in theory substituting the efforts of programme beneficiaries for the more expensive services of government staff or private sector contractors. *Ipelegeng* activities include the construction and maintenance of public facilities (such as schools, clinics, *kgotla* shelters and staff housing), the desilting of dams and storm water drains, vegetation control in urban areas and major villages, bush clearing along roads, and litter collection.
4. Any citizen may apply for employment by the programme. Current wage rates are P18/day for casual labourers and P24/day for supervisors. Employment is for a period of 22 days, working six hours a day. For the following employment cycle, all workers must reapply, and preference is given to those who were not working previously – thus spreading the opportunities and benefits.
5. In 2009, as noted in Annex 5, government resolved to tighten the management of the destitutes programme. Individual assessments of registered destitutes have been undertaken nationwide, and those found to be able-bodied are being transferred to *Ipelegeng*, where the value of the benefit is somewhat lower (P396/month, compared to food worth at least P450/month plus a cash allowance of P81). Up to February 2010, 5,574 of the 8,765 people referred to *Ipelegeng* by the assessment exercise had formally exited the destitutes programme. Some Councils are reportedly delaying deregistration because they have not yet been assured that *Ipelegeng* places are available for these individuals. Those transferred, having been deregistered from the destitutes programme, are no longer monitored and supported by social workers with a view to their developing sustainable income-generating activities. Contrary to original intentions, it has now been decided that they will not be entitled to permanent employment by *Ipelegeng*, and will have to seek rotational employment by the programme like all other participants.

Geographical distribution, coverage

6. The *Ipelegeng* programme operates nationwide. Earlier drought relief programmes were not implemented in the towns, but the new continuous *Ipelegeng* programme is. It is notable that in

2008/09, the first year of operation in the new continuous mode, 29% of the total person years of employment under the main MLG *Ipelegeng* programme (excluding the smaller numbers employed by other ministries and by the Green Scorpions) were in urban areas. This compares with an estimated proportion of the national population in towns in 2010 of 24%. However, latest MLG data suggest that, in 2009/10, the proportion of *Ipelegeng* employment in urban areas fell to 13%, skewing the programme back towards a rural-urban balance more in line with all the other programmes reviewed (Table 42).

7. Calculating the number of beneficiaries is complicated by the programme's mode of record keeping, which states 'cumulative employment', i.e. the number of people hired over the 12 monthly employment cycles in a year. Some people may be employed for several cycles over the annual reporting period. For this study, cumulative employment totals have been divided by 12 to indicate the number of person years of employment provided.

Table 42. *Ipelegeng*: total person years of employment

District or town	2007/08			2008/09			2009/10		
	Total person years			Total person years			Total person years		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Southern	680	1,558	2,239	559	1,607	2,166	641	1,906	2,547
South East	129	282	411	22	122	145	115	465	579
Kweneng	385	1,579	1,964	218	696	913	604	2,406	3,010
Kgatlang	80	353	432	91	462	553	180	997	1,177
Central	826	2,768	3,593	772	1,899	2,671	1,359	3,667	5,026
North East	109	711	819	70	366	436	101	630	731
Ngamiland	1,158	2,042	3,200	969	1,426	2,395	728	1,088	1,817
Chobe	108	332	439	65	186	251	70	205	275
Gantsi	196	320	517	207	468	675	262	605	867
Kgalagadi	241	509	750	243	608	851	244	707	951
Sub-total	3,910	10,453	14,363	3,215	7,839	11,055	4,303	12,677	16,980
Gaborone				691	2,599	3,290	199	989	1,189
Francistown				127	407	534	79	273	352
Lobatse				38	95	133	65	192	257
Jwaneng				29	78	107	23	102	125
Selebi-Phikwe				40	425	465	27	464	490
Sowa				13	23	36	9	30	39
Sub-total				938	3,626	4,565	402	2,049	2,451
Total	3,910	10,453	14,363	4,154	11,466	15,619	4,705	14,726	19,431

Note: *Ipelegeng* employment by other ministries and by the Green Scorpions is not shown. In 2008/09 this totalled an additional 2,466 person years, and in 2009/10 1,858 person years. None was recorded for 2007/08.

Source: MLG data.

Targeting, qualification, graduation and recertification

8. The *Ipelegeng* programme is not actively targeted. Participants self-select on the basis of willingness and ability to work for the wages that are offered. However, as noted above, eligibility rotates if there

Identification of *Ipelegeng* beneficiaries

Identification is done at village level by the VDC and the local S&CD officers. The VDC identifies a household and reports to the S&CD officer in the village. The list of those who have been selected is then sent to the Council Secretary. The decision to use the yes/no system was to avoid favouritism and promote transparency, as there had previously been complaints that the VDCs, who are involved in registration, favoured their friends and relatives. Moreover, as local S&CD officers were used to the community, it was possible that they could influence selection. Some VDCs are corrupt and would like to register their friends and relatives. Sometimes VDCs do not disseminate information on hiring to all potential beneficiaries. Instead, they emphasise friends and relatives, increasing the chances of them being registered in the programme. There have been instances where councillors and headmen used to influence registration.

Comments by S&CD staff in Kgatlang and Ngamiland.

are more applicants than available places. If the supply of positions exceeds demand, all those who are interested can participate for consecutive 22-day periods.

The beneficiary perspective

9. With respect to **coverage and targeting**, beneficiaries in Kgatleng and Ngamiland observed that the programme covers people who are unemployed. However, it does not cover all the potential beneficiaries because of employment quotas given to each ward or village: many people would like to work in *Ipelegeng* but there are not enough slots. They also observe that women outnumber men because men feel that the money is too little. However, they also argue that men are reluctant to work because they don't carry the burden of raising family to the same extent as women – they neglect their responsibilities.
10. Beneficiaries identify the following issues:
 - Some destitute persons were transferred to *Ipelegeng* and were expected to work permanently, while the rest of the beneficiaries are expected to work on a rotational basis. This, they note, is worrisome given the inadequacy of projects and the limited employment quotas given to wards/villages, as some beneficiaries end up working for only a few months in a year (not even six months).
 - Some sick destitute persons, some of whom had previously been in the CHBC programme, were transferred to *Ipelegeng*. Some of these individuals have not fully recovered and hence cannot engage in manual work. They cite situations where sick people were asked to nominate family members to work for them if they could not engage in manual work. They question the legality of this practice.
 - Methods of selection are not so transparent. They cite instances where some beneficiaries were discontinued from work before the month elapsed, the reason given being that employment quotas were revised downwards. However, they feel that the YES/NO system improved transparency in the selection of beneficiaries.
 - While in certain areas, such as in Ngamiland, some destitute persons prefer to work, they feel they were moved to *Ipelegeng* too quickly as the implications of doing so were not explained by the relevant officers. They argue that, while they prefer to work rather than continue to benefit from the destitution programme, the money is too little.
 - In certain areas, young people are given a priority to benefit from the programme. However young people do not take care of families and their needs are not as pressing as those for adults, who have a number of responsibilities. This practice is unfair.
 - Some of the supervisors selected cannot read and write. They also do not treat the beneficiaries very well. Supervisors are usually drawn from members of the VDC. Contrary to the policy of working on a rotational basis, supervisors usually work full time on the programme. Other beneficiaries question the legality of VDC members automatically becoming supervisors and of them working permanently on the programme.
11. Regarding **delivery, co-ordination and implementation**, beneficiaries raise the following issues:
12. There are delays in making payments. Sometimes it takes up to two months for the beneficiaries to get paid.

- The benefits are too low as some of the beneficiaries take care of the orphans who have been removed from the programme. As the programme is not full time, beneficiaries end up having nothing to eat. The low cash payments cause problems for people who were moved from the destitute programme, as the food rations they used to receive are valued much higher than the cash received through *Ipelegeng*. Some destitute persons voluntarily registered in *Ipelegeng* without full information and hence were not aware that they were going to lose food rations from the former programme. Those who refused to transfer had their destitute packages terminated.
- Some destitute persons were moved to *Ipelegeng* while they were still on the list to receive housing and water assistance under the destitution programme. Now that they have been removed, they are lost as to what would be the outcome of their requests for housing and/or water assistance, as this was never explained to them. It is also unclear as to whether they will be eligible for economic assistance and rehabilitation programmes, offered to the poor/temporary destitute persons.
- The no-work-no-pay system is unfair because when beneficiaries are absent due to sickness, they are not paid, even where they have a sick leave note from the doctor. Even where no work is done due to natural causes, such as rainfall, beneficiaries are not paid.
- There is poor service delivery at the District Councils, and at all government agencies implementing economic assistance programmes. Some state that they went to Councils asking for economic assistance but they were told that they did not qualify for the projects. They say that there are many requirements to get assistance, which confuse and discourage potential beneficiaries. They cannot get assisted even though they have been trained (by government) and have interest in starting a number of businesses such as mobile safaris, takeaways, leather works, etc. In addition to lack of access to public financial assistance, they sometimes have no access to land. They argue that even when they have skills, no one wants to assist them. *Ipelegeng* beneficiaries argue that poor people are moved from pillar to post when requesting government assistance. One of the beneficiaries cites her experiences as follows:

When I was still a registered destitute person, we were informed about economic assistance programmes by the VDC and the S&CD office. We became interested in starting a takeaway business. When we filed the request with the Council they told us that the business would not be viable, and asked that we suggest something else. We then suggested a milling business and we were told it would also not work out. We suggested other businesses, including guinea fowl production, and we were still rejected. They then said that they wanted a business plan, but we did not know what that entailed. We then gave up and were ultimately moved from the destitution programme into Ipelegeng.

13. In conclusion, the interviewed *Ipelegeng* beneficiaries say that government programmes are good when broadcast over the radio or television, but on the ground they are of no value and are ineffective, as they do not reach the intended beneficiaries.
14. Despite the above issues, beneficiaries feel that the *Ipelegeng* programme has a positive impact. The programme helps in that it provides employment and may enhance livelihoods. As noted above, however, they complain of the low benefits, together with the employment quotas imposed on wards/districts, which leave many of them unemployed. They are not aware of any appeals/grievances procedure for filing their complaints.
15. Given the above, beneficiaries make the following **recommendations**.
 - Wages/benefits under the programme should be increased.

- Those individuals absent from work due to sickness should be paid.
- The number of months an individual can work per year should be increased, as the way things are going, some people are likely to work for only one month in a year.
- Older people should be involved more in the programme as they cannot buy food without participation in the programme, rather than giving priority to young people who are more likely to find other employment opportunities.
- As some of the beneficiaries are sick, it is important to consider the nature of the job they are engaged in – manual work in the sun compounds their health problems.

Record keeping and reporting

16. MLG keeps detailed records of participation in and expenditure on the *Ipelegeng* programme, based on its own budget and disbursement data and on employment returns and related reports that are submitted to it by the local authorities.
17. The high policy profile of the revised *Ipelegeng* programme, and the substantial budgets involved, mean that MLG must report to Cabinet on its implementation.

Monitoring and evaluation

18. In administrative and financial terms, the *Ipelegeng* programme is monitored in detail. These data feed into the record keeping and reporting systems just outlined. Other aspects of the programme and its effects are not monitored systematically: for example, the role of *Ipelegeng* wages within household budgets, the influence of programme participation on livelihood strategies, or the quality and durability of the work undertaken.
19. A number of governmental and academic evaluations were undertaken of the drought relief programmes of the 1970s and 1980s. In recent years, however, the *Ipelegeng* programme has not been evaluated. Indeed, the transformation in 2008 from intermittent drought relief to permanent poverty alleviation was based on a policy decision rather than an evaluation or strategic study.

Gender issues

20. As can be seen from Table 42, women form the bulk of the *Ipelegeng* work force: 73% of the total person years' employment provided in both 2007/08 and 2008/09, and 76% in 2009/10. The gender dimensions of the programme have not been analysed in detail. It would appear that, as in many southern African societies, women are both more available and more willing than men to participate in labour-intensive public works. As women generally devote more of their available income to basic household needs than do men, the fact that they receive almost three quarters of *Ipelegeng* transfers might mean that the programme's livelihood impact is enhanced. However, there is no evidence about women's ability to retain control of these earnings after they have received them. Nor is it known what proportion of female participants in *Ipelegeng* are married or are household heads. Some are dependent household members who may be required to transfer part or all of their earnings to the (male or female) household head, or another more senior person.

Impact on poverty and income distribution

21. It is widely assumed that the previous and current *Ipelegeng* programmes have played an important role in reducing the hardship suffered by the very poor in Botswana society – both as a result of drought and through their general lack of productive resources and viable income generation strategies. However, there have been no studies to quantify that role. While the percentage of the population living below the poverty datum line continued to decline over the NDP 9 period (2003/04 – 2008/09), that may have been due mainly to economic growth and concomitant expansion of employment in the formal and informal sectors.
22. *Ipelegeng* certainly helps to keep very poor Botswana out of deep poverty and malnutrition. However, the new permanent programme has so far retained its character as a supplement to households' other livelihood strategies and income sources. Its effectiveness as a means of alleviating poverty is therefore debatable. A recent newspaper editorial noted the public's lack of interest in signing on for *Ipelegeng*, and blamed the low wages on offer, which are particularly inadequate for urban dwellers.

At individual level, what can P400 a month do for a mother with a family? We hope government would realise that in its current form, the labour intensive public works, or Ipelegeng, is just Namolo Leuba [drought relief] by another name, which has been criticised for so long for not helping much in poverty eradication.

Mmegi, 2010.

23. As a safety net measure, *Ipelegeng* is likely to have negligible impact on income distribution within Botswana.

Impact on development

24. For the reasons just outlined, *Ipelegeng* is unlikely to make a significant contribution to the development of sustainable livelihoods by beneficiaries. It helps participants to maintain a basic minimum standard of living, but it does not enable them to accumulate the resources on which to build more profitable income generation strategies. In a limited number of cases, experience and skills acquired during employment by the programme may be transferred to other employment and economic activity.
25. Although it must be emphasised again that there has been little research or evaluation on which to base firm conclusions, it would appear that, despite its revision, *Ipelegeng* remains a safety net rather than a development programme.
26. However, some of the activities on which *Ipelegeng* participants are employed are drawn from district or national development plans. From this perspective, the programme does contribute to national development.

Institutional roles and relationships

27. The *Ipelegeng* programme is supervised by the Department of Local Government Development Planning in MLG, and implemented by local authorities. A number of other ministries administered some *Ipelegeng* funds (6% of the total allocation) in 2008/09. The Green Scorpions programme for tackling environmental pollution is funded through *Ipelegeng* (3% of the total allocation in 2008/09 and 4% in 2009/10); programme beneficiaries are employed to clear up litter in urban areas.

28. At local authority level, the intermittent nature of *Ipelegeng* as a response to declared drought emergencies meant that it was always staffed by temporary teams recruited for the purpose – although a few permanent Council staff might also be transferred to the programme while it was in operation. This has never been a satisfactory state of affairs, as it meant that many of those administering *Ipelegeng* were inexperienced, and what experience they built up was lost when the programme was closed and they were made redundant. The challenges mounted as the complexity of the public works increased. Many logistical problems have been encountered, and are usually ascribed to managerial shortcomings. Two years after *Ipelegeng* became a continuous operation, it continues to be staffed in this way.
29. MLG is considering a reorganisation of *Ipelegeng* so that it is administered at constituency level. There is a proposal to appoint four staff and two drivers in each of the 57 constituencies. A dedicated *Ipelegeng* department at local authority level is also envisaged.

Beneficiaries, budgets and expenditure

30. The *Ipelegeng* programme absorbs substantial resources from the government budget, as can be seen from Table 43 below. The total allocation in 2007/08 was P297m; in 2008/09, it was P369m, and in 2009/10, P260m. While the programme spent very slightly over budget in the first of these years, it spent only 94% of its budget allocation in 2008/09 and 85% of its allocation in 2009/10.

Table 43. Ipelegeng programme allocations and expenditures, 2007/08 - 2009/10

District or town	2007/08					2008/09						2009/10				
	Total allocation	Expenditure				Total allocation	Expenditure					Total allocation	Expenditure			
		Wages	Materials	Admin-istration	Total		Wages	Materials	Vehicles	Admin-istration	Total		Wages	Materials	Admin-istration	Total
Southern	47,720,000	4,378,685	36,451,860	6,230,110	47,060,655	42,400,000	7,579,054	8,356,233	2,569,038	18,477,981	36,982,306	25,071,334	11,710,036	4,939,701	5,424,783	22,074,520
South East	7,072,000	980,554	5,290,045	801,401	7,072,000	9,000,000	985,471	2,985,605	612,728		4,216,505	5,713,865	2,829,684	1,241,962	952,267	5,023,913
Kweneng	32,910,000	3,549,444	25,985,442	3,684,311	33,219,197	28,000,000	3,919,719	5,814,326	3,564,963	4,839,800	18,138,808	23,285,482	12,380,676	3,837,762	5,278,102	21,496,540
Kgatleng	11,000,000	1,289,047	8,817,857	173,737	10,280,641	10,000,000	1,716,820	3,816,460	0	2,587,445	8,120,725	6,268,025	5,336,924	624,788	1,071,624	7,033,336
Central	92,787,690	15,308,446	63,896,920	11,389,366	90,594,732	67,500,000	21,151,440	34,591,213	4,194,184	9,795,381	69,732,218	70,869,890	32,107,427	21,208,051	7,424,911	60,740,389
North East	18,280,238	2,800,542	13,842,601	557,541	17,200,684	16,000,000	2,617,010	10,195,344	660,309	4,738,519	18,211,182	11,186,069	4,089,948	3,882,262	1,579,564	9,551,774
Ngamiland	38,020,000	7,267,098	26,940,894	10,006,307	44,214,299	25,000,000	11,702,995	3,133,015	2,278,703	10,033,606	27,148,319	23,530,527	10,120,595	3,797,834	4,099,651	18,018,080
Chobe	8,260,000	1,481,372	5,726,548	790,926	7,998,846	9,000,000	1,301,237	2,642,056	0	1,608,700	5,551,993	2,372,959	1,327,577	797,838	685,184	2,810,599
Gantsi	18,960,000	2,862,447	12,882,900	2,857,453	18,602,800	21,000,000	3,676,328	9,469,472	3,703,944	2,908,938	19,758,682	12,038,648	4,144,774	2,280,793	2,167,221	8,592,788
Kgalagadi	22,250,000	4,591,965	13,306,708	3,621,009	21,519,682	18,500,000	2,918,925	5,668,900	3,607,188	4,555,875	16,750,888	16,632,240	3,617,613	1,107,810	2,856,955	7,582,378
Sub-total	297,259,928	44,509,600	213,141,775	40,112,161	297,763,536	246,400,000	57,568,999	86,672,624	21,191,057	59,546,245	224,611,626	194,969,039	87,665,254	43,718,801	31,540,262	162,924,317
Gaborone						9,000,000	16,559,224	1,200,000	0	5,461,621	23,220,845	10,361,420	4,625,593	1,229,728	1,730,194	7,585,515
Francistown						6,000,000	3,352,343	2,090,257	0	1,062,629	6,505,229	7,967,209	3,114,525	1,842,894	410,566	5,367,985
Lobatse						3,500,000	640,453	947,098	0	1,072,693	2,660,244	2,895,952	1,774,823	682,177	783,619	3,240,619
Jwaneng						3,000,000	1,033,010	1,046,694	0	1,042,884	3,122,588	1,940,422	699,640	730,171	305,235	1,735,046
Selebi-Phikwe						4,000,000	1,613,679	815,914	0	799,059	3,228,652	3,904,247	2,533,811	1,090,235	278,025	3,902,071
Sowa						2,500,000	371,589	641,742	0	1,216,449	2,229,780	3,022,514	297,250	611,358	607,576	1,516,184
Sub-total						28,000,000	23,570,298	6,741,705	0	10,655,335	40,967,338	30,091,764	13,045,642	6,186,563	4,115,215	23,347,420
Other ministries						17,580,110	132,000	375,960	0	8,032,040	8,540,000	34,939,197	17,750,000	7,189,197	7,500,000	34,939,197
Green Scorpions						10,000,000	8,294,616	65,000	0	1,140,384	9,500,000					
Sub-total						27,580,110	8,426,616	440,960	0	9,172,424	18,040,000	34,939,197	17,750,000	7,189,197	7,500,000	34,939,197
TOTAL	297,259,928	44,509,600	213,141,775	40,112,161	297,763,536	301,980,110	89,565,913	93,855,289	21,191,057	79,374,004	283,618,964	260,000,000	118,460,896	57,094,561	43,155,477	221,210,934

Table 44. *Ipelegeng*: beneficiaries, budgets and expenditure

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
No. of person years		9,069		14,363	18,085	19,431
Budget (P)				297,259,928	301,980,110	260,000,000
Expenditure (P)		131,062,079		297,763,536	283,618,964	221,210,934
Cost per person year (P)		14,452		20,731	15,683	11,384
Cost per P1 transferred				6.69	3.27	1.85

Source: MLG data.

31. Only part of the total *Ipelegeng* budget is disbursed as wages to programme participants. Wages constituted 15% of total 2007/08 expenditure, but increased to 32% of the 2008/09 expenditure and 54% of total expenditure in 2009/10. MLG records show that 7% of the 2008/09 budget was used to purchase vehicles at local authority level (there were additional purchases at headquarters, which are not shown here). No such vehicle purchases are shown for 2007/08. Should the cost of the materials required in undertaking the labour-intensive work be considered part of the cost of undertaking the social protection transfer that the *Ipelegeng* wage payments represent? The calculations of programme cost per Pula transferred in Table 44, which is drawn from Table 14 on page 57, assume that it should. Many of the materials costs would be incurred if government were undertaking the various tasks through conventional means, using its own employees or contracting the work out to the private sector. But for comparability purposes, and taking into account the uncertain durability of much of the work undertaken by *Ipelegeng*, these two tables base the cost per Pula transferred on the total expenditure of the programme. The calculations appear to suggest that the overhead cost of *Ipelegeng* has fallen sharply over the last three financial years –as can be seen from Table 43, the amount spent on materials in 2009/10 was just over a quarter of that spent in 2007/08. Expenditure on administration in 2009/10 was much the same as that in 2007/08, although it almost doubled during the year in between. The lower overheads in 2009/10 might be explained by a shift in the nature of works undertaken, away from construction projects with their higher materials and vehicle costs, and towards more labour-intensive projects such as grass-cutting.
32. An alternative is simply to base the calculation on the administration costs of *Ipelegeng*. This is difficult because the available reports on programme finances do not show an ‘administration’ cost item. What can be done is to subtract the ‘wages’, ‘materials’ and ‘vehicles’ cost categories in these reports from total expenditure, and assume that the balance was an administration cost. (This is the basis of the ‘administration’ costs shown in Table 43.) That would give a cost per Pula transferred (including the P1 itself, as calculated for the other social protection programmes) of P1.90 in 2007/08, P1.87 in 2008/09 and P1.36 in 2009/10.

SWOT analysis

<p>Strengths</p> <ul style="list-style-type: none"> • Systems and procedures are in place • Makes a small but significant contribution to many livelihoods 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Work done is not always productive • Provides employment and a very basic income but does not help build sustainable livelihoods • Little continuity in staffing at local authority level • Uncertainty in field at present on regulations and procedures for full-time workers transferred from destitutes programme • Lack of evaluation
<p>Opportunities</p> <ul style="list-style-type: none"> • Evaluation of programme and its impact could lead to reappraisal of welfare and development strategies for the poor 	<p>Threats</p> <ul style="list-style-type: none"> • Fiscal sustainability cannot be guaranteed • Poverty of participants transferred from destitutes programme may deepen; <i>lpelegeng</i> meant to offer supplementary income, not full livelihood

Annex 10. Persons met and meetings held during Phase I

In addition to those in Gaborone who are named below, 65 individuals were interviewed at district and community levels. Many were local authority personnel working on social protection programmes. Others included chiefs and officers of central government ministries. Some interviewees at these levels were told that, for confidentiality reasons, their names would not be disclosed. For consistency, this list therefore omits the names and designations of all the individuals who were interviewed in Kgatleng and Ngamiland. Summary details of the focus group discussions held are shown below.

Persons met in Gaborone

M. Betts	Deputy Representative, UNICEF
M. Byram	EC Community Development Project, DSS, MLG
C. Bogale Jaiyeoba	Public Relations Officer, DSS, MLG
L.R. Caceres	Social Policy Specialist, UNICEF
L. Dilampi	Director, DSS, MLG
J. Emmanuel	Chief, Child/Adolescent Protection, UNICEF
D.M. Gaseitsiwe	Deputy Secretary (Socio-Economic Policy), MFDP
P.B. Gross	Social Policy Specialist, UNICEF
N. Kalake	BOCONGO, Gaborone
M.K. Keetile	National Programme Officer, UNFPA
C. Koketso	Head, Food and Poverty Policy Co-ordination Section, MFDP
O.A. Lekgoko	Chief Monitoring and Evaluation Officer, Child Protection Services, DSS, MLG
S. Ludick	Community Health Services Division, Department of Primary Health Care, MLG
G. Makondo	Principal Gender Officer I, Department of Women's Affairs, Ministry of Labour and Home Affairs
O. Makumalo	BOCONGO, Gaborone
L. Masupe	Elderly and Benefits Division, DSS, MLG
A. Mmolawa	Elderly and Benefits Division, DSS, MLG
M. Moatlhodi	Home Economics Division, DSS, MLG
A. Mogwe	Director, Ditshwanelo, Gaborone
K. Moilwe	Local Government Finance and Procurement Unit, MLG
C.M. Mokotedi	Department of Local Government Development Planning, MLG
J.J. Moloi	ISPAAD Programme, MOA
T.T. Motingwa	Co-ordinator: People with Disabilities, Ministry of Presidential Affairs and Public Administration, Office of the President
R. Mukiza	UN Co-ordination Specialist and Non-Resident Agency Focal Point, UN
D. Mulenga	Resident Representative, UNICEF
R. Namutosi-Loeto	M&E Officer, DSS, MLG
P.E. Nguvauva	Principal Social Worker II, Elderly and Benefits Division, DSS, MLG
L. Nthoiyiwa	LIMID Programme, MOA
B. Ntswaneng	BOCONGO, Gaborone
I.M. Otakile	Chief Natural Resources Officer, Department of Environmental Affairs
M. Pego	Logistics and Communication, National Disaster Management Office
M. Perreault	Ditshwanelo, Gaborone
R.M. Radibe	Deputy Director, DSS, MLG
S. Rampha	Principal Development Officer II, RADP, DSS, MLG
S. Ramsay	BCD, Gaborone
E.C.S. Ruhukwa	Children's Rights Programme Co-ordinator, Ditshwanelo, Gaborone

M.K. Sebipe	Head of Information, Research and Public Relations, DSS, MLG
N.N. Sekwati	Director, Tribal Administration, MLG
B. Semommung	Head, Child Protection Division, DSS, MLG
J. Sengabapha	Food Relief Services, MLG
M. Simane	BOCONGO, Gaborone
C. Sharp	Economic Consultancies (Pty.) Ltd., Gaborone
F. Theron	Head, Community Development Division, DSS, MLG
G. Tselakgopo	Home Economics Division, DSS, MLG

Group discussions, Kgatleng

Kgomodiatshaba

VDC

Destitutes programme beneficiaries (6 female, 6 male)

Needy students (7 female, 6 male)

Secondary school fee cost sharing beneficiaries (10 female, 0 male)

Boseja Ward

VDC

Ipelegeng beneficiaries

Old age pension beneficiaries

Orphan care beneficiaries

Destitutes programme beneficiaries (11 female, 1 male)

Needy students (7 female, 3 male)

Secondary school fee cost sharing beneficiaries (12 female, 0 male)

Mmathubudukwane

VDC

Old age pension beneficiaries

Orphan care beneficiaries

Secondary school fee cost sharing beneficiaries (10 female, 0 male)

Group discussions, Ngamiland

Kareng

VDC

RADP hostel children

Destitutes programme beneficiaries (7 female, 4 male)

Needy students (7 female, 4 male)

Bombadi Ward

VDC

Ipelegeng beneficiaries

Old age pension beneficiaries

Orphan care beneficiaries

Destitutes programme beneficiaries (9 female, 1 male)

Secondary school fee cost sharing beneficiaries (10 female, 0 male)

Sehithwa

VDC

Old age pension beneficiaries

Needy students (4 female, 10 male)

Secondary school fee cost sharing beneficiaries (10 female, 0 male)

Primary school feeding beneficiaries (5 female, 6 male)

Maun

Secondary school feeding beneficiaries (5 female, 5 male)

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