



# Social assistance programmes in Botswana: Efficiency and effectiveness

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## Abstract

The paper analyses social assistance programmes in Botswana with particular focus on the efficiency and effectiveness. It commences by considering the state of poverty and the different vulnerabilities evident in Botswana, and examines the role that social assistance programmes have played in responding to these challenges. The paper argues that in the last 20-some years, social assistance programmes in the country metamorphosed into comprehensive regime of measures which have become the envy of many countries in the region, however, some gaps are evident in the system and these have negatively affected efficiency and effectiveness of several social assistance programmes. The paper concludes that although some programmes have been evaluated for cost effectiveness and efficiency, some have not, therefore in the absence of reliable evidence of programme cost effectiveness, policy makers' ability to determine ways of improving the programmes is limited.

**Keywords:** Social Assistance; Botswana; Effectiveness; Efficiency

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## 1. Introduction

At Independence in 1966, Botswana was classified as one of the poorest countries in the world and at the time the country relied heavily on subsistence agriculture, cattle farming and remittances from migrant labourers in South Africa (Ntseane, 2007). With time the situation changed for the better, particularly with the discovery of diamonds in the late 1970s, as minerals began to contribute immensely to the country's revenue. Since then the level of poverty has been declining, although the country is still a long way off from total eradication of poverty. The scourge of poverty continues to stubbornly refuse to disappear, although there have been promising signs of its decline. Between 1985/86 and 1993/94, for instance, the proportion of poor and very poor persons declined to 47%, while a further decline to 23% was recorded in 2009 (GoB/UNDP, 2011). Existing data suggest that a third of the country's population currently survives below the poverty datum line. Linked to poverty are two key concerns, namely the challenge of weak mechanisms for redistribution of wealth, and indeed the bug of unemployment.

With regard to the issue of wealth redistribution, as at 2006, the poorest 20% of the population survived on 4% of the national income, while the richest 20% earned almost 60% of the total income (UNDP, 2006 (Konopo 2006). Turning to unemployment, as at 2010, the figure stood at 17.6% (GoB/UNDP, 2011). While this figure compares favourably when looked at in the context of the situation in the SADC region, the figure remains unacceptably high. Available data show that, across the country, those most affected by poverty have included female-headed households, older people, children and the youth. Geographically, the most affected citizens are those based in rural and remote areas. The high incidence of rural poverty, in particular the high unemployment rate and high degree of inequality have had the effect of exposing the population, especially the rural-based citizens, to numerous vulnerabilities.

This chapter analyses social assistance programmes in Botswana with emphasis on efficiency and effectiveness. The section following this one provides definitions of key concepts that are used in this chapter. Thereafter, existing social assistance schemes are analysed for efficiency and effectiveness, and finally conclusion and recommendations are presented.

## 2. Definitions of key concepts

Three major concepts are worth defining for the purpose of this chapter. These are: social protection, social assistance and vulnerability. Social protection programmes refers to "public interventions oriented to human capital to: (i) help individuals, households and communities better manage risks; and (ii) provide support to the incapacitated poor" (World Bank 1999:3). The overall goal of social protection is to reduce vulnerability to hunger and other forms of extreme deprivation (RHVP, 2008). The interventions occur through provision of welfare support especially to vulnerable groups. These programmes can be divided into three major categories: social assistance programmes; active labour market programmes and social insurance (BIDPA and World Bank, 2013).

Social assistance programmes provide assistance in cash or kind to persons who lack the means to support themselves and their dependants. Such programmes are means tested and funded from government revenues. The main objective of social assistance is to alleviate poverty. Assistance is given to people who have no other income to meet their basic needs of food, clothing and shelter. By law social assistance is the payer of last resort. This means that all other income must be considered when determining eligibility for these programmes (Government of New Brunswick, 2016). Examples of social assistance programs in Botswana are: destitute program; orphan care program; and remote area development program.

Vulnerability relates to the inability to withstand the vicissitudes of a hostile environment, which can be physical, social, emotional or otherwise (Philip, and Rayhan, 2004). The concept relates to the degree of risk of adverse events occurring, and an inability to cope with these. Hence the focus is on risk of exposure to natural or human-made harm, and the (in)ability to cope with the impact of same, once one is exposed. In the context of social protection, the term vulnerability could be taken to mean that “people experience high risk of events that have adverse impacts on their livelihoods and that their ability to deal with risky events when they occur is impaired” (RHVP, 2008: 1). Risky events (shocks) can occur individually (accident illness, death), or community-wide (drought, floods, plant or animal disease). In the context of Botswana, vulnerability has been experienced by citizens individually and community-wide and hence it is imperative to understand the magnitude, causes/types/impacts of vulnerability that ordinary people are exposed to, and indeed to explore what mitigatory measures are in place, and their effect.

In the context of social protection, there is often a link between vulnerability and poverty. Economists, for example, have defined vulnerability as the risk of future poverty. Vulnerability can be viewed as an experience that has two sides: an external side of risks, shocks and stress to which an individual is subject to; and an internal side which is defenceless, meaning a lack of means to cope without damaging loss (Chambers, 1989). Loss can take many forms, including becoming or being physically weaker, economically impoverished, socially dependent, humiliated or psychologically harmed. The question that begs therefore is: to what extent has such programmes been able to reduce vulnerability among the targeted groups?

### 3. Social assistance programmes in Botswana: Efficiency and effectiveness

According to RHVP (2011:7) Botswana has ‘ten main state-run social assistance programmes’. These are: Destitute Persons Programme; Orphan Care Programme; Community Home Based Care; Primary and secondary school feeding programs; vulnerable groups feeding; Remote Area Development Programme; Old Age Pension Scheme; *Ipelegeng*; and WW2 Veterans allowance. BIDPA and WHO (2013) categorises the above programme as social assistance programmes. Only a few of the above programmes have been evaluated for efficiency and effectiveness. One of the limitations that hamper evaluation of social assistance programmes is that most of the programmes do not have comprehensive policies or operational guidelines, while in some cases the guidelines are out-dated. Moreover, the survey results of such evaluations take long time to be published (BIDPA and World Bank, 2013). Therefore, the content of this section will rely on the scanty available information since limited information is available to facilitate a comprehensive assessment

of the programmes. In addition, the target groups and the beneficiary eligibility criteria for some programmes are not clearly defined, while in others, the implementation of established criteria seems to be lax (Ibid).

In the next few paragraphs we consider each of the above social assistance programmes in relation to their efficiency and effectiveness. Efficiency essentially relates to the cost effectiveness of a given programme, while effectiveness relates to the extent to which a programme meets its goals and stated objectives.

### 3.1. Food-related programmes

Programmes that fall under this category are: the orphan care program; the destitute programme; CHBC and feeding programmes for vulnerable groups such as primary and secondary school children and expectant mothers and TB and leprosy patients. As alluded to elsewhere in this chapter, efficiency essentially relates to the cost effectiveness of a given programme. It is worth noting that the operating cost of the programme indicates whether they are cost effective or not. Information about the operating costs of Botswana 's feeding programmes is not readily available, nevertheless data about the operating costs of different types of social assistance programmes from various countries shows that food -related programmes have the highest operating costs (BIDPA and World Bank, 2013).

#### 3.1.1. Orphan care programme

The government of Botswana, upon realisation that the numbers of orphans in the country had increased drastically, in 1999 launched a Short Term Plan of Action for Orphans (STPA) 1999-2001 whose brief was to (i) respond to the immediate needs of orphans (food, clothing, education, shelter, protection and care), (ii) identify the various stakeholders and define their roles and responsibilities in responding to the orphan crisis, (iii) identify mechanisms for supporting community-based responses to the orphan problem, and (iv) develop a framework for guiding the long term programme development for orphans. The programme has universal coverage, with eligibility open to all Botswana children under the age of 18 who do not have parents and lack access to basic necessities of life, including food, clothing, toiletry and shelter (GoB, 1999). Benefits include a food basket, school fees, clothing, other educational costs and psychosocial support.

The STPA was originally intended to run from 1999 to 2001, but the Government was obliged to extend its span to 2003 and later to 2006, at which point it was evaluated. Under the programme, orphans are registered with the Social and Community Development Departments in District Councils, after which they are entitled to receive a food basket and other basic necessities, including school requirements, on a monthly basis. An added benefit is that they are exempted from paying school fees at the school they attend.

The evaluation of the STPA conducted in 2006 showed that the programme had been successful in mainstreaming the theme of orphans onto the national agenda, registering almost all orphans in the country and addressing their needs, particularly the tangible needs. Perhaps most importantly, the evaluation further established that the programme had also strengthened the "ability of caregivers to care for orphans" (CSO/UNICEF, 2005). Moreover, the programme had successfully facilitated orphans' access to primary

education - with 92% of the 10-14 year old orphans being in primary school compared to 93% of non-orphaned children”(CSO/UNICEF 2005). The fact that the programme has had some tangible positive effects on orphans and their caregivers is a welcome development, given this has afforded a safety net to children from either dysfunctional homes or households that have been destroyed because of HIV and AIDS-induced deaths. The downside, however, is that the food basket has caused conflicts in some families, with relatives fighting over the custody of orphans to gain access to the provisions, in the same malicious spirit that often motivates property grabbing, with far reaching repercussions on the children’s overall welfare. There is no published information on the recent estimates of operating costs of the orphan care programme, therefore, the authors’ ability to comment on the cost effectiveness of this programme is limited.

One other challenge that has been noted in relation to the Orphan Care Programme include: the declining numbers of households with orphaned children who received external support twelve months before BIAS was conducted (i.e. in 2012) (Statistics Botswana, NACA and Ministry of Health, 2013). This figure is far much less than the one noted in BAIS III (31%) as well as that noted in BAIS II (34.3%). Research is needed to explore factors associated with the decline in the numbers of households with orphans which utilised the orphan care programme. Other challenges relate to the absence of an effective monitoring and evaluation framework and lack of information on performance outcomes, apart from registration numbers. Case study 1 illustrates some of the vulnerabilities that OVC have to grapple with.

**Case study 1. The case of Lorato<sup>1</sup>:** *Lorato (aged 15) lost her mother a few years ago. She is the eldest and hence has to look after three 3 younger siblings. Following her mother’s death, she and her siblings were sent to different relatives on the premise that it would not make good economic sense for one relative to be burdened with all these orphaned siblings. Lorato stayed with an uncle, while her two younger brothers and sister stayed with various other relatives. Lorato and her siblings were obviously not happy with this arrangement, so they decided to go back and stay in their mother’s homestead (which was being leased out) and fend for themselves. Their only surviving aunt indicated that it would not be proper for the children to stay on their own. She offered to stay with the children at their mother’s plot on condition that ownership of the plot would be transferred to her. Lorato and her siblings objected to this condition and opted to stay on their own.*

*They have been receiving a food basket and other tangible forms of assistance under the OVC programme for some time now, but they have lamented that the assistance provided is not enough. Lorato’s six year old brother spends time with his eight year old friend after school, while Lorato and her 13 year old sister usually arrive home in the evening from school. No-one chastises them. The children therefore lack daily guidance from an adult figure – a scenario that has contributed to early sexual activity on the part of Lorato’s 13 year sister. She risks falling pregnant or contracting HIV, or both. The children have also faced the challenge of frequent threats from an uncle who insists that he is going to transfer their mother’s plot into his own name because (as he puts it) culturally, children are not expected to own property. Consequently the children survive in an environment*

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<sup>1</sup> Not her real name

*characterised by uncertainty. Instead of support, all they receive are constant threats from relatives who should be caring for these children.*

The scenario narrated in Case study 1 shows several vulnerabilities associated with orphan hood in Botswana and perhaps elsewhere in the region as well. The challenges include poverty, property grabbing, separation of siblings which deprives them (siblings) of the necessary support, lack of guidance from an adult figure, and early sexual activity, among others. These vulnerabilities are not unique to Lorato and her siblings; they are experienced by many other orphans (cf. Foster et al., 2006; Emmanuel et al., 2011). However, the extent to which orphaned children endure such experiences is *inter alia*, a function of such factors such as parents' socio-economic status, area of residence, and available support from extended family and other social network members. It is important to mention however, that some children have turned out to be resilient and have thus managed to thrive (on their own) in the face of enormous adversity.

Although the OVC programme is supposed to provide tangible (material) forms of support as well as intangible (psychosocial) types of support (such as counselling), apparently more attention tends to be paid to the provision of tangible support (Maundeni, 2006).. As such OVC's psychosocial needs are often not adequately addressed. Moreover, the tangible assistance provided for under the orphan care programme is not adequate to enable OVC to lead decent lives taking into account the high cost of living. The issue of concern therefore relates to the kind of improvements that could be made to the existing OVC programme to ensure that it adequately caters for the various vulnerabilities that these children experience.

Because OVC face a wide range of vulnerabilities, there is need for a child-sensitive approach to social assistance that is informed by the specific vulnerabilities and risks that these children and their caregivers face. The design of such approaches should be guided by theories such as Bronfenbrenner's ecological model<sup>2</sup> of human development and the rights-based approach. There is also need to sensitize communities (adults in particular) about the needs and rights of children in general including those of OVC. Cultural beliefs and attitudes towards children (e.g. that children should only be seen but not heard, children should not own property, etc.) have to be changed because they violate children's rights.

### *3.1.2. The destitute persons programme*

Across the world, the poor tend to be more vulnerable (than any other groups in society) to health hazards, economic down-turns, natural catastrophes, and even man-made violence. Shocks such as illness, injury and loss of livelihood have profound impacts on such groups and are significant causes of poverty (Philip and Rayhan, 2004). Poverty largely stems from lack of access to resources and income opportunities, however it (poverty) may also be a function of other aspects of social positioning such as geographical location, age, gender, class, ethnicity, community structure, community decision making processes, and political issues (Yodmani, 2001). The situation in Botswana is no different, hence the launch of the Destitute Persons Programme.

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<sup>2</sup> This model is holistic and it focuses among other things on the risks that people are exposed to as well as what could be done to protect people from such risks.

The Destitute Persons Policy aims to alleviate poverty. It targets poor and destitute individuals without assets, people with mental and physical disabilities, minor children without family support and those who are rendered helpless as a result of natural disasters or temporary hardships (GoB, 2002). The programme was meant to serve people who have absolutely no other sources of support, but it also caters for other people in need. It is means-tested and beneficiaries receive a monthly food basket and a cash component. Some may also benefit from shelter, funeral expenses, school fees and psychosocial support. Beneficiaries are categorised as either permanent or temporary destitute, with those categorised as temporary destitute are expected to have graduated from the status of destitution within a period of six months. The permanent destitute may include those individuals living with severe disabilities.

A review of the Destitute Persons programme that was conducted in 2008 showed that the number of destitute persons had however, continued to rise every year – a phenomenon that shows unremitting dependence on state welfare which is affecting people's capacity for self-reliance (GoB, 2008). The programme has thus had limited success in terms of graduating people out of poverty. Some argue it has promoted a dependency syndrome (Gadibolae, 2010). There have also been challenges with effectiveness. For example, a study by the MFDP (1997) found that most respondents within families of more than two people lament that their supplies often ran out within a fortnight.

In Botswana poverty is an issue of major concern, especially in the rural areas in general, in remote areas, and in the south western part of the country in particular (Ntseane, 2007). It has also been observed that there is an element of feminisation of poverty, with women being the more disadvantaged. GoB/UNDP (2010) for instance, pointed out that, as at 2010, an estimated 33.1% of female-headed households were poor compared to 27.4% of those headed by males. According to Gadibolae (2010:38) the Government of Botswana, while acknowledging the existence of poverty, was until the 1970s reluctant to directly intervene in the alleviation of poverty, preferring to shift the responsibility to the traditional structures of social support. Since the late 1970s, however, the Government has assumed full responsibility and in 2009, declared total war on the scourge of poverty by identifying Poverty Eradication as a Flagship programme situated in the Office of the President.

### *3.1.3. Vulnerable groups feeding programmes*

Programmes that provide food transfers for vulnerable groups in the society were designed specifically to address the problem of hunger amongst such populations. One of such programmes is the school feeding program for both primary and secondary school going pupils. The programme aims to increase school enrolment, attendance and retention; reduce hunger and malnutrition; as well as to boost domestic food production (BIDPA, 2013). These school feeding programmes are probably the most costly but also the most extensive social assistance programme in the country (RHVP, 2011). A study conducted by the Partnership for Child Development, African Union and NEPAD Planning and Coordinating Agency in 2014 found that Botswana has successfully implemented school feeding continuously for more than four decades. The findings also showed that most children appreciated the programme and reported that it enhances their concentration levels in class. The programme remains extremely popular with tangible results. In 2012/13,

there were 268, 761 beneficiaries of the primary school feeding program and the cost of the program was P 274 million, including P 233.7 million for the purchase of foodstuffs and P41.1 million that was transferred to the local authorities (BIDPA and World Bank, 2013: 26). During the same year, a total of 161, 929 secondary school students benefited from the program at a cost of P 209.9 million (Ibid). However, the main challenges have included those related to the logistics and administration, occasional unavailability of commodities, late deliveries, and food quality or storage problems (GoB, 2009).

Another feeding programme for vulnerable groups is the programme for children aged 6 to 60 months Vulnerable Groups Feeding Programme; pregnant and lactating women; TB and leprosy patients from poor households. The program is implemented by the Ministry of Health (Government of Botswana, 2008). Information on the number of beneficiaries by type of program is not available (BIDPA and World Bank, 2013). Although the Government provides food rations to these children, there are still pockets of children in the country who suffer from malnutrition. A study that explored threats to maternal and child well-being in two non-riparian and two riparian communities in the east and west of the Okavango River Basin in Ngami land District, Botswana showed that 20% of children in the area had chronic malnutrition (Ngwenya and Nnyepi, 2011).

Apparently, no formal evaluation (for impact) has been done of the other feeding programmes besides the school feeding programme. However, researchers have indicated that effectiveness of Vulnerable Groups Feeding Programme (VGFP) has been hampered by factors such as: the large sizes of some households which results in some children not benefitting adequately from the food rations (Ramolefhe, et al 2011); behavioural factors, such as: a) inappropriate feeding practices - e.g. only 20% of mothers breastfeed even where there are no medical contraindications; b) alcohol and substance abuse related issues, c) high rates of unprotected sex and teenage pregnancies (at 9.7%) (El Halabi, 2014). Cultural factors that oppose immunisations and other health services also impact negatively upon the effectiveness of this programme.

#### *3.1.4. Community Home Based Care (CHBC) programme*

The CHBC programme is one of the programmes that were designed to mitigate the impact of HIV and AIDS. The concept of CHBC involves any form of assistance to a sick person in their home, with family members, friends and members of the local community supported by skilled health care workers, providing this care (Muchiru and Florich, 1999). CHBC is essentially envisaged as a tool for reducing pressure on the health care system of the country. UNAIDS (1999:83) states that, "the family is the most important resource for our clients ... and that home care cannot be neglected".

In the context of Botswana, the goal of this 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" (Government of Botswana, 2005: 8). Beneficiaries of the programme are registered through referral by medical doctors or social workers. The current CHBC package includes: a monthly food basket valued at P 500 or P 1200 in instances of oral tube feeding, transport to medical facilities for check-ups, relocation to the patient's original home or where



family and community care will be more readily available, counselling and psychosocial support, rehabilitation and burial where no other support is available to arrange this.

A number of challenges that hinder the effectiveness of the programme have been noted. These include: the involvement of girls as caregivers; (Kang'ethe, 2009; Mathebula, 2000); the inadequate involvement of males in caregiving (Kang'ethe, 2009; Maundeni, et al. 2009); lack of time by social workers for providing quality counselling (partly due to the burden of administering the distribution of food parcels), and lack of local skills for palliative care. Despite the documented challenges, the "CHBC programme appears to provide critical support to very sick people and their families, forming an effective part of the system for delivering ARTs and reducing pressure on health facilities" (RHVP, 2011: 7).

Candidates for CHBC sometimes have to endure complex challenges, particularly in cases where no caregiver is readily available. The case of Mr Pako aptly illustrates this point.

**Case study 2. The case of Rre Pako<sup>3</sup>:** *Mr Pako (aged 84) is a community home based care (CHBC) client who is suffering from high blood pressure, has sugar diabetes, arthritis and prostate cancer. He stays in Lokgwabe – a rural area some 500km from Gaborone. He is a retired night watchman who accrued no pension during his working life. Upon retiring, he engaged in farming, but only realised poor yields, mainly because of the vicissitudes of the weather. One of his only two adult children is married and stays far away, while the other is unmarried, semi-literate and relies on farming for a living. Mr Pako lost his wife to cancer in 2014, and he has struggled to find a female partner to fill the void. None of the eligible women in his village is willing to become his partner as they view him as a wheelchair-bound, poor old man whose condition would require an enormous amount of care. Recently, he underwent surgery for acute urine retention, and ended up with a catheter which he bitterly complains curtails his independence of movement. He toyed with the idea of further surgery (to be performed by a specialist) but has since shelved this idea upon realising the prohibitive costs that would be involved and also the lengthy waiting period he would have to endure before his turn arrived. Coping with the catheter and especially regular changing of the urine bags do require a helping hand. Although personnel from the CHBC programme do occasionally assist him, their visits are irregular and brief. Not surprisingly, Rre Pako has expressed dissatisfaction with the assistance provided by the CHBC programme. He also laments that he feels very lonely most of the time.*

Case study 2 shows that a single individual can be visited by several vulnerabilities; this is particularly true with older people who may be enrolled on the CHBC programme. The challenges they have to grapple with may include: isolation, high costs of medication<sup>4</sup>, diet and transportation. Some of them also have to grapple with unmet physical, psychological, social and spiritual needs. Some older people risk contracting HIV and AIDS as a result of caregiving responsibilities (Tlou, 1999). Faced with these vulnerabilities, the

<sup>3</sup> Not his real name

<sup>4</sup> Although the Government provides free medical services to older people in the country, at times it takes a quite long time for them to receive appropriate treatment due to various factors. Consequently some older people end up incurring medical costs in private medical facilities.

challenge is how to ensure existing social protection programmes, including CHBC, are responsive to the multifaceted and complex needs of such a population cohort.

### 3.2. Cash related programmes

As alluded to elsewhere in this chapter, Botswana has several cash related programmes. These are: the Universal Old Age Pension Scheme; the War Veterans Pension and Ipelegeng. This section focuses on these programmes with special reference to their effectiveness and efficiency.

#### 3.2.1. Universal old age pension scheme

The Universal Old Age Pension Scheme was introduced through a Cabinet Directive in 1996 to address the plight of vulnerable older persons. Citizens who are aged 65 years or older receive a monthly pension. Beneficiaries receive cash which is disbursed through their bank accounts, at the post offices (MoLG, 2010) or at the community *kgotla*. The benefit, which is in the form of a cash transfer (P 250 per month), can only be enjoyed once an individual gets registered on the strength of a valid national ID (*Omang*) with the Department of Social Protection through the pension officers at the District Commissioner's office. Where an individual is unable to present self at a cash collection point, a proxy can be appointed to perform this task. Apparently, unlike the other schemes in place in Botswana which preclude 'double-dipping', recipients of the Old Age Pension scheme are not excluded from other benefits, such as destitute or orphan care allowances (RHVP, 2011). In regard to efficiency and effectiveness, the authors are not aware of any evaluation of the Old Age Pension scheme since its inception in 1996. Consequently, there is lack of information about the effectiveness of the scheme. In addition, no data are available in respect of the cost-effectiveness of the scheme (RHVP, 2011). However, some researchers have argued that the resources allocated to the OAP might not be as cost effective in relation to poverty alleviation because the pension is universal (both non poor and poor older people benefit). They advocate for a redirection of resources to increase benefits for other programs that target the poor (cf. Grash and Leite, 2009).

#### 3.2.2. War veterans pension

World War II Veterans Allowance is open to veterans of the two world wars, and RHVP (2011:10) cites the government of Botswana as stating that and the scheme was introduced in 1998 "as a token of appreciation for their efforts and sacrifice in contributing towards saving the World from racist domination": The monthly allowance is a universal entitlement which is not means tested. It is payable to the veterans or (upon their demise) to their surviving spouse/s or where both parents have died, to their children providing they are under 21 years of age. This programme is administered by the Commissioner for Social Benefits in the Ministry of Local Government, but unlike the Old Age Pension Scheme, it is implemented under the office of the District Commissioner/Officer in various districts. Beneficiaries receive their allowances through the post office for convenience.

As can be expected, the number of beneficiaries has continued to decline as time has moved on and the beneficiaries have aged and many have died. Department of Social Benefits records, for instance, indicated that the number of WW II beneficiaries had declined from 6,953 in 2003 to 4,033 in 2006 (RHVP, 2011). The decline is likely to be even more pronounced today, nearly 10 years since this figure was released. According to the 2002-03 HIES, coverage has however been quite impressive with over 95% of eligible older persons reportedly benefitting from this programme (Seleka et al, 2007). What is lacking, though, is reliable information regarding efficiency and effectiveness of the programme.

### 3.3. Public works – Ipelegeng

This is a government-sponsored initiative whose main objective is to provide short-term employment support and relief through public works activities in local authorities. The initiative targets unskilled and semi-skilled labour, and can be viewed as a source of supplementary income. Preference is given to individuals registered as temporary destitute or those who were not working previously (Jongman, nda). The programme is a major safety net for the poor unemployed. A majority of people who participate in the programme are women most of whom are poor. Employees work for six hours per day and are paid P 480 plus a meal equivalent to an additional P 100 per month.

Geographic coverage of this social protection initiative has widened over the years due to excess demand (MoLG, 2010). Beneficiaries in the context of this initiative participate in such activities as clearing of fields, carrying out minor construction work, litter collection, maintenance of buildings or secondary roads. Beneficiaries work for cash for stipulated periods of time.

Existing literature shows that almost all social assistance programmes in Botswana (including Ipelegeng) are progressive. This implies that they all contribute to reducing inequity in the country as measured by the Gini coefficient (BIDPA and WHO, 2013). In other words, the initiative provides the poor with an opportunity to earn something, while at the same time contributing towards national development. Despite this positive outcome, some researchers have noted a number of challenges that hinder the effectiveness of the Ipelegeng programme. These include: the huge costs incurred in the context of the programme which compromise its sustainability<sup>5</sup>.); the relatively low wages disbursed which are not commensurate with the standard of living as well as the exclusion of certain cohorts of the population that tend to be among the most hard hit by poverty such as children and older persons (Jongman, nda).

### 3.4. Other transfers

Botswana has several other social assistance programmes that fall under the category of other transfers. One of them is the Remote Area Development Programme (RADP). Due to space limitations, only the RADP will be discussed.

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<sup>5</sup> P580, 590,000 million was used in the programme during 2014/2015 financial year and P 635, 590,000 in the 2015/16 financial year (State of the Nation Address, 2015).

### 3.4.1. Remote Area Development Programme (RADP)

The Remote Area Development Programme (RADP), targets remote communities and their poor and destitute members, mostly those of Basarwa extraction. According to BIDPA (2003) most of the remote area dwellers reside in 64 settlements in seven districts. The benefits of this programme include destitute rations, allowances, old age pension, OVC services as well as services associated with CHBC. Seleka et al (2007) note that through an employment creation scheme called the Economic Promotion Fund (EPF) the remote area dwellers (RADS) have accessed funds for productive and business-oriented activities including game ranching, harvesting and utilization of veldt products and arable agriculture. Additionally, some of them have also been able to engage in income-generating projects, including tanneries, handicrafts, poultry farming and livestock production.

RADP is unique compared to other social assistance programmes because during its initial years of inception, it was funded by both the Government of Botswana and donors, making it one of only a few social protection initiatives that have been evaluated several times. The most recent evaluation of the programme was conducted in 2003; however, the exercise focused more on strategy than on impact. The programme has been hailed for having contributed positively to the provision of infrastructure and services in remote areas, although not much progress has been made in regard to improving economic activity and assisting remote area dwellers to generate income (RHVP, 2011).

## 4. Reflections on Botswana's social assistance programmes

While Botswana has, over the years performed exceptionally well on the economic front, poverty remains an issue of particular concern, and some have blamed weaknesses in the redistribution mechanisms as partly to blame for the anomaly. For instance, RHVP (2011:3) has observed that, "While most Botswana have benefited from these achievements, the new wealth is very unevenly distributed and many individuals and groups are marginalized economically, socially and/or geographically". The government is alive to this challenge, and this is why the Poverty Eradication initiative has been placed in the Office of the President. If anything, this shows seriousness of purpose.

Poverty makes people vulnerable to various shocks such as diseases, early sexual activity, malnutrition and natural disasters, yet people's vulnerability to such shocks (in turn) exacerbate their poverty state and hence their vulnerability to future shocks. In general social protection programmes are concerned with attempts at preventing, managing and overcoming situations that adversely affect people's wellbeing (UNRISD, 2010). As noted earlier, Botswana boasts of several social assistance programmes for vulnerable groups such as children, the elderly and people living with HIV and AIDS. There is some consensus that the country's social assistance system is among the best on the African continent. In corroborating this contention, RHVP (2011:1), for example, stated that Botswana boasts of one of the most comprehensive social protection regimes in the southern African region, adding that, "Programming for poor, vulnerable and excluded groups is comprehensive by African standards..." (RHVP, 2011:1).

Even so, critics have argued that the social assistance system in Botswana still falls short in a number of ways. The main concern is that Botswana still lacks a clear legislative framework to drive (forward) the social protection process in the country (Ntseane and Solo, 2007). RHVP (2011: 20) appears to corroborate this observation when it states that, out of the 10 social protection programmes in Botswana, only 3 are supported by formal policy statements; all the others operate on the basis of guidelines. Thus in Botswana, social assistance is provided by the state through policy guidelines and legislation, and unlike in South Africa for instance, this noble initiative is still not (yet) explicitly embedded in the country's constitution.

Concern has also been expressed to the effect that Botswana's social protection schemes have tended to suffer from lack of coordination, poor implementation, and ineffective utilization of resources and lack of accountability (Ntseane and Solo, 2007). Balise 2014:2 cites a recent study by BIDPA and the World Bank which *inter alia*, concluded that, "While Botswana has many social protection programmes, some of them are rather small relative to the target group they intend to (cover) or to the number of poor people, which limits their effectiveness". The same study reportedly further posited that, "Targeted programmes for the poor such as the Destitute Persons cover less than three per cent of the population. Furthermore, safety net programmes are fragmented (Balise, 2014:2). Moreover, there are 'significant program overlaps resulting from how eligibility is established' (BIDPA and World Bank, 2013; 46). These concerns obviously hamper efficiency and effectiveness of the programmes, and hence they require particular attention.

## 5. Concluding remarks

It is incontrovertible that the various social assistance programmes in Botswana are playing a critical role in alleviating poverty across the country. The Government ought to be commended for its foresight in this regard. It should however be noted that there are several challenges associated with the country's social assistance programmes. Such challenges have far reaching consequences for efficiency and effectiveness. First, there are still pockets of poor people in the country who do not benefit from poverty alleviation programmes. According to BIDPA and World Bank (2013), the destitute persons program covers about one-fourth of the estimated number of absolutely poor people who are 21 years and over. Second, a few of the programmes have not adequately met their goals partly because of factors like resource scarcity, implementation inefficiency at local levels, and perhaps more importantly, because the needs of vulnerable groups have tended to be complex and multifaceted, against a backdrop of limited resources. The complex linkage between vulnerability and poverty necessitates that poverty alleviation strategies take into account factors that make people vulnerable in the first place.

Poverty and vulnerability constitute complex phenomena; therefore, it would be unrealistic to expect to find a one-size-fits-all solution that can adequately address the multifaceted needs and challenges of all of the country's vulnerable groups. The types of vulnerabilities that various people in Botswana who need social protection face and the gaps that prevail in the existing provisions, constitute areas of concern which require particular attention. A close analysis of the rolling out of the social protection system in Botswana seems to suggest that one missing cog is a culture of deliberate efforts aimed at regular monitoring and evaluation of

the social protection programmes, with a view to ensuring both efficiency and effectiveness. Often times evaluations culminate in useful recommendations for improvement, and yet some of the programmes have apparently not been evaluated in many years. Suffice to suggest that where evaluations occur and revisions to existing programmes become necessary, the rebranding ought to be guided by a rights-based approach. This approach compels duty bearers (usually governments) to uphold, protect, and guarantee rights, especially of the most vulnerable and those at risk of exclusion and discrimination (Morna and Walter (2009). It looks at participation, equity and protection as the three fundamental aspects of change. Human rights require that actions - of a legislative, administrative, policy or programme nature - are considered in light of the obligations inherent in human rights. Actions which violate or fail to support the realization of human rights contravene human rights obligations. A rights-based approach thus assumes the creation of an enabling environment in which human rights can be enjoyed. It also promises an environment which can prevent the many conflicts based on poverty, discrimination and exclusion. The utilization of a rights based approach would go a long way in facilitating an environment in which high levels of programme effectiveness and efficiency can be realised.

Third, challenges related to the fragmented nature of social assistance programmes as well as program overlaps have been found to adversely affect some program's efficiency and effectiveness. Such challenges partly stem from the fact some programmes are targeted to individual family members rather than the family as a whole. Consequently, it is argued that an approach that focuses on the family as opposed to individuals is necessary not only to eliminate the overlaps but also to improve efficiency and effectiveness.

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