



# Fifty years of democracy: Botswana's experience in caring for refugees and displaced persons

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## Abstract

Historically Botswana citizens used to flock to South Africa as labourers mostly in the mines. However, since the discovery of diamonds in the 1970s, Botswana became a migrant-receiving country instead. In the 1980s and 1990s, Botswana left its doors open to migrants from Africa and elsewhere. While in the 1980s the migrants hosted by Botswana had been mostly from South Africa, where they were fleeing the excesses of the then apartheid regime, in the years that followed, the vast majority of the migrants were Zimbabweans fleeing economic meltdown and political turmoil. The country has also hosted scores of migrants from other countries, including Angola and Somalia. The migrants who include refugees and asylum seekers, cross-border traders, visitors, tourists as well as both skilled and unskilled job-seekers have, over the years, settled in virtually every corner of the country. The buoyancy of the country's economy has been instrumental in attracting the large numbers of people arriving in the country. A fair proportion of them had varied skills desperately needed for the development of the country. While some of the migrants, upon crossing the border into Botswana take steps to get documented, others remain undocumented. To date, while the country has, on the whole, acquitted itself relatively well in regard to hosting the migrants, some migrants residing in Botswana, have grappled with a number of challenges. The purpose of the paper is to consider how Botswana has fared in regard to hosting migrants, particularly (undocumented) displaced persons, asylum seekers and refugees in the 50 year period since the attainment of Independence in 1966.

**Keywords:** Democracy; Refugees; Africa; Botswana

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## 1. Introduction

Over the years, Botswana has attracted relatively large numbers of forced migrants. Reviewing the situation of these migrants is a tall order given that they constitute a mixed bag - both documented and undocumented, forced and voluntary migrants, short term (e.g. cross border traders) and long term migrants (e.g. asylum seekers and refugees). Botswana is a signatory to a number of International instruments regulating the protection of refugees. These include the 1951 UN Convention Relating to the Status of Refugees and the 1967 Protocol amending this Convention. At the regional level, Botswana acceded to the 1969 African Convention which left the country's doors open to migrants from Africa and elsewhere (Campbell and Oucho, 2003). Additionally, the country promulgated the Refugees (Recognition and Control Act of Botswana) which came into effect on April 5<sup>th</sup> 1968. The law provides for the granting of asylum or refugee status and other aspects pertaining to their protection (Cap.25:03).

In the period following independence, a fair proportion of those that crossed borders into Botswana had varied skills desperately needed for the development of the country. However, an equally large number comprised a mixed bag of forced migrants (i.e. displaced persons, refugees and asylum seekers) i.e. both skilled and unskilled. With time, the migration pattern changed, particularly in respect of the configuration of the nationalities of the forced migrants. While in the 1980s the refugees and asylum seekers hosted by Botswana had been mostly from South Africa, where they were fleeing the excesses of the then apartheid regime, in the years that followed, the vast majority of the migrants turned out to be mostly fleeing the economic meltdown and political turmoil in neighboring Zimbabwe (Lefko-Everet, 2004; Campbell and Oucho, 2003). Forced migrants also came from Angola where they were fleeing fighting between government and rebel forces, while Somalis and others received by the country were fleeing lawlessness and unrest in their own countries. Some of these groups stayed in Botswana, while many others sought to proceed to South Africa and Namibia. In October 2013, about 397 Angolan refugees were assisted by government and UNHCR to voluntarily return home. This paper focuses attention on how the country has fared since independence in regard to hosting forced migrants - displaced persons, asylum seekers and refugees.

## 2. The concept of forced migration

Migration has been envisaged as a natural reaction to cope with adverse conditions, be they political, economic, social or otherwise. Grondin (2004) noted that worldwide one out of every 35 persons is an international migrant, suggesting migration is a phenomenon of immense magnitude. People have moved from one region to another for reasons ranging from economic through social to political or religious (e.g. fear of persecution). On the economic front, people have moved in search of greener pastures i.e. job opportunities. As for the social front, reasons for moving include to join family members, to get married, visiting with friends, etc., while on the political front, people move for such reasons as war, human rights violations and persecution (Chetsanga and Muchenje, 2003). Those who move may fall into the categories of either voluntary or forced migrants. Voluntary migrants make conscious decisions and deliberate efforts to

move in their own determined time table and at their own pace. Hence the move is usually properly planned in most respects.

The situation is different with forced migrants, given that with this category of migrants, movement is often unplanned and unceremonious (Macioni and Plummer, 2005) since these flee their own country for political or economic reasons or to avoid war and oppression. The term forced migrant also includes internally displaced persons (IDPs) who find themselves homeless in their own country, but do not cross borders. The focus of this paper however, is on those migrants who have crossed international borders.

Invariably, forced migrants the world over tend to leave behind most of their possessions, including their person-hood, as they flee their country. Indeed tales of illness, hunger, panic, fear, flight, fatigue, etc. are commonplace in this regard (Refugees, 1989; Mupedziswa, 1993, 2001, 2003, 2008). In Africa in particular, forced migrants tend to face insurmountable challenges both in the course of their flight into exile, and upon arrival in the host country. Apart from security concerns, other challenges typically revolve around questions of access to health, social, political, cultural and economic needs. Grondin (2004) has correctly observed that migrants travel with their culture, religion, traditions, and health beliefs. If these are not recognized or appreciated in the host country, settlement becomes a major challenge. In addition, they struggle to access the basic necessities of life – in particular the social services and as the paper will attempt to show, the situation in Botswana is no different.

### **3. Life and times of forced migrants**

Across the world, forced migrants, particularly those that are undocumented, have to grapple with numerous challenges in the host country. Many of the challenges are precipitated essentially by the limited resources available in most of the countries. This is particularly true in developing countries where resources for basic needs are at a premium. It is logical to assume that accessing social services would be particularly important for forced migrants to cope physically, mentally and otherwise, given their often desperate circumstances. Forced migrants usually arrive in the host country suffering from poor health, malnourished, in desperate need of shelter and even lacking such basic necessities as a change of clothes (Mupedziswa, 2008, 2015). As Grondin (2004) has again noted, as people move, they connect individual and environmental health (and related) factors between one country and another, and the patterns of mobility define the conditions of the journey and their impact on health (and other social services).

Forced migrants tend to be exposed to poor shelter, and an unsafe environment. Access to such basic necessities as portable water is often a struggle; hence they tend to use putrid water, which action in turn has implications for their health status. In the host country, employment opportunities often tend to be completely closed to them; consequently they find themselves having to rely on informal sector activities. In some instances, they will engage in running battles with the law enforcement agents in the host country, whose brief will be to try and stop them from engaging in any form of income generating activity particularly where they are undocumented and without work permits. The resultant lack of income has implications for access to social services, in particular education, health, shelter and social welfare. This also has implications

for the kind of life they will lead in the host country, with some resorting to commercial sex work, petty crimes, and peddling of illicit drugs, etc.

Shelter and sanitary facilities often constitute a subject of major concern for forced migrants the world over. This has implications for their personal security. Upon arrival in the host country, many forced migrants may already be in a debilitated state of poor health from disease, malnutrition and fatigue (McDonald et al., 2000). Often they are heavily traumatized, such that they are obliged to deal with feelings of alienation, social isolation and stress. This may precipitate mental illness or other disorders (Grondin, 2004; Mupedziswa, 1993, 2003). Issues around HIV and AIDS also constitute a matter of great concern. This challenge is particularly poignant in the context of Southern Africa, given that this region is considered the epicentre of the pandemic as the region happens to have the greatest HIV and AIDS burden of all world regions (Mupedziswa, 1993, 2003). Often they will face challenges accessing various medications in particular anti-retroviral (ARV) drugs. Governments of host countries often find it difficult to address needs of forced migrants in respect of HIV and AIDS because of such factors as lack of capacity of the health delivery systems, limited financial resources on the part of the health delivery system, and social aspects (such as fear of stigmatization) on the part of the forced migrants themselves.

Logistics too are sometimes a major barrier, and so is lack of political will on the part of host governments. And yet, it is incontrovertible that forced migrants may carry with them a higher risk of infectious diseases (for instance) such as TB, because of a higher prevalence in a region they would have traveled from (or through), which may impact on public health systems in host communities. Consequently, their plight has to be taken extremely seriously (Grondin, 2004). Initiatives such as information education and communication (IEC), community home based care (CHBC) and prevention of mother to child transmission (PMTCT) programmes hardly ever work properly with such population groups essentially because they are extremely mobile. Thus forced migrants have numerous needs emanating from their difficult circumstances. The next segment considers the challenges that the undocumented forced migrants have had to grapple with in accessing social services in the context of Botswana over the years.

#### **4. Magnitude of migrant population in Botswana**

Unlike in countries like South Africa where the vast majority of displaced persons, asylum seekers and refugees spontaneously settle (or self-settle) mostly in urban areas, in the case of Botswana, essentially two categories of forced migrants have been encountered. One category is that of migrants who own up and are officially registered either as asylum seekers or refugees proper. A good percentage of such forced migrants are based either at Dukwi refugee camp (recognised refugees), or are at the temporary holding place, the Francistown Centre for Illegal Immigrants (FCII) (asylum seekers) where they receive basic provisions from the government of Botswana, UNHCR or other stakeholders. Another category of forced migrants; however is that of those who have spontaneously settled, mostly in the urban areas, and are in the country without proper documentation. Many of those in the latter category (i.e. undocumented) do not neatly fit into the

conventional definition of a refugee, and they have often been referred to as 'illegal migrants', and most of those who fall into this category hail from neighbouring Zimbabwe.

Historically, Botswana played a significant role in hosting refugees from its neighboring countries. As early as 1956, a significant influx of refugees came to Botswana fleeing from unfavorable socio-economic and political conditions in their countries (Parsons, 2008). By the early 1960s, another wave of hundreds of political refugees entered the country mostly from Namibia (Southhall, 1984). Research shows that between 1967 and September 1969, thousands of Angolans fled their country and sought asylum in Botswana (UNHCR, 1980; Parsons, 2008). These were fleeing fighting between government and the rebel forces. By the time Botswana established Dukwi refugee camp in 1978, it is estimated that there were 20,000 refugees and asylum seekers residing at this camp (UNHCR, 1980).

As at 2004, Botswana was hosting over 300 000 mostly undocumented (forced) migrants (Lefko-Everet, 2004; Donnelly, 2004; Chifamba, 2004). By far the largest contingent of these were Zimbabwe nationals, a fair percentage of whom had shunned official border entry points for clandestine crossing points (border jumping) into the country, often without proper documentation. The vast majority of them were therefore undocumented. Official records suggest that by 2011, the country was hosting 3,567 refugees from Algeria, Angola, Burundi, Congo, Eritrea, Ethiopia, Kenya, Namibia, Rwanda, Somalia, South Africa, Sudan, Uganda and Zimbabwe. A majority came from Zimbabwe (1007), Namibia (1006), Somalia (555) and Angola (515) (UNHCR, 2011).

As at 2014, the number of documented refugees and asylum seekers in Botswana stood at approximately 3, 029, and a majority of these were stationed in Dukwi refugee camp (UNHCR, 2014). Scores of asylum seekers and displaced persons are held at the FCII Centre in Francistown at any given time. While the FCII has a capacity of 504 'inmates', apparently in recent times, the Centre has been obliged to hold far larger numbers at any given time. Botswana generally pursues a policy of restriction of movement of asylum seekers (i.e. detention) until granted status, and encampment of documented refugees, although on paper, some may be granted permission to settle outside the refugee camps.

The key players in terms of welfare provision are the Government of Botswana, UNHCR and the Botswana Red Cross Society. However forced migrants who are not documented are generally not catered for since they do not appear on the books of the authorities. Let us consider in some detail, issues around the life and times of forced migrants, with particular focus on challenges they have had to grapple with in Botswana over time.

## **5. Overview of life and times of forced migrants in Botswana**

The next segment highlights some of the lived experiences of migrants and displaced persons in Botswana. Issues to consider include deportations, shelter, employment, health, education, social welfare services and social relations.

## 5.1. Deportations

In the early days of independence, Botswana operated an open door policy which enabled scores of migrants to make their way into the country in large numbers (Campbell and Oucho, 2003). Later, the unprecedented influx of the large numbers of migrants forced the government to change its immigration policy; hence the introduction of tougher border controls and harsher punishment particularly for illegal immigrants (Lefko-Everet, 2004). Like any government, issues of security and order are paramount for the government of Botswana. However, dealing with thousands of undocumented migrants has not been easy. The country resorted to a policy of arresting and deporting the 'undesirable elements'. To this end, apart from intensifying border patrols, combined patrols involving the Police, the Departments of Immigration, Wildlife, the Customs and Botswana Defense Force were also introduced (Lesetedi and Modie-Moroka, 2007). At one point, the government of Botswana apparently even embarked on a project to electrify selected (strategic) border areas that were being used mostly by Zimbabwe nationals to clandestinely enter the country. In recent times, over 36 000 Zimbabwe nationals have been deported each year from Botswana. In 2005 Botswana was deporting 2 500 Zimbabweans every week (Lesetedi and Modie-Moroka, 2007), but many of these would return to the country almost immediately. Today occasional instances of stop-and-search by the police do occur, in efforts to flush out undocumented foreign nationals. There have been a few instances too of police raiding certain premises, including construction sites, in search of undocumented migrants. Those caught are detained and arrangements are made for their deportation in accordance with the law of the land.

## 5.2. Shelter

Upon arrival in Botswana, perhaps a migrant's first main concern is to find some kind of shelter to use as their base. Across the world, human beings are loath to be referred to as being 'of no fixed abode', no matter their circumstances. Mupedziswa (2008:152) has observed, "Of the various social services, the subject of shelter is an emotive one, as it in many ways defines one's quality of life". In Botswana many undocumented migrants tend to live in poor neighbourhoods as tenants, where their landlords hardly ever ask them to produce immigration papers. They may rent a single room in high density residential areas such as Naledi, often as a group, so they can share the burden of rentals. Locals at times exploit the situation and ask for exorbitant charges in rentals, knowing full well that these undocumented people are desperate. Consequently many forced migrants struggle to meet their rental obligations.

In the early years, in response to the growing number of refugees, the Botswana government set up two transit camps; one in Selibe Pikwe and another in Francistown (Willet, 2015). A more permanent facility was established by the Lutheran World Federation at Dukwi in 1978 to cope with massive influx of refugees from South Africa and Zimbabwe. Some refugees who needed accommodation on short term basis out of Dukwi camp were given temporary shelter at Kagisong Centre run by the Quakers group. The center, located in Mogoditshane was described by many who passed through it; as a safe haven and place of peace (Willet, 2015).

Not surprisingly, there is no question of undocumented migrants seeking official accommodation such as council (BHC) housing; the reason being that without proper immigration papers, the authorities would

never entertain such a request. An interview with a government officer based in one low income area of Gaborone (Molale, 2009) revealed that overcrowding among forced migrants was an issue of major concern, with some migrants sharing accommodation, 10 or more persons to a single room. Undoubtedly, sanitation became compromised in such circumstances, as many in these 'crowds' shared facilities meant for much fewer people. Many had virtually no roof over their heads, and apparently some literary lived on the streets of the urban areas of Botswana, exposed to all the dangers associated with such an existence (Molale, 2009).

Many undocumented migrants consequently go to great lengths to raise money to help them secure accommodation of some sort. According to IRNI (2009:2) forced migrants in many situations have tended to engage in risky sex as a survival strategy or they engaged in transactional sexual relations. Thus some engaged in sex for some sort of benefit, like free (or reduced rental) accommodation, being assisted to cross a border, or some such favour. This of course renders them vulnerable to HIV infection, or other STIs, which, unfortunately, they can then easily pass on to the local population.

The shelter situation of forced migrants in Botswana is not very different from that of South Africa, for instance. In a study titled "*Just a roof over my head. Housing and the Somali community in Johannesburg*", Peberdy and Majodina (2000), noted that (as is the case in Botswana), many undocumented migrants in Johannesburg struggled to secure a roof over their heads. Similarly a study of migrants by CASE (2003) showed that 5 per cent of the respondents in Johannesburg did not pay rent, because they lived with relatives or friends, stayed in churches, had occupied empty buildings or simply did not have a place to stay.

As is the case in Botswana, the vast majority of forced migrants in South Africa struggled to raise money for rent. As in the case of Gaborone alluded to above, overcrowding in Johannesburg was said to be an issue of major concern (Peberdy and Majodina, 2000), with 7 per cent of the respondents in the study sample reportedly sharing a room with 10 or more other people. Many in the case of Johannesburg had no roof over their head, exposing themselves to attacks and harassment (Moret et al., 2005). Thus shelter is clearly one social service which migrants, not only in Botswana, but in other countries in the region as well, including South Africa, tend to grapple with.

### 5.3. Access to employment

Once they have secured a roof above their heads, migrants would then begin to look for employment. At times the hunt for shelter happens concurrently with that for a job. Without an income, undocumented migrants cannot access the basic necessities of life. And yet, finding a job in Botswana is simply a tall order given that the country has an unemployment rate of over 17%. The situation in Botswana in this regard is not markedly different from that in South Africa, where forced migrants find it extremely difficult to secure a formal job; although opportunities are better in South Africa than in Botswana. In both Botswana as in South Africa and other countries, the law prohibits undocumented migrants from formal employment. In the case of South Africa, the situation of asylum seekers is slightly different in the sense that they are not allowed to work particularly in the first few months (but may seek for a job later), and yet they are in the meantime expected to pay for such services as health care, shelter, etc.

The prohibition in Botswana appears to be essentially all encompassing, with the government policy requiring that asylum seekers be kept at the Francistown Centre for Illegal Immigrants (FCII) before either being transferred to Dukwi camp (if their application for refugee status is successful) or deported (if their application is unsuccessful) (Lesetedi and Modie-Moroka, 2007). What is perhaps of some concern is that conditions in FCII reportedly leave much to be desired (Porter, 2012; Willet, 2015). Challenges at the detention centre have included overcrowding mainly due to a high preponderance of over-stayers, and mentally disturbed aliens (Masisi, 2009).

Unlike in Botswana, South African legislation allows forced migrants who are seeking asylum to live in the country relatively freely while their status is being considered. They are not routinely detained or summarily deported, as appears to be the case in other countries, including in Botswana. However, it is worth noting that the situation in South Africa should not be romanticized as it is fraught with faults and contradictions. For instance, while in theory these migrants may not be detained or deported, the reality (in South Africa) is sometimes different. Illegal deportations are said to occasionally occur. Many institutions in South Africa will not entertain forced migrants (e.g. in regard to education for the children), particularly in cases where immigration documents have not (yet) been regularised. Instances of 'rendition' and '*refoulement*' have been widely reported in South Africa.

According to the US Department of State (2013), at Dukwi refugee camp, in Botswana documented forced migrants are permitted to work outside the camp under certain circumstances. However, this contention contradicts that of UNHCR (2006), which observed that in Botswana there was little prospect of asylum seekers and refugees to be integrated locally, work, or move freely in the country. The situation is of course even more daunting in the context of undocumented migrants. Without a work permit their prospects for formal employment are virtually zero (Porter, 2012).

In Botswana, like elsewhere, the circumstances of forced migrants awaiting status determination are much less encouraging than of migrants who have been granted (refugee) status, as the situation of the former will often remain exceedingly desperate until such time that they have been granted status or they have been deported. In the case of South Africa, apparently this has been the case since the adoption of the Refugees Act of 1998, and the introduction of what is termed the Section 22 asylum seekers' permit (CASE, 2001). In the case of Botswana, the regulations appear to be even more stringent given that those granted status are moved from the Francistown detention centre to Dukwi refugee camp. Employment opportunities in the vicinity of the camp are extremely limited (Kgosiemang and Raditau, 2009; Porter, 2012). Before being granted status, asylum seekers in Botswana are as noted earlier, detained mostly at the Francistown centre. Those kept in the detention centre also include undocumented migrants facing deportation to their country of origin. Obviously there are no opportunities to earn an income inside a detention camp (Lesetedi and Modie-Moroka, 2007).

The prohibition to work imposed on undocumented migrants in Botswana perhaps highlights the added importance of availing them access to free health and related services. Otherwise it is inconceivable how else the undocumented migrants would be expected to sustain themselves. Due to limited resources, the government understandably cannot afford to provide these people with free social services. In some



countries Non- Governmental Organizations (NGOs) and Faith Based Organizations (FBOs) would be roped in. For Botswana since the country attained middle income status, the number of relief-oriented NGOs have been considerably reduced.

In regard to those migrants granted asylum, the new status on its own will not necessarily guarantee that they will secure employment. To get a job even at the cattle post, one needs a passport that can be used to apply for a work permit. Normally job opportunities have to be advertised in the press in order for a work permit to be processed. Yet, many of the migrants falling into this category do not have valid travel documents; hence not surprisingly they tend to lose out in this regard.

Lack of employment opportunities exposes the undocumented migrants to poverty. In the study done by Modie-Moroka and Tshimanga (2009), forced migrants in Botswana scored high on the 'living difficulties scale'. Thus, on a scale of 0 – 84, the migrants' scores ranged from 0 – 79, with a mean score of 38.3, suggesting a considerable level of difficulty. Ditshwanelo (2005:2) observed that, "*Poverty is also a key issue as many refugees have only limited access to formal sector employment in Botswana. When employed, they are often paid minimal wages and are vulnerable to exploitation.*" Undocumented migrants based in Botswana are often content to do menial labour irrespective of their academic and professional qualifications and skills. As Lesetedi and Modie-Moroka (2007) have noted, while some undocumented migrants have marketable skills, they come to Botswana in the hope of getting decent jobs, and end up being hired in jobs which are shunned by Botswana.

Many undocumented migrants are short-changed in the process by their local (informal) employers who tend to take advantage of their vulnerability. Some work but never get paid at the end, for their trouble. One respondent in the study by Lesetedi and Modie-Moroka (2007) is said to have remarked, "*The bad experience is that they (Botswana) don't want to pay for work done. Botswana are not sympathetic. They won't give one food for free, they also don't want to pay for the work you have done for them.*" (p15). Undocumented migrants in Botswana, as those elsewhere, have to grapple with such challenges because they are a powerless lot as they lack social, political and economic 'clout' (Timngum, 2001). The fact that undocumented migrants have to pay for social services such as health care clearly makes their situation even more untenable. They desperately need access to employment, to be able to access the various social services. They are in a catch-22 situation; without immigration documents, they cannot access decent jobs, and without decent jobs they cannot access social services. The way forward would be for them to regularize their stay, but justifying their stay in Botswana would of course be a tall order, particularly given that many of them apparently fled economic rather than political upheavals in their home country. Undocumented Zimbabwe migrants are a case in point.

#### 5.4. Access to health

Of the various social services, perhaps the one with the greatest impact in the lives of forced migrants is health. In Botswana, the situation as regards documented (forced) migrants tends to be better than that of undocumented migrants. At Dukwi refugee camp, the Ministry of Health provides primary health care services to the migrants. There is a camp-based clinic providing a variety of primary care that includes

reproductive health, services for sexually transmitted diseases, HIV services including prevention, voluntary counselling and testing; treatment of opportunistic infections and family planning (UNHCR, 2010). The clinic based in the camp caters for a variety of ailments as well.

Undocumented (forced) migrants, however, tend to be (socially) excluded in regard to health care. For instance, to obtain medical attention from government health care institutions such as a hospital in Botswana, foreigners (whatever their status) pay slightly more than locals. And yet many of these foreigners, especially undocumented migrants, survive on odd jobs, usually those shunned by locals, or with no jobs at all. What this suggests is that many of them either forego treatment or delay as much as possible their visits to a health post for treatment because of lack of money. They cannot visit a health facility without money for fear of being ridiculed by the health personnel. In some cases, by the time the migrants seek medical help, their condition would have deteriorated (Lesetedi and Modie-Moroka, 2007), often putting their lives in grave danger. Unlike the locals, undocumented migrants do not enjoy free access at government health institutions, to antiretroviral (ARVs) drugs, nor do they receive attention in the area of (free) PMTCT, and related health issues.

Apparently, this also applies to foreign prisoners. However, in February 2014, The Botswana Network of Ethics, Law and HIV/AIDS (BONELA) represented two HIV positive foreign prisoners to challenge the decision by the government to deny foreign prisoners' access to ARVs. In his ruling on the 26<sup>th</sup> August 2015, the Court of Appeal President Kirby held that the government's policy of refusing to provide ARV treatment to HIV positive foreign prisoners violated the Prison Act, the Common law, the prisoners' constitutional rights to life, freedom from inhuman and degrading treatment and to equality (Ditshwanelo, 2015). The Appeals Court ordered government to comply by providing HIV positive prisoners with free testing, assessment and ARV treatment. This landmark case might open opportunities for other undocumented migrants.

According to Ontebetse (2016) there has also been another controversy involving repatriation of some Namibian 'political refugees' who were based in Botswana. Ontebetse states that, "Court records have revealed how the Botswana government forced and threatened 924 Namibian political refugees into signing up for voluntary repatriation" (p1). The explanation was that there had apparently been a tripartite agreement signed by three parties that included the United Nations High Commissioner for Refugees (UNHCR), Namibia and the government of Botswana, and that the latter had failed to honour its end of the agreement. Since this was a case before the courts of law, the veracity of the claims could not be ascertained. The issue though is that this constituted another controversy in which the government was fingered.

While unemployment translates into lack of an income, it should be noted that lack of money is only one of several barriers which undocumented migrants face that make it difficult for them to access social services such as healthcare. Some barriers appear to be 'self-induced'; though; for example, some undocumented migrants give health facilities a wide berth for fear of being apprehended by the police in the course of seeking assistance at a health post (Lesetedi and Modie-Moroka, 2007). Others, as noted, delay hospital visits because they dread xenophobia and/or prejudice.

Interestingly, this fear of prejudice is not restricted to undocumented migrants alone. Apparently even documented migrants with refugee status sometimes hesitate to seek medical attention in hospitals and clinics in Botswana for fear of 'rough treatment' by health personnel. In a study conducted in Dukwi refugee camp by Kgosiemang and Raditau (2009:31), a respondent had this to say: "*Even now, I am not taking the baby to the clinic because I am scared. The (health) card of the baby (once) became wet due to rain; they (clinic staff) then shouted at me and threw my child's card away and said you Zimbabweans don't care about yourselves ... I fear they will shout at me (again) and label us as Zimbabweans; they should at least shout at me, not all Zimbabweans*". The above observation was corroborated by findings from the study by Lesetedi and Modie-Moroka (2007) which established that even those who were in Botswana legally (who participated in their study), also expressed reluctance to access public health services as they felt intimidated by health workers, which untenable situation, it turned out, was in some instances exacerbated by the language barrier.

Language is about communication. Davidson et al. (2004) note that communication issues between forced migrants and service providers remains one of the most critical challenges to accessing appropriate health care. Language, as a medium of communication, has been identified as a major barrier among forced migrants as this makes it difficult for the migrants to communicate their needs and wishes (Mupedziswa, 2008). Communication as a barrier is more problematic in relation to access to health than with regard to other social services, given that patients have to adequately explain their ailments for health personnel to respond appropriately. The study conducted by CASE (2001) in South Africa revealed that language did constitute one of the key barriers to accessing health care, and health providers tended to get impatient in the event of unclear communication, resulting in them not giving their undivided attention to the particular patients. The situation in Botswana is not very different in this regard.

Research conducted in the context of the FMSP Johannesburg Research Project (2003) in South Africa revealed that a good proportion of forced migrants in Johannesburg came from Francophone and Lusophone countries, as opposed to Anglophone countries, which meant most of them could not proficiently converse in English, one of the official languages in South Africa. Consequently health workers in that country have effectively often been prevented from responding appropriately to the health needs of such groups given that in South Africa they (health delivery personnel) conduct business essentially in English (although Afrikaans and several vernacular languages also feature) (Nkosi, 2004). Most South Africans do not understand French nor Portuguese, making communication with migrants from countries which use those languages a nightmare. The majority of the undocumented migrants in Botswana are from Zimbabwe and they speak either Shona or Ndebele, both languages of which are alien to the locals.

Another challenge associated with language relates to issues around language interpreters. In the case of Botswana, business relating to health issues is ordinarily conducted in Setswana (although English too does feature) and many forced migrants have complained that no interpreters were made available at health posts, making it difficult for the average migrant to communicate the nature of their ailment to health personnel. In the Dukwi camp study by Kgosiemang and Raditau (2009:31) alluded to above, a Somali refugee woman reportedly remarked thus, "*Language is difficult because we are always chased away to go and find someone who will interpret for us, especially us Somalis. Imagine when you are badly sick my dear you can die before you find the interpreter*". In similar vein, another migrant reportedly remarked thus, "*I can't understand the nurse*".

*because I can't speak Setswana and I know only a little English. I always see them (nurses) writing when I use signs to show them where I feel the pain; who knows, maybe they give me wrong medicine. I have never met an interpreter there."*

These concerns regarding lack of access to interpreters, were denied by the authorities at the camp who insisted that interpreters were always made available where needed (Kgosiemang and Raditau, 2009) The comments by forced migrants in Botswana very much echo those made in the context of South Africa, suggesting this might be a widespread problem in the region. A forced migrant of Angolan descent who was interviewed in Johannesburg had this to say: *"At the hospital they see you very late. You have to wait and the doctors ignore you. Even if you are almost dying they just leave you. They ask you to come back two months later, even if you don't feel well. They just speak their language. They give you problems because you don't speak English"* (CASE, 2003:144). Hence, the concerns about unavailability of interpreters appear genuine in both countries, and constitute an issue that may need particular attention.

A complicating factor in respect of interpreters is that even where they (interpreters) are provided, some of them allegedly tend to disregard the principle of confidentiality. This means that some migrants become reluctant to enlist the services of an interpreter for fear that their ailments may become public knowledge. In some situations, the interpreters have reportedly not been very competent, meaning foreigners have risked receiving the wrong medicines, after health personnel were unwittingly led astray by the interpreters. The experiences narrated above very much echo those of forced migrants elsewhere, including in South Africa (Mupedziswa, 2008). This suggests access to health is a major challenge among (especially undocumented) forced migrants in the region and elsewhere, and challenges such as lack of money to pay, prejudice, lack of competent interpreters, etc., exacerbate the situation. Also of particular concern is the existence of the insidious cancer of corruption, which has reared its ugly head even in the health sector. In South Africa, both the police and Home Affairs officers have been accused of bribery. In Botswana's case problems in this regard are still not that acute, given that Botswana is classified as one of the least corrupt countries in Africa (RHVP, 2011) and this is a major plus for the country.

## 5.5. Access to education

While children of documented migrants have access to different types of education institutions across the country, those of undocumented migrants tend to face access challenges. The issue of access to education on the part of undocumented migrants can be viewed from two angles – education for the individual migrant, and education for the children of the migrants. While the perception is that a vast majority of the undocumented migrants that flock into Botswana are adults who cross the borders on their own, and are past school going age, the fact of the matter is a fairly good number of them are children below 18 years of age who may or may not be in the company of adults. These young people in many cases yearn to continue with their education, should opportunities be available in the host country. Ordinarily many children aged below 18 years should still be pursuing their education in their home country. The fact that they have been uprooted and obliged to cross borders suggests that in many cases they would have been forced by

circumstances to abruptly abandon their schooling, hence at least some of them might prefer to resume their schooling in the host country where possible.

The study of migrants in Botswana by Lesetedi and Modie-Moroka (2007) for example, recorded the lowest age of migrant respondents as being 17 years. Modie-Moroka and Tshimanga's (2009), study also recorded the lowest age of migrants interviewed in Botswana as 17 years, again suggesting that children are an integral part of the population of undocumented migrants. Some parents cross borders with their children or upon arrival make plans to have their children smuggled into the host country to join them. Whatever these children's circumstances which precipitated their crossing the border, upon their arrival in the host country, their parents may yearn to see their children pursue an education. Yet this opportunity is often closed or not easily accessible to such children.

In Botswana, both primary and secondary education is free for the local population, though not compulsory. The official explanation for not making education in the country compulsory is apparently that the state does not have the capacity nor resources to enforce compulsory education. Another consideration (in not making education compulsory) apparently relates to the problem of lack of adequate teachers and books to cater for all school-going children in the country. A government official was quoted as saying that nevertheless every child was allowed to go to school regardless of family financial situation (Committee on Rights of Child, 2004). However, the phrase "every child" did not necessarily include children of undocumented migrants. As long as migrants remain undocumented, then access to education for their children was out of the question.

In terms of Botswana government policy, documented refugees in camps are entitled to free education. The status of asylum seekers, however is often rather tenuous, hence the government position is apparently that they cannot be expected to commit their children in school until such time that they can regularize their stay. Access to education by undocumented migrants is therefore tricky. According to a senior Botswana government official, refugees in Botswana are catered for by UNHCR and are located in areas where health and education facilities are provided free of charge. In Dukwi refugee camp for instance, refugees were provided free access to education (US Department of State, 2009). However, those documented migrants who are outside these areas have no automatic access to free education. Undocumented migrants clearly have no access at all to education in the country. For their children to be eligible, undocumented migrants would have to seek asylum and then gain refugee status, and possibly be moved to Dukwi refugee camp with their children in the first instance.

Thus, children of undocumented migrants suffer for the sins of their parents in the sense that with their parents having no proper status documents, they (the children) are excluded from accessing education. The same applies with undocumented adults: if they are not able to produce documents attesting to their (legal) status in the country then they too can forget about enrolling at an adult education institution in the country. While no hard data are available in this regard, it would be probably be fair to surmise that there are potentially scores who fall into this category among the hundreds of undocumented migrants who have settled in the country over the years some of whom may yearn to continue with their education. This clearly shows that access to education is a major challenge particularly for undocumented migrants in Botswana.

The situation regarding of access to education on the part of undocumented migrants in Botswana is not very different from that obtaining in South Africa. With particular reference to South Africa, Mupedziswa (2008:153) observed thus, "Education too has been difficult to access both for forced migrants themselves and their children". A study conducted in Johannesburg by Peberdy and Majodina (2000) showed that many forced migrants (even documented ones) had to struggle against enormous odds to get an education. The study by CASE (2003) too established that up to 26% of primary school age children (of forced migrants) were not going to school. Reasons given for failure to go to school included that some schools in South Africa did not accept asylum seeker permits. Those without asylum seeker permits did not even dare try. There were also reports of forced migrant children in South Africa being ridiculed by local children at times, forcing them to abandon school (Mupedziswa, 2008). Those without papers never even bothered to try to send their children to school. Thus for undocumented migrants in Botswana, like those in South Africa and elsewhere in the region, access to education tends to be out of reach unless they can find dubious means of beating the system, like for instance obtaining fake identity documents.

#### 5.6. Access to social welfare services

Forced migrants in Botswana as elsewhere, have virtually no access to social welfare services, including the safety nets rolled out by the government to mitigate the impact of poverty among vulnerable groups, including orphaned children, older people, people with disabilities, the indigent and the destitute, to ensure they lead relatively decent lives (Makhema, 2009; Ntseane and Solo, 2007). Consistent with the vision 2016 pillar of a caring nation, the government has over the years put in place a fairly robust social protection regime, which is the envy of many countries in the region (RHVP, 2011). Forced migrants, let alone those who are undocumented, virtually have no access to such programmes. Migrant children, no matter how desperate, cannot access such programmes as the orphans and vulnerable children (OVC) food basket for example; neither can they access other destitute children welfare benefits. Benefits offered under the Destitute Policy for example, enable both children and adult Botswana who are destitute to receive assistance such as food and school uniforms or qualify to be exempted from paying for certain services such as medical care. This facility is open only to citizens, hence cannot be accessed by migrants. Government position is that due to limited resources, it cannot afford to extend this service to non-citizens, let alone undocumented ones.

The situation in Botswana in this regard again is not very different to that in South Africa where forced migrants have no access to the social grants, and related social benefits (Mupedziswa, 2008). Undocumented migrants are totally excluded. A study done in Johannesburg for instance, established that, forced migrants found it impossible to access social welfare services. Many often went without meals, and lacked other basic necessities of life such as a simple change of clothing (Mupedziswa, 2008), but hardly had any relief at all. In the study by CASE (2003), 44 per cent of the respondents in the Johannesburg study could only afford one meal per day-often of poor quality. At least in the case of Johannesburg, some non-state actors were active, and 14% of respondents in the study by CASE (2003) reported getting food from non-governmental organizations (NGOs). These reported accessing certain services like a hot soup bowl per day, but delivery

often remained erratic. In Botswana's case, NGOs such as the Red Cross Society have tended to focus attention essentially on the welfare of documented migrants (i.e. refugees) to the exclusion of undocumented migrants (Kgosiemang and Raditau, 2009:31). Thus clearly undocumented migrants tend to live in desperate conditions, where they struggle to acquire the next meal, or to secure a roof over their heads. Social welfare services tend to be beyond their reach. While the documented fair rather better, certain restrictions imposed by the authorities make their lives less palatable.

### 5.7. Social relations

Unlike in South Africa, where xenophobic attacks of migrants have been rampant, in Botswana, the locals have generally peacefully co-existed with the forced migrants from across Africa. Many Batswana illegally employ undocumented migrants as house maids, herd 'boys' at cattle posts, etc. and such gestures have helped in terms of cultivation of better social relations between locals and forced migrants. This is not to suggest xenophobia is totally absent in the country. On the contrary, research has established that in Botswana xenophobic feelings, though subtle do transcend local communities, cut across gender, education, economic status and age (Lesetedi and Modie-Moroka, 2007; Morapedi, 2003), suggesting that these feelings may be deeply entrenched. It is noteworthy that some Batswana have been accused of a tendency to paint every foreigner with the same brush, irrespective of whether or not the individual possesses proper immigration papers, and are in the country legally. Incidentally, similar accusations have surfaced in the context of South Africa, where again documented migrants had at times tended to suffer the same fate as the undocumented (Mupedziswa, 2008). In both countries, many ordinary people tend to be uninformed about the different categories of migrants resident within their borders. This has at times promoted unbridled social exclusion.

Interestingly, as is the norm across Africa, whites tend to be spared the hatred meted out against fellow black Africans. In various African countries, reasons for xenophobia have included dissatisfaction with life circumstances, fear of unemployment, insecurity about the future, and low confidence in the way public authorities and political establishments work in each country (Shindondola, 2003). In Lesotho, for example, foreigners were loathed because it was believed they brought in and increased crime, including money laundering and drug trafficking (Lesetedi and Modie-Moroka, 2007). This is consistent with the mood observed in the case of in South Africa, where the popular refrain in the local press was the accusation that migrants brought about into the country disease, including the dreaded HIV and AIDS, in addition to crime, and allegations of 'stealing jobs' from South Africans. With regard to crime, what the popular press South Africa conveniently failed to appreciate was that, research has in fact established that far from being perpetrators, migrants in that country were disproportionately the victims of crime, made worse by inadequate redress in law and lack of protection by the South African Police Service (McDonald et al., 2000). Botswana may wish to take an object lesson from this piece of empirical evidence.

Within the region, several other examples of resentment of foreigners have been documented. In Lusaka, for example, the Evangelical Fellowship of Zambia and the Zambia Episcopal Conference, in commemorating World Refugee Day 20 June 2005, issued a statement indicating there was ample evidence to the effect that

forced migrants were being made to feel increasingly unwelcome in Zambia. The statement further noted that there had been a disturbing rise in verbal abuse, harassment, arbitrary detention and physical violence suffered by migrants in Zambia. Similar stories have emerged from other countries in the region, and Botswana is no exception. In the context of Botswana, migrants have equally been accused of taking jobs, stealing wives, and spreading HIV and AIDS (Daily News, 17/12/2003), in some cases creating tensions in the process.

Even so, notwithstanding the narrative on Dukwi camp alluded to elsewhere in this paper, the situation in Botswana is clearly not as bad as that of South Africa, where foreigners have faced numerous problems, in particular physical violence which includes 'necklacing' (i.e. burning someone alive). It is also intriguing that in South Africa forced migrants have even faced problems in terms of accessing health facilities. In a study conducted by Amisi (2003) in Durban, for instance, forced migrants from the DR Congo reported that they were often refused help at public facilities apparently because they did not speak fluent Zulu. One respondent explained that at times they would be first asked why they came to South Africa and when they planned to go back home, before being asked about their health status, the symptoms they are presenting with, etc. The pattern in the region appears to be that xenophobia and prejudice are more widespread in countries whose economies are relatively stable. In these countries, Botswana included, the feeling appeared to be that 'foreigners come to disturb the peace'. However, as noted earlier, in Botswana xenophobia is rather subtle, and in some instances completely invisible, if not totally absent.

## **6. Conclusion**

Over the years Botswana has welcomed forced migrants and displaced persons from various countries, but mostly from neighbouring countries, in particular Zimbabwe. In the early days following independence, the government pursued an open door policy, but this was later revised following an unprecedented influx of migrants, particularly from across the border. The migrants, most of whom are undocumented, have faced enormous difficulties especially in respect of accessing social services. Reasons for this include logistical problems associated with dealing with undocumented persons, lack of resources on the part of host government, and at times lack of political will. Given the country's relatively narrow revenue base (RHVP, 2011), Botswana has struggled to meet the basic needs of a fair proportion of its own people (who continue to wallow in the quagmire of poverty) , and hence the country can do without the additional burden of having to cater for thousands of extra mouths, the majority of whom are in the country without valid immigration papers. Unemployment levels among the locals are high, poverty is endemic, and coupled with that is the burden of HIV and AIDS which has ravaged the country over several years.

And yet morally and otherwise Botswana is still obliged to assist all those within its borders (irrespective of the circumstances that brought them into the country). The OAU Convention of 1969 urges state parties to play their part in regard to assisting those that seek refuge within their borders. However, regional bodies like SADC ought to assist in situations where a member state is overwhelmed with undocumented migrants. Burden sharing ought to be embraced as the watch word. In fact, the presence of large numbers of forced



migrants in a country like Botswana which has a relatively small population (of 2.1 million), if handled properly and with some imagination, could easily be turned from a curse into a boon. Lingering fears to the effect that the country might become flooded with migrants, triggering a negative impact on the economy, might then be allayed. The diverse skills possessed by many forced migrants could be put to good use, and this could contribute towards the national development effort.

It is important for the relevant authorities to appreciate that addressing the basic needs of the undocumented migrants, particularly health, welfare and shelter needs, translates into healthier locals, as this helps reduce the spread of communicable and related diseases. Indeed failure to address these basic needs of migrants might result in unhealthy migrants spreading disease to locals, or even these migrants turning to crime in a desperate effort to eke out a living. Deporting them might also not be the answer either as most of them will always clandestinely return, thanks to corruption at different levels. Harassment, prejudice, xenophobia – in short, social exclusion – ought to be discouraged as this will only harden attitudes on both sides, creating an environment that is pregnant with resentment, thus hardly conducive at all for national development. Inclusive measures are therefore clearly indicated and preferred in this regard. Social inclusion, not exclusion, is a recipe for political and socioeconomic stability within the region – a recipe for regional integration and development.

Once stability has been realized in the region, the number of undocumented migrants flocking into countries like Botswana from other countries (such as Zimbabwe), would certainly decrease substantially as the regional economies would begin to stabilize and pick up, and the governments begin to place greater emphasis on economic development and creation of jobs for their people.

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