

What is RHVP?

The Regional Hunger and Vulnerability Programme (RHVP) supports improvements in policy and programme approaches to hunger and vulnerability in southern Africa with particular emphasis on the role of social protection.

The Frontiers of Social Protection studies

The Frontiers of Social Protection (FoSP) studies aim to ensure that the knowledge from policy analysis on hunger and vulnerability that RHVP provides to policy makers remains relevant and reflects advances on a number of key social protection frontiers. The studies build on the research activities of RHVP's first phase (2005-08), in particular the Regional Evidence Building Agenda (REBA), which involved 20 commissioned case studies of social protection programmes in southern Africa and a series of cross-cutting thematic analyses (these are available at www.wahenga.net).

Like the REBA, the FoSP work is demand-led, focusing on a number of 'hot topics' prioritised by stakeholders across the region and incorporating new evidence that is continually emerging on the practicalities and impacts of delivering large scale social protection. The FoSP studies have been designed and implemented by a core team of international researchers including Frank Ellis (International Development at the University of East Anglia), Stephen Devereux (IDS, University of Sussex) and Katharine Vincent (RHVP), under the overall coordination of Philip White (International Development at the University of East Anglia) and in collaboration with individual researchers and research institutions in Africa and elsewhere.

The Frontiers of Social Protection briefs

This series of briefs has been prepared by Philip White, Frank Ellis, Stephen Devereux and Katharine Vincent. The briefs aim to summarise the main findings of the respective FoSP studies in a concise and accessible format that will be appreciated by policy makers and practitioners concerned with hunger, vulnerability and social protection in the Southern African Development Community (SADC) countries, and that will support RHVP's policy dialogue activities and other dissemination events.

Social protection in Botswana - a model for Africa?

Summary and policy lessons

- One of Africa's poorest countries at Independence in 1966, Botswana has achieved a remarkable economic transformation to upper middle income status and a reputation for sound governance and minimal corruption. Mineral wealth, mainly from diamonds, has been wisely invested in economic and social infrastructure and human resources, resulting in impressive advances against most social indicators.
- Nevertheless, Botswana's new wealth is very unevenly distributed and many citizens are marginalised economically, socially and/or geographically. The poverty headcount, at 30.6% (2003), has been falling but remains high for this income level. Structural poverty and vulnerability are aggravated by periodic drought and an HIV prevalence rate second only to Swaziland's. Women, children and the Basarwa (Bushmen or San) are especially marginalised, and there are particular concerns about social pathologies affecting the youth. While short-term growth has been hit hard by the global downturn, a longer-term question is how reliance on diamond exports, which are set to decline as resources are depleted, can be reduced given the structural disadvantages of a small domestic market, competition from neighbouring South Africa and low agricultural productivity.
- Botswana has a strong and long-standing commitment to state-led social protection. Programming for poor, vulnerable and excluded groups is comprehensive by African standards, while efforts to tackle HIV/AIDS and its impacts have been outstanding. Yet this impressive track record, which provides a model for other African countries, has until now remained under-researched and rarely cited. This Brief is based on a recent assessment and policy analysis of Botswana's social development sector undertaken for the Government's Department of Social Services with UNICEF and RHVP support. It reviews the status, as of mid-2010, of Botswana's social protection policies and programmes within their broader social development context, examines their effectiveness and assesses the challenges they face.

- Botswana is not short of policy in the social development arena. This reflects consultative processes ranging from traditional community gatherings to regional and international policy frameworks including the SADC Code on Social Security and the AU Social Policy Framework. 'Vision 2016', articulating national aspirations fifty years into Independence, promises 'a compassionate, just and caring nation' in which poverty is eradicated, safety nets are in place for the needy and quality social services are available to all. Pathways to these goals are set out in a national poverty reduction strategy and development plans, alongside sectoral policies on rural development, population, gender, youth, health and HIV/AIDS. Specific social protection policies cover destitute persons, needy and vulnerable families, orphans and vulnerable children (OVC), people with disabilities and remote area dwellers. So far, however, there are few constitutional rights to social protection in Botswana.
- Ten main social protection programmes are reviewed in this Brief: community home-based care (CHBC), OVC programmes, primary and secondary school feeding, vulnerable group feeding, the destitutes programme, state old age and war veterans pensions, the remote area dwellers programme (RADP) and labour intensive public works ('Ipelegeng'). Together these reach approximately 900,000 people or half of the total population, although 700,000 of these are beneficiaries of the universal school feeding programmes or vulnerable group feeding. Of the remaining seven programmes, none reaches more than 5% of the population. Key programme attributes are summarised in Table 4.
- A number of cross-cutting issues are examined:
 - The *geographical distribution* of social protection beneficiaries broadly follows that of the overall population (76% rural) and of poverty (91% rural). On average three-quarters of beneficiaries, and nine out of ten beneficiaries of poverty targeted programmes, are in rural areas.
 - *Targeting* mechanisms for seven of the ten programmes involve 'categorical' selection based on demographic characteristics such as age, orphan or health status or location. The remaining three aim to target the poor through proxy means tests (destitutes, RADP) and self-selection (*Ipelegeng*). Overall, programmes are well targeted: they address the poorest and most vulnerable social groups, are well apportioned geographically, and avoid significant inclusion errors. The main concern is under-coverage or exclusion error, especially of *Ipelegeng* which provides insufficient work opportunities.
 - *Beneficiary perceptions* are generally positive, based on their capacity to help avoid destitution, the stigma of poverty or the need to beg. Registration procedures are regarded as fair, and smart cards, where in use, are appreciated. Complaints relate mainly to under-coverage of some programmes (especially *Ipelegeng*), late or poor quality in-kind transfers in others, and insufficient help to build sustainable livelihoods.
 - A major preoccupation of Government is to avoid *dependency* on, and promote 'graduation' from, social protection programmes. Some programmes (e.g. CHBC, school feeding or old age pensions) are for people who are dependent by definition and have no potential to graduate. Others (*Ipelegeng*, destitutes, RADP) carry an expectation that transfers are time-bound, and may involve complementary support for livelihoods. Any such support appears insufficient to enable beneficiaries to graduate. From 2009, transfer of able-bodied destitutes to *Ipelegeng* was initiated to reduce 'dependency on handouts' and encourage labour force participation, but critics argue that this fails to integrate them into the economy. Generating sustainable livelihood activities for social transfer recipients with labour capacity remains a major challenge.
 - *Financing* of Botswana's social protection programmes is almost entirely from domestic government revenues. Cost per beneficiary varies considerably, being highest for CHBC and *Ipelegeng*, raising particular value-for-money concerns in the latter case. Overall, the cost of the ten programmes falls within the range generally considered fiscally affordable.

for national social protection systems. However, future fiscal sustainability will depend on improving cost-effectiveness and maintaining or increasing government revenues despite the projected decline in mineral wealth.

- *Information management, monitoring and evaluation* are major areas of deficiency. Programmes suffer from poor manual record-keeping and incomplete information transfer from sub-national to national levels. Only four of the ten programmes have ever been evaluated, with increasing delay in feeding findings into policy. Elements of an ICT-based management information system – a basic identity card and partial coverage of electronic registry and smart-card delivery systems – are already in place. The potential exists to expand these into an integrated system covering all social transfers and comprising a central single registry, multipurpose biometric smart card, flexible delivery channels and a standardised reporting system.
- The Brief concludes with recommendations concerning a child support grant to address gaps in current provision for children, the expansion of constitutionally guaranteed rights to social protection which are upheld through civil society action, and more effective monitoring and evaluation.

Background

With a population of 1.9 million and a per capita GNI of US\$6240 in 2009, mineral-rich Botswana has been described by the World Bank as 'one of the world's great development success stories', having transformed itself to upper middle income status from being one of Africa's poorest countries at independence in 1966 (World Bank, 2010a, 2010b). Since 1970, only China and South Korea have had a higher per capita income growth (UNDP, 2010). A stable multi-party democracy, albeit with a single dominant party in power since independence, Botswana has been characterised as Africa's clearest example of a 'developmental state'. Consistently rated by Transparency International as the least corrupt state on the continent (TI, 2010), and by the World Economic Forum as one of the most competitive (WEF, 2010), the country has a reputation for sound governance. Mineral wealth has been invested in rapid improvements

in economic and social infrastructure and human resources. In the social sector this is reflected in access to basic social services, primary school attendance, immunization coverage, and access to safe water all exceeding 90%, and achievement of the MDG on gender parity in education with a literacy rate of 83% for both men and women (UNDP, 2010).

Commonly cited explanations for this success include the unusually mild and non-intrusive nature of colonial rule over what the British saw as an arid, resource-poor cattle-rearing country, the survival into independence of traditional participatory decision-making institutions such as the *kgotla* (community council or court), the largely ethnically homogeneous population, the discovery of massive diamond deposits *after* independence, and the exemplary leadership of founding President Sir Seretse Khama – especially in ensuring that mineral revenues accrued mostly to government and were put to wise use (Bauer & Taylor, 2005).

Nevertheless, Botswana's future as a beacon of successful social and economic development in Africa is clouded by some pressing concerns. While most Botswana have benefited from these achievements, the new wealth is very unevenly distributed and many individuals and groups are marginalised – economically, socially and/or geographically. The Gini coefficient of 0.61 is the world's third highest (UNDP, 2010). Poverty remains widespread and mostly structural in nature, deriving from the country's environmental, demographic and economic character and context. The official poverty headcount of 30.6% (2003), though falling, is high for this income level (GOB, 2008a). Poverty and vulnerability are exacerbated by the impacts of periodic drought and HIV and AIDS, Botswana's HIV prevalence rate being second globally only to Swaziland's. By 2004, AIDS had brought about sharp increases in infant and child mortality, and was expected to cut life expectancy to under 35 years, though the estimate for 2010 was a much improved 55 years (UNDP, 2006 & 2010). The pandemic is thought to have increased the share of households below the poverty line by 6%, and depressed per capita household income by 10% – or nearly double this for the poorest households (UNAIDS, 2008).

While 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. Vulnerable sections of the population include the elderly and people with disabilities, orphans and vulnerable children (OVC), people who suffer combinations of health and nutritional threats including HIV and tuberculosis, poor pregnant and lactating women and their infant children, and those who depend on marginal agricultural livelihoods subject to unreliable rainfall and veterinary hazards. More than half of all households are headed by single parents, and more than a quarter of all children aged 10 and over have lost at least one parent.

Various individuals and groups experience social and/or economic marginalisation. While unemployment is high generally, fluctuating between 16 and 32 percent during the last decade (World Bank, 2010a), women are far more likely to be unemployed than men, especially in rural areas. They also have significantly higher HIV prevalence and incidence rates and are more affected by the stigma associated with HIV and AIDS (GOB, 2009a). Despite improvements in recent years, women remain under-represented in politics and decision-making roles in both public and private sectors, accounting for only 12 percent of members of parliament, around a quarter of cabinet membership and a third of civil service decision-making posts (GOB, 2008b). Others are marginalised by their ethnic status, geographic location or both: the Basarwa (Bushmen or San) are the leading example, despite the efforts of the Remote Areas Development Programme over more than three decades. There is concern that marginalisation often leads to social pathologies, and there are particular concerns about the decline of traditional social structures and values and about high poverty, unemployment, crime, teenage pregnancy and HIV prevalence rates among Botswana's youth.

On the economic front, real GDP growth, which had averaged 8.5 percent during the late 1990s, remained buoyant at 6.0 percent during the early 2000s in the face of cumulative impacts of HIV and AIDS, but collapsed to 1.7 percent during 2005-09 with a 6.0 percent shrinkage of the economy in 2009 as the global downturn hit mineral export revenues, forcing suspension of some mining operations. Though a return to over 5 percent growth is projected for 2010-14, longer term prospects hinge on reducing dependence on diamond exports,

which presently account for around 75% of total exports but are set to decline as deposits become exhausted (IMF, 2010; Clausen, 2008). Thus while the needs for social protection show no signs of diminution, the fiscal space for social spending will come under increasing pressure unless efforts to diversify the economy are more successful than they have been in the past.

In many ways Botswana's commitment to social protection, which has its roots in the pre-independence period, is exemplary. Yet its track record in implementing social programmes has until now remained under-researched and is rarely cited in regional or international forums. This brief is based on a recent assessment and policy analysis of Botswana's social development sector undertaken for the Government's Department of Social Services with UNICEF and RHVP support (Turner *et al.*, 2010a; 2010b). It reviews the status of Botswana's social protection policies and programmes as of mid-2010 within their broader social development context, examines their effectiveness, and assesses the challenges they face. It concludes with recommendations relating to gaps in current provision for children, the expansion of constitutionally guaranteed rights to social protection which are upheld through civil society action, and improved monitoring and evaluation (M&E) and information systems.

The policy environment for social development and social protection in Botswana

International policy frameworks

Botswana is signatory to several international policy goals, frameworks and conventions aimed at poverty reduction and social development. The country has embraced the UN **Millennium Development Goals** (MDGs), providing a supportive environment rated by UNDP Botswana as 'strong' for all goals, with the only national target judged as unlikely to be met on time being that 'no person should live below the income poverty datum line by 2016' (UNDP Botswana, 2010). Alongside other global conventions such as those on child rights and discrimination against women, Botswana has been an active participant in two important regional initiatives: the 2007 **SADC Code on Social Security**, which declares

that 'Everyone in SADC has the right to social security' and sets out responsibilities of Member States in providing it, and the 2008 **African Union Social Policy Framework (AU-SPF)** which elaborates the rationale and provides guidelines for establishing coherent national social policy in African countries.

The national policy context for social development and social protection

Although Botswana presently lacks a single national policy for social development or social protection, there is a plethora of policies and strategies that relate to these areas in one way or another, as can be seen from Table 1. At a broad, cross-sectoral level, the importance accorded to social development in the national polity is highlighted in the following:

Table 1: National policies and strategies related to social development in Botswana (status as of mid-2010)

Vision 2016
National Strategy for Poverty Reduction (under revision)
Tenth National Development Plan
Revised National Policy on Rural Development
Strategic Framework for Community Development (in preparation)
National Population Policy
National Policy on Gender and Development
National Youth Policy
National Health Policy
National Strategic Framework for HIV/AIDS
National Policy on HIV/AIDS and Employment
Revised National Policy on Education
National Strategy for Promoting Good Social Values
National Policy on Sport and Recreation
National Policy on Culture
Labour legislation
National Policy on Non-Governmental Organisations
National Policy on Orphans and Vulnerable Children (not yet approved)
National Policy on Needy and Vulnerable Families (not yet approved)
Revised Remote Area Development Programme
National Policy on Disaster Management
National Policy on the Rights of Persons with Disabilities (not yet approved)

Vision 2016, formulated in 1996, provides an overarching statement of national aspirations that should drive social and economic development to 2016. Its seven pillars pledge that, after fifty years of independence, Botswana will be (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. Pillar 3 relates to poverty and social protection in particular, and promises that by 2016:

Income will be distributed equitably. Poverty will have been eradicated, and there will be an efficient social safety net for those who suffer misfortune. All Botswana will have access to good quality health services, sanitation and nutrition. The negative impact of the AIDS epidemic in Botswana will have been halted and reversed. (GOB, 1997:56)

Progress towards Vision 2016 is monitored by a Vision Council comprised of representatives of public, civil society and private sector organizations.

The 2003 **National Strategy for Poverty Reduction (NSPR)**, under review as of mid-2010, outlines strategic pathways for achieving Vision 2016 through broad-based labour-absorbing economic growth; provision of quality social services; promoting cost-effective pro-poor social safety nets; effective response to the AIDS pandemic; and strengthening institutions for care of the poor. A Multi-Sectoral Sub-Committee on Poverty Reduction was established to co-ordinate NSPR implementation and oversee monitoring and evaluation of poverty alleviation programmes.

In support of Vision 2016 and the NSPR, the **Tenth National Development Plan (NDP10)** sets out programmes and projects to be implemented during 2010-16, linked to each of the Vision 2016 pillars. NDP10 goals under Pillar 3 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 these goals include sustainable employment creation (particularly in rural areas), human resources development, social assistance, child protection, social cohesion, community- and area-based schemes, housing construction and delivery, home

ownership, and free antiretrovirals (ARVs) for people living with HIV.

A further raft of policies relates to broad sectors or sections of the population, touching on aspects of poverty, vulnerability and/or marginalisation. A clear exposition of the challenges of bringing development to marginalised rural communities is set out in the 1997 Community-Based Strategy on Rural Development, later incorporated into the 2002 **Revised National Policy on Rural Development** (RDP) which features social protection as one strategic element. A **Revised National Population Policy** was approved in 2010, one objective of which is to “promote the institution of marriage and strengthen the role of the family in providing protection and social support” (GOB, 2010a: 24). A **National Policy on Gender and Development** was in final approval stages in mid-2010, superseding the 1995 Policy on Women in Development and the 1998 National Gender Programme Framework. A **Revised National Youth Policy** was approved in 2010, accompanied by a National Action Plan for Youth; together these aim to address concerns about lack of gainful employment for 12-29 year-olds and their potential marginalisation from society. Under the **National Health Policy** and **Strategic Framework for HIV/AIDS**, a major and generally successful effort is being made to curb HIV prevalence and impacts through information and education aimed especially at younger age groups, broadening access to ART and PMTCT initiatives.

A final group of policies is more specifically concerned with social protection:

- The 2002 **National Policy on Destitute Persons**, a key element of current social protection strategy, provides a framework within which government provides minimum assistance to individuals who lack assets, income and capacity to work. The policy was reviewed in 2008 and is likely to be replaced by 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.
- A draft **National Policy on Orphans and Vulnerable Children** was finalised in 2009, but by mid-2010 was yet to be approved by Cabinet. It will replace the 1999-2001 Short-Term Plan of Action (STPA) on Care of Orphans

that was evaluated in 2006, recommending broadening coverage to all vulnerable children rather than just orphans. The STPA had been intended as a precursor to a longer-term Plan of Action that was never launched. The new policy will be framed by the **Children’s Act** of 2009, which 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...”.

- Botswana has developed policies and strategies for disabilities since the early 1970s. The 1996 **National Policy on Care for People with Disabilities** aims “to combat the incidence of disability and to promote the quality of life for people with disabilities”. A new **National Policy on the Rights of Persons with Disabilities**, which places more emphasis on rights, inclusion and mainstreaming, has been in preparation since 2006.
- A policy document on the **Revised Remote Area Development Programme** (RADP) was published in 2009. This does not have National Policy status, instead presenting the RADP as a ‘strategy for rural development’, with remote area issues to be ‘mainstreamed’ into existing policies such as the RDP, NSPR and National Settlement Policy. It does, however, identify RADP’s focus on a ‘community resilience model’, with the overall goal:

...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, 2009b:6)

The RADP is framed by Botswana’s complex and sensitive national attitude to ethnicity, and especially to the Basarwa. The policy cites 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 defining its target group in terms of remoteness but making special provision for Basarwa even when they live in non-remote settlements.

Clearly, Botswana is not short of policy on social development. Inevitably, there is a degree of overlap and duplication, although policies do not appear significantly to contradict each other. Some are largely shelf-bound, while others, such as that for destitute persons, have visible day-to-day impact. It is notable, however, that although Chapter II of Botswana's constitution provides for the "protection of [the] fundamental rights and freedoms of the individual" and there are rights elements in the Children's Act, labour legislation and the new disabilities policy, social protection cannot presently be construed as a constitutional right in Botswana. This contrasts with South Africa, where the Bill of Rights stipulates citizens' rights to a healthy environment, education, access to adequate housing, and 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).

Botswana's social protection programmes

This section outlines key features of Botswana's ten main state-run social protection programmes, summarised in Table 4. Interestingly, despite the many policies mentioned above, only three of these programmes – OVC, destitute persons and RADP – are supported by formal policy statements, with new policies awaiting approval for the first two of these. The remaining seven programmes operate only with guidelines. Instruments 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.

Community home-based care (CHBC)

With health facilities becoming overwhelmed by the number of AIDS patients needing support, government adopted the CHBC programme in 1995 "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, 2005:8). Patients are normally referred for CHBC by government

doctors or (less often) by social workers, and receive:

- a monthly food basket valued in 2005 at P500¹ (or P1,200 if oral tube feeding is required), means tested as for the destitutes programme (described below);
- transport to medical facilities for checkups;
- relocation to the patient's original home or where family and community care will be more readily available;
- counselling by a social worker, including for household members and community carers;
- rehabilitation, particularly with the use of ART, which may enable the patient to leave the programme;
- burial, in cases where no other support is available to arrange it.

CHBC beneficiary numbers peaked at over 14,000 in 2004/05, thereafter falling to just 3,702 by 2008/09, reflecting the transformation achieved by widespread access to ART, which enables many to 'graduate'. With its wide-ranging support, CHBC does not come cheap, and as numbers fell, annual costs per beneficiary rose to over P14,000 in 2008/09 – the highest of the ten programmes reviewed here. No information is available on the gender of beneficiaries, although it is known that the overwhelming majority of CHBC caregivers are women. The programme is implemented jointly by the Ministry of Health and the Ministry of Local Government (MLG) Department of Social Services (DSS) in collaboration with NGOs and community-based organisations (CBOs).

Though its impacts have yet to be evaluated, the CHBC programme appears to provide critical support to very sick people and their families, forming an effective part of the system for delivering ART and reducing pressure on health facilities. Reported weaknesses include social workers' lack of time for quality counselling, partly due to the burden of administering distribution of food parcels, and lack of local skills for palliative care.

1 Botswana's national currency, the Pula, was equivalent to about 14 US cents during 2009 and 15 US cents during 2010.

Programmes for orphans and vulnerable children

The foremost programmes for children are those for orphans and vulnerable children (OVC). An **orphan** is defined in the STPA 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). A **vulnerable child** is a child under 18 years who lives in an abusive environment, in a poverty-stricken family without access to basic services, in a child-headed household, with a sick parent(s) or guardian, or outside family care, or is infected with HIV². OVC are assessed and registered by social workers in local authority Social and Community Development (S&CD) Departments, vulnerable children being referred to them by local leaders or CBOs. Standard services offered to registered OVC are a monthly food basket, a school uniform, and, based on the child's needs, other clothing, transport fares and psychosocial support.

S&CD Departments also co-ordinate support to an overlapping category of '**needy children**', who are mainly children in the households of registered destitutes. The large majority of needy children who are at school or in vocational training or tertiary education are referred to as '**needy students**' and qualify for school fees and uniform, toiletries, accommodation if required and all other expenses associated with school or college. They remain eligible for this support up to the age of 29 while their studies are ongoing. **RADP needy students**, children under 18 from remote areas who are in education and from households lacking adequate assets and income, receive additional support in the form of meals, accommodation and bedding at school.

In 2009/10 there were just under 46,000 registered orphans (down from over 53,000 in 2005/06), almost 34,000 'needy students' and around 1,000 other 'needy children'. No separate records are kept of 'vulnerable children'. Expenditure on the OVC programme amounted to P5,286 per orphan in 2008/09, while that on needy children is included in the overall destitutes programme³.

The STPA was evaluated in 2006, with broadly positive findings: it had succeeded in getting orphans clearly onto the national agenda, registering virtually all of them and addressing their food and other basic needs. The evaluation highlighted the absence of an effective monitoring and evaluation framework and lack of information on performance, outputs or outcomes apart from registration and referral numbers. A 2008 situation analysis of the OVC programme (GOB, 2008c) confirmed that coverage of eligible orphans was near-complete, although only around half of households with OVC were receiving support⁴, and within those food assistance was often shared with other members.

Feeding programmes

Government feeding programmes have a long history in Botswana, and fall into two categories: school feeding and vulnerable group feeding. Under the **school feeding** programme, meals are provided to all children/students attending government primary and secondary schools, under the management of MLG and Ministry of Education (MOE) respectively. Children at primary schools receive one cooked meal per day at school, or two meals if they are "remote area" children. Boarders at secondary schools receive three meals daily. Meals are prepared in school kitchens using grain that is either ready milled or hand stamped by women employed by local authorities. Primary school menus are based on guidelines drawn up during the 1990s (under WFP partnership) and reviewed in 2001, and are based on sorghum porridge, maize samp, stewed steak, beans, bread and UHT milk. Secondary school menus include, in addition, cabbage or other vegetable and *funa* (orange) drink. In 2009/10, some 262,000 primary and 165,000 secondary school pupils benefited from school feeding at a total cost of P343 million – the most costly but also the most extensive of Botswana's social protection programmes.

The **vulnerable group feeding programme** (VGFP) provides take-home food rations via clinics to all children aged 6-60 months, with ration packages designed separately for 6-18, 19-36 and 37-60 month age groups. Take-home rations

2 In the new OVC policy, vulnerable children are more generally referred to as those 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.

3 For reasons that are unclear, the recorded OVC budget for 2009/10 was only about a fifth of that for 2008/09.

4 This was based on an operational definition of vulnerable children as under-18s 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.

are also distributed through clinics to selected pregnant and nursing women and to tuberculosis outpatients. In the former case, these are women who are anaemic, have children with low weight-for-age, are teenagers (13-18), are nursing twins or triplets, or (if pregnant) are gaining insufficient weight, are in their fifth or subsequent pregnancy or have a history of poor pregnancy outcomes. Rations comprise maize meal, beans and vegetable oil, and *tsabana* sorghum/soya infant formula with vitamin enrichment adjusted to age-group. As of February 2010, VGFP rations were being supplied to some 231,000 beneficiaries, at an annual cost of P216 million.

MLG's Food Relief Services Division and MOE's Department of Secondary Education compile data centrally on procurement and deliveries to schools and health facilities, but capacity to analyse these data is very limited and there have been no recent evaluations of programme impact, so that cost-effectiveness is difficult to judge. Beneficiary interviews and reviews of school feeding (GOB, 2001; GOB, nd.(a); UNICEF & GOB, 2009) suggest that procurement and delivery of, and accounting for, the required foodstuffs for schools and health facilities all over Botswana are major logistical and administrative challenges. Predictable difficulties arise from time to time, such as unavailability of commodities, late deliveries and food quality or storage problems. Nevertheless, children in most schools do receive meals, and health facilities receive and distribute supplies, in a generally timely and efficient manner.

Destitutes programme

Under the 2002 National Policy on Destitute Persons, 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 supported by another programme such as that for orphans or the RADP. Each qualifying adult in a household can be registered as a destitute. Applicants to the programme, or people nominated for it by family or local leaders, are assessed by local authority social workers, who can refer them to a local authority committee for approval.

Registered destitutes are eligible for a monthly food basket providing at least 1,750 calories per day, plus extra rations for dependants, plus a cash allowance which stood at P81 per month in 2010. They are also exempted from payment for public services such as water, electricity, school and medical fees, and are entitled to assistance with basic shelter where necessary. According to field reports, though not mentioned in the policy, they also receive P500 worth of clothing every two years for themselves and each of their dependants. Delivery of the food basket component is usually via selected suppliers at the *kgotla* or (where necessary) directly to beneficiary homes. Since 2009 a transition has been underway towards a smartcard-based ('coupon') system in which retailers can participate, and which can also accommodate the cash component through use of ATMs.

Distinction is made between 'permanent' and 'temporary' destitutes, the latter being victims of accidents or disasters and in principle limited to 6 months on the programme before being reassessed, while for permanent destitutes the interval is two years. While accepting that exit or 'graduation' will not be an option for some beneficiaries, the policy also directs that the programme should include a rehabilitation component which aims to maximise the numbers who can graduate through engagement in crop and livestock production, home gardening, handicrafts etc., and that beneficiaries are expected to take advantage of such opportunities where possible.

In 2009/10 there were almost 41,000 registered destitutes, following a steady rise from around 30,000 in 2005/06. Cost to government, including the 'needy children' component mentioned above, was P214 million in 2008/09, although the budget for 2009/10 appears to have been drastically reduced to P37 million, possibly anticipating the changes outlined below.

The destitutes programme is well established, its systems and regulations are well known and, as beneficiary feedback attests, it has provided a lifeline to many of Botswana's poorest and most vulnerable citizens. It is not without its challenges, however. The 2008 policy review (GOB, 2008d) highlighted a concern that the year-on-year rise in numbers of beneficiaries reflects a deepening and unnecessary dependence on state welfare which is weakening people's capacity for self-reliance,

and a growing tendency – sometimes encouraged by local politicians – to cast the registration net too widely. At the same time, it was recognised that efforts to ‘graduate’ beneficiaries from the programme were proving ineffective.

Accordingly, the new policy on Needy and Vulnerable Families will not only rename the destitutes programme; it will give it a more explicit and central role in the government’s strategy to combat poverty. The programme will be reserved strictly for those who are genuinely unable to work or who are temporarily affected by disasters. Steps have already been taken to assess all current beneficiaries for their ability to work on the *Ipelegeng* labour intensive public works (LIPW) programme (described below) and oblige all those deemed able-bodied to transfer to that programme. One challenge this faces is that of ensuring sufficient LIPW opportunities for those transferred, since *Ipelegeng* is already over-subscribed in many areas and work-places have to be rationed by rotation. Another is the discontent likely to arise because current *Ipelegeng* wages, even on a full-time basis, are lower than the combined value of destitutes’ benefits. Finally, those transferred to *Ipelegeng* will no longer be supported in developing sustainable income-generating activities in the manner envisaged in the 2002 policy.

State old age pension

The state old age pension was introduced in 1996, and is paid monthly to all citizens aged 65 and over with a valid national identity (*Omang*) card who have registered with the DSS via Pension Officers at District Commissioners’ offices. The pension presently stands at P220 per month. Payment is made by bank transfer or in cash, in the latter case at a post office or the community *kgotla* on presentation of a pension order book. Where sickness or disability prevents collection in person, a proxy can be appointed. Where payment is by bank transfer or through a proxy, the recipient must present themselves every three months to complete a life declaration certificate. A local Village Pension Committee is elected to encourage registration and collection and to advise paying officers of any problems in their village, while a district-level Age Assessment Committee deals with eligibility issues. Recipients are not excluded from other benefits, such as destitutes’ or orphan care allowances, or *vice versa*.

Computerised records of pension disbursements compiled centrally by the DSS indicate that payments totalling P337 million were made to 91,446 pensioners in 2009/10, considerably in excess of the budget for that year of P256 million, which is much closer to the P241 million one would expect based on beneficiary numbers and monthly payments. The discrepancy is reportedly due to payment of arrears due to pensioners. No data are available on administration costs of the scheme, so its cost-efficiency cannot be judged. No evaluation of the scheme and its impacts has yet been undertaken.

War Veterans pension

In 1998, the government introduced a pension for veterans of the two World Wars “as a token of appreciation for their effort and sacrifice in contributing towards saving the World from racist domination” (GOB, nd(b): 7). Upon their death, the pension is extended to their spouse(s), or to their children up to age 21 whose parents have both died. The War Veterans pension currently stands at P359 per month, and can be claimed in addition to the state old age pension, via the same payment methods. In 2009/10 there were 2,940 recipients, while recorded disbursements totalled just over P30 million. Disbursements in recent years appear to have been consistently in excess of entitlements based on claimant numbers, for reasons that remain unclear.

Remote area dwellers

The Remote Area Development Programme (RADP) has its origins in the Bushmen Development Programme launched in 1974. Under the 2009 RADP policy mentioned above, programme 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”.

The RADP has a dual geographical and ethnic targeting approach with a complex set of criteria, and has traditionally taken the place of the destitutes programme for the areas and groups among which it operates. Remote area communities are settlements with a population of 250-499, are at least 15 km from the nearest recognised village, have been in existence for at least five years, have a recognised traditional leadership, lack adequate water rights or access to land, and are distant from basic services such as education, health or extension. RADP support to individuals is reserved for members of remote area communities who qualify under the eligibility criteria of the destitutes programme – under which policy they will also qualify for rehabilitation assistance – or who are Basarwa by origin irrespective of place of residence.

An important aspect of 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 (CKGR) where this policy came to be seen as supporting an agenda of clearing Basarwa from ancestral lands to make way for tourism and mining concessions, thus depriving them of their customary hunting and gathering livelihoods (Nthomang, 2004; Bauer & Taylor, 2005).⁵

At a 2008/09 cost of P32 million, the RADP reaches some 43,000 people, concentrated mainly in 64 settlements in seven districts, with Central District taking the largest share. Budget allocations to

these district councils totalled almost P49 million in 2009/10, an approximate doubling over the previous five years. Since the RADP is to be mainstreamed into the efforts of many ministries, there is no special budget provision for it in NDP10, although it will continue under the oversight of MLG. The suspension of dedicated funding for the RADP suggests that, in future, qualifying individuals in remote areas will be supported directly by the destitutes programme. The policy does, however, provide for the continuation of the RADP 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.

With its earlier history of donor support, the RADP has been evaluated several times, most recently in 2003, recommendations taking six years to feed into the 2009 policy. However, recent evaluations focussed more on strategy than impact, and central-level record-keeping remains deficient. As far as can be judged, the programme has contributed substantially to the provision of infrastructure and services in remote areas. Yet despite increasing investment in the Economic Promotion Fund, progress on enhancing economic activity and income generation is limited. This owes much to the particular constraints faced in remote areas, including inaccessibility, negligible local markets, and low levels of education among client communities and many local implementing staff. Remote area dwellers remain among the most socially and economically marginalised sections of Botswana’s population.

Labour-intensive public works (*Ipelegeng*)

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 labour-based drought relief programmes. Following the 1977 national symposium on drought, food-for-work approaches were progressively replaced with cash-for-work as a response to episodes of drought, providing short-term wage employment to those most in need of supplementary income. In 2008 *Ipelegeng* was converted into a permanent poverty alleviation programme, implemented in urban as well as rural areas. It continues to

5 Following their eviction from and resettlement outside the CKGR in 1997 and 2002, sections of the Basarwa won the legal right to return to the Reserve in 2006, and in January 2011 the right also to restore their former borehole there and to sink new ones.

sponsor LIPW, in theory substituting the efforts of programme beneficiaries for the more expensive services of government staff or private sector contractors. Activities include the construction and maintenance of public facilities (such as schools, clinics, *kgotla* shelters and staff housing), desilting of dams and storm-water drains, vegetation control in urban areas and major villages, bush clearing along roads, and litter collection.

Any citizen willing and able to work for the wages offered may apply. Applicants are assessed by Village Development Committees (VDCs) and S&CD officers, with final approval by the Council Secretary. If applicants exceed available places, allocation is on a rotation basis. 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.

According to MLG records, *Ipelegeng* provided 19,431 person-years of employment in 2009/10, at a cost of P221 million or P11,384 per person-year. This represents a fall in expenditure and unit costs since 2007/08, when 14,363 person-years were provided at a cost of almost P300 million, or P20,731 per person-year. Moreover, total programme costs (including wages, materials and administration) per P1.00 of wage transferred appear to have fallen dramatically, from a remarkably high P6.69 to P1.85 over the same period. This mostly reflects

a fall in materials costs from 72 to 26 percent of total costs, which might be explained by a shift in the nature of works undertaken, away from construction projects with their higher non-labour costs, towards more labour-intensive activities such as grass-cutting.

Roughly three-quarters of participants are women, which beneficiaries attribute to their greater willingness to work for the low wages offered and women's need for cash to meet their greater share of the burden of raising a family. Unfortunately, although detailed records are compiled centrally allowing systematic monitoring of financial and administrative aspects of implementation, little is known about the programme's impacts on participant households and their livelihoods, or about the quality and durability of works undertaken.

Issues arising in the current social protection system

Geographical distribution

How are the benefits of Botswana's social protection programmes distributed across the country? The population is still largely rural (76 percent) and poverty is overwhelmingly concentrated in rural areas (91 percent). It follows that well targeted social protection interventions should benefit rural areas disproportionately: on average, at least

Table 2: Geographic distribution of social protection beneficiaries in Botswana^a

Programme	Programme beneficiaries			Coverage of population
	Number	Rural %	Urban %	
Primary school feeding ^b	301,970	84.6%	15.4%	16.6%
State old age pension	91,446	93.5%	6.5%	5.0%
Orphans	48,119	89.4%	10.6%	2.6%
Remote area dwellers	43,070	100.0%	0.0%	2.4%
Destitutes (cash allowance)	40,865	96.4%	3.6%	2.2%
<i>Ipelegeng</i> ^c	19,431	87.4%	12.6%	1.1%
Community home-based care	3,702	87.7%	12.3%	0.2%
National population (2010)	1,822,859	76.4%	23.6%	n/a
Poor population	563,068	91.4%	8.6%	n/a

Source: Compiled from Turner, *et al.* (2010a), Table 8 and Table 9

Notes:

- 2008/09 or 2009/10 depending on most recent data available
- Total eligible beneficiaries as of August 2009. Actual coverage was recorded as 261,513 in 2009/10.
- Beneficiary number refers to person-years of employment.

three-quarters of beneficiaries – and for poverty-targeted programmes, nine out of ten beneficiaries – might be expected to live in rural areas.

For each of the seven main social protection programmes listed in Table 2, over 80 percent of beneficiaries are rural residents, exceeding the national population percentage. Three of these programmes – remote area dwellers (100 percent by definition), destitute allowance and old age pensions – have over 93 percent of beneficiaries in rural areas, above the rural poverty percentage. Within rural and urban areas – i.e. across districts and towns – most programmes are fairly uniformly distributed in line with local population totals. This suggests that social protection benefits are well spread across the country, in line with the distribution of population and fairly consistent with the distribution of poverty, even though some of these programmes (such as school feeding and the old age pension) do not explicitly target the poor.

Targeting

Botswana's extensive range of social protection programmes is targeted at population sub-groups identified mainly by demographic characteristics such as their age, illness or location. Although this means that income poverty is not an explicit targeting criterion in most cases, the presumption is that eligible individuals or communities are more likely to be economically disadvantaged and could also face social vulnerabilities, such as disempowerment which results in their exclusion from access to education and healthcare services. This assumption informs the 'categorical targeting' approach adopted by the orphans, school feeding, CHBC and old age pension programmes. Categorical targeting is broader than poverty targeting because it attempts to redress both economic and social deprivations. However, it has the disadvantage of introducing potentially high inclusion and exclusion errors.

Inclusion error (i.e. extending eligibility to non-poor beneficiaries) is an inefficiency because it wastes public resources. Exclusion error (e.g. limiting eligibility to orphans which excludes all vulnerable children who are not orphans) reduces social protection impact by failing to reach all needy individuals. Governments tend to be preoccupied with minimising inclusion error to contain costs and improve financial efficiency, and in Botswana there is some debate about whether the (currently 'universal') old age pension, orphan care and CHBC

programmes should be means tested (Seleka *et al.*, 2007: 15-16). Given the administrative costs and social discontent often associated with means testing, this option should be pursued only if significant net savings are guaranteed, bearing in mind also that these three programmes currently reach just 5.0%, 2.6% and 0.2% of the population respectively (Table 2), so are already finely targeted.

Three programmes aim to target poor individuals, households or communities. The RADP is geographically targeted but also involves a proxy means test, as does the destitutes allowance. The work requirement combined with low wages offered on *Ipelegeng* act as a self-targeting mechanism, by discouraging people who are already employed or who have sufficient assets and income. The fact that school feeding is provided only to (all) government-run schools also makes it self-targeting to some extent, since it does not reach the mainly wealthier children who attend private schools.

Overall, Botswana's social protection programmes are well targeted in that they address the poorest and most vulnerable groups in society, they are delivered mainly in rural areas where poverty is

Box 1: Positive feedback from beneficiaries of the Destitutes Programme

"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."

"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."

"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."

Source: Interviews conducted by Turner *et al.* (2010a) in Kgatleng and Ngamiland

concentrated, and inclusion errors – reaching ineligible or non-needy beneficiaries – appear to be relatively low. The main concern is under-coverage or exclusion error, especially of *Ipelegeng* which provides insufficient work opportunities.

Beneficiary perspectives

Beneficiary perceptions of Botswana's social protection programmes are generally positive. Social assistance from government keeps the poorest out of destitution and the worst consequences of poverty, and this is appreciated. By targeting socially vulnerable groups such as older persons, vulnerable children and destitute people, social protection reduces marginalisation, stigma and dependence on begging from neighbours (see Box 1). Older recipients report that the pension makes an important contribution to their livelihoods as well as relief from poverty and food insecurity, since a portion can be invested in productive activities such as purchase of livestock or fuel for water pumps, support for vulnerable children, investment in burial societies or saving for contingencies.

Some negative feedback was also reported during fieldwork:

- Registration processes are generally regarded as efficient, transparent and fair, but there are concerns about under-coverage of some programmes. In the case of *Ipelegeng*, there were complaints about the short duration of employment and the rationing of places that was expected to intensify with the transfer of destitutes into the programme, and about priority sometimes being given to friends and relatives of VDC members or to younger adults without families to care for.
- While acknowledging that school feeding has improved their attendance, concentration and performance at school and reduced the likelihood of dropping out or engaging in sex work, many children complain about the poor quality of the meals provided.
- Many people who collect food rations feel that this is demeaning, and some complain about delays, incomplete baskets, or poor quality food. Most would prefer to use smart cards in local shops. On programmes that have issued smart cards or 'coupons', these are appreciated for their flexibility in terms of timing, location and choice of commodities, but retailers are

sometimes accused of exploiting cardholders' unfamiliarity with the system.

- Especially in more remote communities, delivery of food, pensions, school uniforms for orphans and other transfers is sometimes late or erratic. Newly eligible pensioners face registration delays due to their lack of familiarity with the system or failure to follow prescribed procedures for appointing proxies or completing a life declaration certificate, while some having to queue for long periods to receive their cash. Uniforms sometimes arrive so late that students have outgrown them while waiting.
- The complaints and appeals mechanism is recognised as a positive and empowering feature, but many beneficiaries (e.g. pensioners, children) find the process intimidating and are not always satisfied with the outcome (e.g. children who complain about poor quality of school meals are told they should be grateful and have no right to complain).
- The level of benefits transferred by most programmes – including the old age pension and the *Ipelegeng* wage rate – is criticised for being too low, especially if beneficiaries have several dependants to support. A specific complaint is that social transfers and other support provided by government are inadequate to build sustainable livelihoods, start small businesses or find sustainable employment.

Dependency, graduation and links to social and economic development

In common with governments across the world, the Government of Botswana is preoccupied with avoiding 'dependency' and striving for 'graduation' from social protection programmes. 'Dependency' normally refers to beneficiaries choosing to survive on public transfers and losing any incentive to achieve self-reliance, while 'graduation' is usually achieved by providing complementary support to promote self-reliance and allow transfers to be phased out over time (see FoSP Brief #5).

Many social assistance programmes in Botswana – school feeding for children, pensions for older persons, CHBC – are targeted at vulnerable individuals who are 'dependent' by definition, and there is no expectation they they will 'graduate'

Box 2: Challenges of graduating from the Destitutes Programme

"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. I feel discouraged."

"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. 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."

Source: Interviews conducted by Turner *et al.* (2010a) in Kgatleng and Ngamiland

through programme activities. These are permanent social welfare interventions which are found in almost all countries. But other programmes – *Ipelegeng*, destitutes, RADP – are targeted at able-bodied adults who are poor because they lack livelihood resources or opportunities, and for these individuals there is an expectation that transfers will be limited and time-bound.

Although there is evidence from Botswana and elsewhere that recipients of social transfers invest some of these resources in livelihood activities, graduation typically requires additional inputs – productive assets, training, etc. – and some of Botswana's programmes do provide such complementary support. For instance, local S&CD staff are supposed to advise registered destitutes on strategies to earn independent incomes, and Home Economics staff have responsibility for setting up projects and organising training, but the 2008 policy review concluded that these efforts are failing to achieve their targets, partly due to inadequate budgets and lack of relevant expertise among government staff. One fieldwork respondent confirmed that "*The majority of social*

workers feel inadequate to implement rehabilitation programmes because they are not trained in business and entrepreneurial skills."

From 2009, the transfer of able-bodied destitutes to the *Ipelegeng* programme was initiated, partly as an attempt by the government to reduce 'dependency on handouts' and encourage active participation in the labour force. Critics argued that this would substantially reduce the incomes of beneficiaries by replacing their regular transfers with lower paid and erratic public works employment. Moreover, *Ipelegeng* is designed as a relief rather than a developmental programme. As one VDC member commented: "Moving able-bodied destitute persons to *Ipelegeng*, instead of integrating them into the economy, is a sign that the rehabilitation programme has failed."

Generally, therefore, achieving large-scale and sustainable graduation of poor Botswana out of social protection programmes is extremely challenging. At the same time, concerns about 'dependency syndrome' remain high among politicians and sections of the public in Botswana, just as in many developed welfare states. A review of RADP in 2003 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*" (GOB, 2003: xvii). Such concerns need to be seen in their proper perspective: apart from vulnerable group and universal school feeding, none of the programmes reviewed here reaches more than 5 percent of the overall population. Clearly, however, more effort and resources need to be allocated to generating sustainable livelihood activities for social protection beneficiaries who have labour capacity and graduation potential.

Finance and funding

Unlike many other African countries, where development partners are heavily involved in providing financial and technical assistance, social protection programmes in Botswana are funded almost entirely out of domestic government revenues. Table 3 summarises the total expenditure and costs per beneficiary on ten social protection programmes for the most recent available year. The programme with the highest spending is the old age pension, followed by OVC, *Ipelegeng*, vulnerable group feeding and destitutes, followed by primary and secondary school feeding (if combined, school feeding would be the single biggest programme),

with much smaller allocations to CHBC, RADP and war veterans' pensions.

The three feeding programmes have the highest numbers of beneficiaries (almost 700,000 in all, or three-quarters of the total for these ten programmes), while CHBC and war veterans' pensions have less than 4,000 beneficiaries each. The programmes with the highest costs per beneficiary are CHBC and *Ipelegeng*, not surprisingly as both require complementary inputs, not only transfers to registered beneficiaries. International experience confirms that public works are an expensive way of delivering social transfers, the higher costs being justified, not always convincingly, in terms of the assets created and the dignity of working rather than receiving handouts. The three feeding programmes and the RADP have the lowest costs per beneficiary.

Is Botswana's extensive and expensive suite of social protection programmes affordable and fiscally sustainable? Analysis of expenditure data from 2004/05 to 2008/09 reveals that the major social protection programmes listed in Table 3 accounted for 2.7% to 5.2% of government spending and 1.1% to 1.6% of GDP over this period. These figures fall within the range of what is generally considered as fiscally affordable for national social protection systems. However, affordability

in future depends on trajectories in government revenues. Botswana's economy depends on mineral exports, which are projected to decline. This would cause social protection expenditure to rise as a proportion of government spending (unless these programmes are cut), possibly to levels that are fiscally unsustainable. These concerns are driving the renewed impetus behind finding pathways to graduate beneficiaries out of social protection programmes and to integrate them into the national economy.

Information management, monitoring and evaluation

Some of Botswana's social protection programmes suffer from poor manual record-keeping and incomplete communication of information from sub-national to national levels. This has impeded effective evaluation: only four of the ten principal social protection programmes have ever been evaluated, and the time taken to feed these findings into policy has been lengthening.

Nevertheless, three main building blocks of an effective ICT-based management information and monitoring system are already in place:

- The *Omong* card mentioned earlier covers all citizens from age 16, and provides the basis

Table 3: Annual costs of social protection programmes in Botswana, 2008/09-2009/10^a
(Pula)

Programme	Total annual expenditure	Beneficiaries	Cost per beneficiary
State old age pension	337,266,106	91,446	3,688
Orphans and vulnerable children ^b	254,343,657	48,119	5,286
<i>Ipelegeng</i>	221,210,934	19,431	11,384
Vulnerable group feeding	216,072,032	230,985	935
Destitutes	213,964,940	38,237	5,596
Primary school feeding ^c	207,981,510	301,970	689
Secondary school feeding	135,316,756	165,079	820
Community home-based care	52,809,032	3,702	14,265
Remote Area Development Programme	32,166,795	42,597	755
War veterans' pension	30,135,411	2,940	10,250
Total	1,701,267,173	944,506	1,801

Source: Turner *et al.*, 2010a, Table 14

Notes:

- 2008/09 or 2009/10 depending on latest available expenditure data
- Beneficiary number refers only to orphans
- Budgeted rather than actual expenditure, 2009/10

for an **identification system**. At present this is purely visual, with a photograph and some personal details printed on it. Although it has some machine-readable text, it does not store data electronically. However, moves are under way to replace the *Omanq* with a smart card capable of storing unique biometric identifiers as well as information on social protection entitlements and transfers. This may also be extended to include the under-16s, linked to or incorporating an upgraded birth certificate.

- For the destitutes programme and the old age and war veterans pensions, a computerised Social Benefits Payment and Reconciliation System (SOBERS) is in operation, functioning as a prototype **single registry**. This captures data on recipient numbers, age, gender and cash payments by different delivery routes (Pension Officers and other agents of District Commissioners, Botswana Post, and direct bank transfer) at district and sub-district level.
- Recent developments in **electronic delivery systems** include the switch cards in use since April 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 the range of financial services delivered via a chip-based card. These systems make use of the ATM and point-of-sale infrastructure of banks, post offices and retailers throughout the country, and are both popular with beneficiaries and more efficient and reliable.

The potential exists, facilitated by institutional changes that are presently under consideration, to combine these elements into an integrated system covering a wider range of social transfer programmes and comprising a central single registry, multipurpose biometric smart card, flexible delivery channels and a standardised reporting system generating data required for regular monitoring and *ad hoc* reports. This would provide a much improved basis for impact monitoring and periodic evaluations of Botswana's social protection initiatives.

Conclusion: future directions for social protection in Botswana

Mineral revenues and solid governance have underpinned a strong and long-standing commitment to state-led social protection in Botswana. Programming for poor, vulnerable and excluded groups is comprehensive by African standards and Government-led, while efforts to tackle HIV/AIDS and its impacts have been outstanding. With current moves to bring these programmes together within a broader social development framework along AU-SPF lines, Botswana is well placed to provide a model for other African countries, and not just those with substantial mineral endowment.

There are some programming gaps. In particular, many poor and vulnerable children are not being reached with either economic or social assistance. There is ample evidence that poverty is worst among children as well as the elderly, and families raising children suffer more poverty than those who are not (BIDPA, 2009). Children are especially vulnerable to hunger and malnutrition, particularly in their early years when impacts can be lifelong, and to social exclusion, child labour and child prostitution. A child grant which provides a regular monthly cash transfer to primary carers has been shown elsewhere to be effective in combating multiple dimensions of child poverty, especially when linked to complementary child-focused social services. It can also offset the costs to parents or other carers of bringing up children and so can help reduce poverty at the household and family level and bring about positive gender impacts. Like neighbouring South Africa, Botswana could introduce such a grant incrementally, beginning with the pre-school age group. A monthly, index-linked transfer of P100 for all 0-6 year-olds would involve an initial gross cost of roughly P0.4 billion or 0.4% of GDP, falling to 0.3% of GDP by 2020. Part of this would be recovered automatically through taxation.

Another lesson offered by the South African experience is that social protection has maximum reach and impact when it is part of a 'social contract' between government and citizens that is based on constitutionally guaranteed and judicially enforceable rights on the one hand, upheld through vigorous civil society action on the other (Devereux, 2010). This should include rights

to proper grievance and appeals procedures, and encouragement for civil society organisations to use these rights to monitor accountability and engage in public education and advocacy around programme implementation. To ensure proper provision for women and children, it might also include constitutional underpinning for gender and child responsive budgeting of social programmes (Turner *et al.*, 2010b). Similarly, the right to employment could be enshrined by moving from the arbitrary and insufficient provision of public works through *Ipelegeng* to an employment guarantee scheme of the kind offered in India and Bangladesh, where citizens are constitutionally guaranteed a minimum number of days of work per year at a time and location of their choosing.

Promising progress has been made in establishing ICT-based record keeping and delivery systems for some programmes, but further improvements are needed before a nationwide, multi-programme management information and delivery system is established that could provide a basis for effective monitoring and evaluation of social protection initiatives in Botswana. Detailed information on basic implementation parameters, including expenditure records, is deficient at central level for several programmes. Still less is known about programme impacts, and the extent to which initiatives fulfil their objectives and provide good value for money. Given current concerns about the persistence of poverty and marginalisation among several social groups, about family breakdown and the emergence of social pathologies especially among the youth, about welfare dependency and the need to make better use of fiscal space for social programmes, the need for more systematic monitoring and evaluation of social protection is urgent indeed. Linked to this is a need for rationalisation and centralisation of procurement and delivery, and improved accounting systems.

The persistence of poverty and sharp inequalities in Botswana demonstrates that even well-resourced and wide-ranging social protection is not a substitute for pro-poor structural change which diversifies the economy and balances the impact of declining mineral revenues while broadening genuine employment opportunities. Public works programmes have palliative value but do not provide sustainable employment, even if they do help to maintain political support by appearing to make people more self-reliant and less dependent on welfare. Yet Botswana's social protection programmes have undoubtedly insulated people

from extremes of poverty and vulnerability and helped to protect and promote livelihoods and human capital. Set within the context of a broader social development policy framework, they also have the potential to enable poorer people to take advantage of economic opportunities as and when they arise in the years to come.

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Research approach and acknowledgements

This Brief was written by Philip White and Stephen Devereux, and draws largely on a pair of studies (Turner *et al.* 2010a, 2010b) commissioned by the Government of Botswana's Department of Social Services, with the respective objectives of assessing the current status of social development in Botswana and elaborating a social development policy framework for the future. The studies were undertaken by a team of consultants from the Regional Hunger and Vulnerability Programme (RHVP) in partnership with the Botswana Institute for Development Policy Analysis (BIDPA), contracted by UNICEF Botswana. The Brief owes much to the leadership of that team by Stephen Turner, to other RHVP team members Frank Ellis and Nicholas Freeland, and to Tebogo Seleka and Dolly Ntseane on behalf of BIDPA. Thanks are also due to Ruth Radibe, DSS Deputy Director, and Peter Gross, UNICEF-Botswana Social Policy Specialist, who oversaw the two studies from their inception and provided feedback on an initial draft of this Brief.

Table 4: Summary of Botswana's main social protection programmes

	Community home-based care	Orphans	School feeding (primary and secondary)	Vulnerable group feeding	Destitutes	State pensions (Old Age & World War Veterans)	Remote area dwellers	Ipelegeng public works
Target group	Very ill individuals	Under 18s without a biological or adoptive parent	All school age children in government schools	Adults & pre-school children at nutritional risk	Poor & destitute individuals unable to work	All citizens aged 65+; WW Vets. or surviving spouses or children <21	Remote communities; Basarwa individuals	Able-bodied adults needing low-waged employment
Targeting mechanism	Categorical: referral by doctors	Categorical + referral by community representatives	Categorical	Categorical	Proxy means testing + referral by community representatives	Categorical: beneficiary must register with DSS through local authority	Geographical + proxy means testing + categorical + community	Self-selection; in principle available to all, but rotated when over-subscribed
Coverage & no. of beneficiaries	National; 14,130 (2004/05); 3,702 (2008/09)	National; 48,119 registered orphans (2008/09)	National; 261,513 primary; 165,097 secondary (2009/10)	National; 230,985 (2009/10)	National; 38,237 (2008/09), almost all rural	National; 91,446 (OAP), 2,940 (WW Vets) (2009/10)	42,597, mainly in 64 settlements in 7 districts (2008/09)	National; 19,431 person-years (2009/10)
Type of transfer	Food; transport to clinics; counselling; rehabilitation	Food; school fees; uniform etc.; clothing	Food	Food	Food & cash	Cash	Infrastructure development; grants for income generation	Cash
Value & frequency of transfer	Food: up to P500 (P1,200 tube feeding) monthly (2005)	Food: P450-700 monthly; other: variable	Variable; 1 meal daily (RADs 2 meals, boarders 3)	Variable; rations normally monthly	Food P450-700, cash P81 monthly	P220 (OAP), P359 (WW Vets.) monthly	Variable	P18/day (24/day for supervisors); 22-day cycle
GoB annual expenditure	P53m (2008/09)	P254m (2008/09)	Primary schools: P208m; secondary: P135m (2009/10)	P216m	P214m (2008/09)	P337m (OAP), P30m (WW Vets) (2009/10)	P32m (2008/09)	P221m (2009/10)
Expenditure/beneficiary	P14,265 (2008/09)	P5,286 (2008/09)	Secondary: P820 (2009/10)	P935 (2009/10)	P5,596 (2008/09)	P3,688 (OAP) P10,250 (WW Vets) (2009/10)	P755 (2008/09)	P11,384 (2009/10)

Source: Turner et al., 2010a, Tables 6 and 14

1st Floor, 22 Wellington Road, Parktown, 2193, Johannesburg, South Africa.
 Postnet 307, Private Bag X30500 Houghton, Johannesburg, 2041, South Africa
 E-mail: rhvp@rhvp.org Tel: +27 11 642 5211 Fax: +27 86 55 111 52 www.wahenga.net

Further information is available from www.wahenga.net or by contacting rhvp@rhvp.org.
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