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Welfare Regime, Social Protection and Poverty Reduction

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Introduction

This paper discusses the role of social welfare regime in reducing poverty in Botswana. It begins by examining the evolution of social protection from pre-colonial era to the present day Botswana. The paper demonstrates that social protection schemes have always been part and parcel of Botswana economic and social structure. The analysis further unravels the relationship between a country's social policy, development strategy and poverty. Here, a review is made of national strategies and policies that are aimed at eradicating poverty. To throw light on the role of social protection and poverty reduction the paper provides a comprehensive description of social protection schemes currently implemented in the country. Social provisions that enhance entry, exit and retention of labor force such as the Workman's Compensation, Maternity Benefits and Health Insurance Scheme are also discussed. The developmental role of these schemes is briefly highlighted. The paper then describes succinctly how these programs contribute to poverty alleviation and management of idiosyncratic and covariate shocks and risks. The paper further demonstrates whether the welfare regime leans towards universalism or targeting. An analysis is then made using the Household Income Expenditure Survey (HIES) on whether all the poor are targeted by social protection schemes.

Finally, the paper interrogates the extent to which social security schemes reduce poverty. To answer this question, a simple analytic framework is adopted using the HIES data. In conclusion, the paper examines trends in the welfare regime. Here, a number of international and regional instruments are reviewed with a specific focus to understand the extent to which these have influenced reforms in the welfare regime. Some recommendations are put forward for the improvement of social protection schemes.

Within the context of this analysis, social protection is contextualized as referring to "public and private, or mixed and private measures designed to protect the individual against life cycle crises that curtail their capacity to meet their needs"¹. Social protection encompasses social allowance, social assistance, social security and social insurance schemes. The objective of these provisions is to enhance human welfare.

Evolution of Social Protection in Botswana

Prior to independence in 1966, Botswana relied on traditional support systems to address issues of poverty and destitution. The extended family system was seen as a social security regime when individuals went through life cycle crisis. The family provided a window of support during hard times and children were seen as a social safety net when parents became sick, disabled or old. The society during this time was guided by the principles of solidarity and reciprocity. The principle of solidarity emphasized a sense of unity, and shared responsibility towards other

¹ See SADC CODE on Social Security 2007 page 1

family members. Hence members within the family felt obligated to support each other in times of need. On the other hand, generalized reciprocity was exercised whereby each member of the family or kinship provided assistance without expecting anything in return.

At independence in 1966, the government acknowledged that solutions to social problems could still be found within the framework of customary law and traditional support systems². However, the devastating drought of the mid sixties necessitated government to intervene as people could no longer rely on subsistence economy. Invariably, with assistance from of the World Food Programme, the first formal social security program was launched to counteract the effects of drought in 1965. Vulnerable groups such as lactating mothers, pregnant women, pre-school children, and children aged 6-10, TB patients, malnourished children and primary children were the primary beneficiaries of this drought relief program. The rest of the community benefited from this program through what was called “food for work” (Ipelegeng). People were provided with food in return for work on community projects such as destumping of lands, building of teachers’ quarters, school classrooms and small dams, repair and construction of rural roads³. In addition to this, the national strategy for development focused on improving medical facilities, housing, education, water supply and creation of new industries.⁴

By the third National Development Plan (1970-1975), government articulated clearly the need to promote social protection through the principles of social justice and equality of opportunity⁵. Secondly, for the first time the national planning principles of democracy, development, self reliance and unity were pronounced.⁶ Key goals for this plan period were⁷:

- To secure the fastest possible rate of economic growth in a manner designed to raise the living standard of the great mass of the inhabitants of Botswana
- To maximize the number of new job opportunities
- To promote equitable distribution of income, in particular, by reducing income differentials between urban and the rural sectors through rural development.

In an effort to translate these key goals into action, the government continued to strengthen the community development department by employing more staff under the Food for Work and other feeding programmes. By 1970, over 2,000 projects had been undertaken involving 46,000 workers out of a population of 648,000⁸. In addition, a Home Economics Unit was established to organize, train and actively involve women to address challenges of drought, poverty and unemployment.

² See Bechuanaland Protectorate Development Plan 1963-1968 pages 24.

³ See Transitional Plan for Social and Economic Development 1966-1969

⁴ Bechuanaland Protectorate Development Plan 1963-1968

⁵ See National Development Plan 1970-1975

⁶ These four principles have continues to guide the national planning process to date

⁷ See National Development Plan 1970-1975 page iii

⁸ See Ibid

Attention was also directed at the out of school unemployed youth who by this time were growing in number. Two specific youth programmes were initiated namely the formation of brigades aimed at skill training as well as the creation of youth clubs such as Scout and Girl Guides movement for character building.

Following these initiatives, the government launched the Bushmen Training and Settlement Project which was originally initiated by the Dutch Reform Church at D'Kar. The aim of this programme was to prepare Basarwa children for more positive and productive roles in society⁹. In 1975, government changed the name of this programme to Basarwa Development Programme with a specific focus to afford Basarwa opportunity to benefit from national economic development. Following the 1974/75 Rural Incomes Distribution Survey, it was found that severe poverty and deprivation affected many people residing in remote settlements other than Basarwa. The Basarwa Development Programme was further renamed Remote Area Development Programme (RADP)¹⁰. The new beneficiaries of this programme were all poor and marginalized communities located in the remote areas of Botswana.

During the national plan period 1973-1981, the Social Welfare Unit was established within the Department of Community Development to address emerging social problems. It had become clear that due to urbanization and other social change factors, the traditional family was slowly getting weakened. There was also evidence of the general decline in the traditional social safety nets as well as community responsibility. Majority of people were migrating from rural villages to settle in towns leaving the elderly alone. Similarly, squatter areas were also mushrooming in urban areas breeding serious problems such as crime, juvenile delinquents and general destitution.

In response to this crisis, government introduced the Labour Intensive Public Works Programme (LIPWP) in 1978 in partnership with the International Labour Organization and the International Bank of Reconstruction and Development. This programme promoted labour intensive methods to construct rural roads and related infrastructure. Poor members in the community were enrolled into this program and were paid for participating in the activities. Further, a National Destitute Policy was formulated in 1980 to specifically provide minimum assistance to destitute persons particularly the elderly.

In 1985, Botswana was hit by yet another crisis worse than drought. The first HIV/AIDS related case was detected. Within a very short period of time, the country experienced rapid spread of the disease. As early as 1992, up to 700 cases were reported¹¹. To date, the overall HIV prevalence rate in the general population

⁹ See Republic of Botswana/Ministry of Local Government. Review of Remote Area Development Programme 2003

¹⁰ See Ibid page 11

¹¹ See National Development 8 1997/98- 2002/3

aged 18 months and older is estimated to be 17.1%¹². Overall, the impact of HIV/AIDS has had devastating socio-economic effects on the nation as a whole. At the family level, a lot of children have become orphans. Current figures show that over 41,000 children are now officially registered as orphans¹³. In an effort address this crisis, government intervened by launching several programmes in the areas of prevention, treatment, care and support. In 1997, the Community Home Based Care Programme (CHBC) was launched to give HIV positive persons with fully blown AIDS the opportunity for enhanced nutrition while in the care of family members at home. Further, the Short Term Plan of Action for Care of Orphans (STPA) was launched in 1999 to respond to the critical needs of orphans. The STPA emphasized the importance of providing these children with psychosocial support in addition to food, clothing, education, shelter and other material packages. Other social security programs such as the Old Age Pension and the World War II Veterans were both introduced in the mid 1990s through a Presidential Directive to further improve the quality of life of the elderly people and to enhance their income security.

Poverty alleviating strategies and social protection

As reflected by the forging analysis, the desire to address poverty has been a major developmental challenge. Government continues to battle with this task. To this effect, a number of policy measures have been put in place. These include; Vision 2016, Rural Development Policy and the National Strategy for Poverty Reduction of 2003.

Vision 2016 was launched in 1997 with the following pillars (i) an educated and informed nation, (ii) a prosperous, productive and innovative nation (iii) a compassionate, just and caring nation (iv) a safe and secure nation, (v) an open, democratic and accountable nation, (vi) a moral and tolerant nation and (vii) a united and proud nation¹⁴. With respect to poverty reduction, the vision document pronounces that Botswana will be “a compassionate and caring society, offering support and opportunity to those who are poor, including all people in the benefits of growth” (Presidential Task Group, 1997:8). The Vision document projects that by the year 2016, efforts will have been made to eradicate absolute poverty so that no part of the country will have people living with incomes below the poverty datum line. With specific reference to social protection, Vision 2016 states:

“All people will have access to productive resources regardless of ethnic origin, gender, disability, or misfortune. Botswana will have succeeded in helping people to escape from the poverty trap.... There will be a social safety net for those who find themselves in poverty for any reason. This will go hand in hand with the provision of good quality social security, in partnership with the private sector and NGO’s, aimed

¹² CSO (2004) Botswana AIDS Impact Survey

¹³ See Ministry of Local Government, Department of Social Services

¹⁴ See Presidential Task Force 1997 page 8

at vulnerable groups such as the elderly, disabled, orphans and terminally ill” (Presidential Task Force, 1997:9)

The Revised Policy for Rural Development on the other hand proposes mechanisms to increase economic empowerment and self-reliance in the provision of social protection schemes¹⁵. Regarding security and social protection, the Revised Rural Development Policy seeks to improve the coverage, targeting, adequacy, efficiency, and effectiveness of social security programs. In addition, through these schemes, government wants to have an in-built mechanism for facilitating rehabilitation of beneficiaries to reduce dependency on social protection schemes. An effort will also be made to ensure that income transfers through social protection could generate positive ‘multiplier’ effects on the rural economy in terms of first supporting the poor and second, stimulating effective demand for goods and services to boost private sector employment¹⁶. (Note: cancelled the last 2 sentences)

Finally, the National Strategy for Poverty Reduction of 2003 (NSPR) is the latest poverty reduction strategy that aims to harmonize and coordinate various poverty reduction initiatives. The unique feature of NSPR is to improve coordination and implementation of existing poverty alleviation policies and programmes.¹⁷ Another thrust of this strategy is stimulate economic growth and to expand employment opportunities either through creation of jobs or facilitating self employment. The NSPR recognizes the need for government to continue providing social security programmes to the most vulnerable members of the society. Specific areas of focus of this strategy address the following¹⁸;

- Sustaining livelihoods of the poor by enhancing their income earning opportunities and providing economically sustainable employment opportunities
- Enhancing human capabilities by giving the poor access to information, facilitating the establishment of partnerships with the private sector, equipping them with basic marketing and organizational skills and developing business skill development for the educated but unskilled youth.
- Enhancing participation of poor who are beneficiaries of the Remote Area Development Programme by empowering them towards self-sustenance I remote areas

The role of social protection and poverty reduction

Besides government strategies outlined above, government and the private sector provide a wide range of social protection schemes which are aimed at reducing

¹⁵ Ministry of Finance and Development Planning, 2002, Revised National Policy on Rural Development

¹⁶ See Revised National Policy on Rural Development page 7-8

¹⁷ See Republic of Botswana. National Strategy for Poverty Alleviation of 2003

¹⁸ See Ibid page 15 to 17

poverty as well as providing a social safety net for individuals, groups and families. This paper reviews the following schemes:

- Destitute allowance
- Orphan care program
- Vulnerable groups schemes
- School based food programme
- Old age pension
- World War II veteran allowance
- Labour and drought relief programs
- Remote area development program
- Pensions Schemes
- Maternity Benefits
- Health Insurance Schemes

Program for destitute persons

The National Policy on Destitute persons was first introduced in 1980. The objective of this policy was to ensure that government provides minimum assistance to the needy persons to improve their health and welfare conditions and to alleviate poverty. The formulation of this policy was a direct response to the withering of the extended family system and the social support that was part and parcel of pre-independent Botswana society. With the advent of urbanization, migration and changing family forms, a significant number of people were left without any means of support.

In March 2002, the old National Policy on Destitute Persons was revised to take into consideration the changing economic challenges that the poor and needy face. Interestingly the objectives of this scheme remained unaltered “to ensure that government provides minimum assistance to the genuine destitute persons to ensure their good health and welfare.”¹⁹

The revised policy defines a destitute person as:

- a) An individual who, due to disabilities or chronic health condition is unable to engage in sustainable economic activities and has insufficient assets and income sources. Insufficient assets and income sources refer to a person possessing not more than four livestock units or earning or receiving an income of less than P120.00 per month without dependents or less than P150.00 per month with dependent.
- b) An individual who is incapable of engaging in sustainable economic activity and has unreliable and limited sources of income due to old age, mental or physical disability, emotional or psychological disability or is a terminally ill patient with no means of support.
- c) A child under the age of 18 who is in need of care and may not be catered for under the orphan care program or has parent (s) who are terminally ill

¹⁹ Republic of Botswana, 2002. Revised National Policy on Destitute Persons Para 2.2

and are incapable of caring for the child or has been abandoned and is in need of care.

Eligibility and Coverage of the Scheme

The definition of the destitute person stated above describes clearly who is covered and who is excluded. Eligibility for destitute benefits is therefore targeted and conditional. For one to register as a destitute they either have to come forward as individuals or they can be referred or nominated by family members, individuals or community leaders. The scheme does not discriminate on the basis of age, gender or ethnicity. Once the individual has been nominated, professional Social Workers then conduct rigorous assessment to determine whether the individual qualifies.

Destitute persons are classified into Permanent or Temporary categories. Permanent destitute persons are individuals whose age and physical or mental conditions render them completely dependent. Permanent destitute persons are eligible for benefits for life, with no conditions apart from an annual assessment by social workers. Temporary destitute persons on the other hand are those who are temporarily incapacitated by ill health or natural disasters until they can support themselves. Recent figures show that there are 38,074 registered destitute persons in Botswana. This number has been growing steadily since the program was implemented. For example, in 2002, there were 23, 873 registered destitute persons. This number increased to 38, 074 in 2005.²⁰

Levels and Types of Assistance

Under this scheme, deserving individuals are provided with food rations, cash entitlement, access to social services including rehabilitation, provision for funeral expenses and shelter. Temporary destitute persons residing in rural areas are entitled to P181.90 worth of food rations per month whereas those in urban areas receive P181.40. Included in this amount is P61.00 cash for personal needs. Permanent destitute persons on the other hand are entitled to P256.90 per month in rural areas and P256.40 worth of food items for urban areas. They also receive P61.00 cash for personal items. These amounts may go up to P400.00 depending on the rising costs of commodities particularly in the rural areas. Further, adjustments for inflation are made on a yearly base. Table 1 below gives an illustration of a food basket for an adult destitute person:

Table 1: Food basket for an adult destitute person²¹

Table : Destitute Persons Food Ration		
Food Type	Quantity Per Month	Food Rich In
Maize-meal	2 x 12.5 kg	Carbohydrates, iron, thiamine, niacin
Sorghum	1 x 12.5 kg	
meal	1 x 2.5 kg	

²⁰ Information obtained from Department of Social Services, Ministry of Local Government

²¹ Republic of Botswana. 2002 Revised Policy on Destitute Persons page 12

Bread flour		
Vegetables	3. 5 kg	Vitamins
Greens	2 x 1.5 kg cabbage	Minerals
Pulses	1 x 1.0 kg beans	Protein, iron
Meat	1 x 2.4 kg	Calcium, Vitamin A, D, E, K
Milk	8 x 500 ml (1 x 500g Nespray)	
Sugar	1 x 1.0 kg	Calories (energy)
Oil	1 x 750 ml	
Salt	1 x 500 g	Iodine
Tea	1 x 250 mg	Vitamin K, B2, magnesium,
Source: Social Welfare Division- Ministry of Local Government, 2002.		

Children under the age of 18 also benefit from the destitute program. According to the provisions of this policy; these are children who are in need of care and may not be catered under the orphan care program. In addition to food rations these children get assistance in the form of school uniforms, toiletries, transport, protective clothing, boarding requisites, tuition in private and vocational schools, street clothes, payment of additional fees required by the schools such as touring fees, sports fees, development fees and other incidental expenses.

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

The Orphan Care Program

An orphan is defined as “a child below 18years who has lost one (single parent) or two (married couples) biological or adoptive parents” This definition also incorporates children who are abandoned or dumped by their parents who can no longer be traced²². With the advent of social change coupled with the escalating rates of HIV/AIDS, the number of orphans continues to increase. From an example, in 2002 there were 39, 571 registered orphans. In 2004, this number increased to 47,964. To date, there are 51,600 registered throughout the country.²³ This figure is said to be a serious underestimation as some relatives are reported to be refusing to register orphans because of the stigma association with the HIV/AIDS epidemic.

²² Ministry of Local Government and Housing 1999 Short Term Plan of Action for Orphans. See also Republic of Botswana (2003)

²³ Official statistics obtained from Department of Social Services, Ministry of Local Government, 2006.

As early as 1999, a Short Term Plan of Action on Care Orphans (STPA) was adopted by government to respond to the growing number of orphans. The main objective of this strategy 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. Of key significance, STPA addresses the importance of a participatory and multi-sectoral approach in the delivery of services to orphans. Hence, government expects that there will be a collective effort from the private sector as well as community groups in the identification and support of orphans. The ultimate goal of this scheme is to give opportunity to these children to become productive citizens thereby removing them from the poverty trap.

Eligibility and Coverage of the scheme

Unlike the destitute program, the orphan care program is a social allowance program, therefore it is not means tested. Eligibility is therefore open to all Batswana children under the age of 18 who do not have parents and therefore lacking access to basic human needs such as food, clothing, toiletry and shelter. Children over the age of 18 are covered by the destitute program. Identification of orphans is the responsibility of teachers, social workers, relatives, community leaders as well as members of the community. Registration is finally done by social workers who conduct a thorough assessment of the situation. Once the status of the child has been determined and eligibility requirements met, children are then automatically registered. Currently, 92% of registered orphans are receiving assistance and only 8% are supported by relatives.

Levels and Types of Assistance

An orphan receives a food basket of P216.00 per month irrespective of the geographic location. This amount is regularly adjusted for inflation at the beginning of each financial year. The Ministry of Local Government and Lands in partnership with the Ministry of Health has developed this food basket as a measure to ensure that beneficiaries receive a well-balanced nutritional basket. Orphans also receive additional support ranging from clothing, toiletry, assistance with educational needs, and counseling and even protection from abuse. There are other public and private elements that include, free medical fees in government health facilities, transport allowance and assistance with bills for utilities such water and electricity. Ways are also being explored to provide quality and specialized care for orphans who are disabled and mentally handicapped. These are indeed critical areas of need which must be urgently addressed. Social workers, Non Governmental Organizations as well as the health care providers must find new ways of providing care in these areas.

Vulnerable Group Feeding Programme

The vulnerable group feeding program is one of the oldest social safety nets for children and vulnerable groups. Established since independence in 1966, the program aims at distributing meals and nutritional supplements to people who are vulnerable to malnutrition and women of child bearing age from poor or low income households. The program is implemented by the Ministry of Health and the Local Authorities.

Eligibility and Coverage of the Scheme

Beneficiaries of this program are pregnant and lactating mothers, nutritionally at risk under-fives and TB patients. During drought years, supplementary feeding is provided to all under-fives as well as food rations for lactating mothers. However, in non-drought years, supplementary feeding is based selectively on the weight progression of the child. Seemingly children who are underweight are given preference. By July 2005, there were 268,000 beneficiaries under registered under this scheme²⁴. Data shows that since the implementation of this program, the prevalence of severe protein energy malnutrition has decreased from 0.5% in 1991 to 0.3% in 1995.²⁵

Levels and type of Assistance

The level and type of assistance depends on the nature of vulnerability. Table 2 below provides a summary of what each category receives.

Table 2: Food Rations for the Vulnerable Group Feeding Programme by Beneficiary			
Beneficiary	Food Commodity	Ration	Selection Criteria
Children 4 – 18 months	Tsabana Oil	150g/ day i.e. 2.5kg x 2 every month. 25ml/day i.e. 1 x 750ml bottle / month	All children in this age group
Children 19-36 months	Tsabana Oil	200g/day i.e. 2.5 kg x 3 every month 25ml/day i.e. 1 x 750ml bottle / month	All children in this age group
Children 37 – 60 months	Enriched maize meal Dried Skim Milk Beans Oil	175g/day i.e. 5kg per month 30g/day i.e. 1kg per month 60g/day i.e. 1.8kg per month 25ml/day i.e. 1 x 750ml bottle per month	All children in this age group
Pregnant and lactating mothers, TB and leprosy outpatients	Enriched maize meal Dried Skim Milk Beans Oil	175g/day i.e. 5kg per month 30g/day i.e. 1kg per month 60g/day i.e. 1.8kg per month 25ml/day i.e. 1 x 750ml bottle per month	Medically selected (see above criteria)

²⁴ See Seleka, T., Siphambe, H., Ntseane (2007) Social Safety Nets in Botswana

²⁵ See Ministry of Finance and Development Planning National Development Plan 8 page 393

School- Based Food Program

School feeding program is popular in all public primary and secondary schools in Botswana. The objective of this program is to provide prepared food to children to alleviate short term hunger thereby enhancing classroom learning. In some remote rural areas, school feeding has considerably increased school attendance and retention. Table 3 below illustrates a typical weekly meal schedule for secondary school students²⁶.

Table 3: School feeding menu		
Day	Food Items	Ration
Monday	Porridge/ Sorghum porridge Stewed steak with gravy Fruit drink	100g/child/day 100g/child/day 340ml
Tuesday	Samp Beans Fruit drink	100g/child/day 100g/child/day 340ml
Wednesday	Porridge Beans Fruit drink	100g/child/day 100g/child/day 340ml
Thursday	Bread Milk UHT Jam Peanut butter	3 slices of bread @ 25g 340ml 45g on 3 slices of bread 45g of peanut butter
Friday	Porridge Beans Fruit drink	100g/child/day 100g/child/day 340ml
Source: Revised National Food Strategy Monitoring Group, 2004		

Universal Old Age Pension

The Old Age pension scheme was introduced in Botswana in 1996. This is an entitlement scheme administered by the Commissioner for Social Benefits in the Ministry of Local Government. Implementation is done by social workers in the Local Authorities. Beneficiaries however, receive their allowances from post offices. The major objective of the scheme is to provide financial security to the elderly citizens who otherwise are without means of support due to the disintegration of the extended family support system. Available records show that the number of beneficiaries has steadily increased from 84,577 in 2003 to 86,859 in

²⁶ See Seleka et al (2007) Social Safety Nets in Botswana

2006.²⁷ The 2002/2003 Household and Income Survey (HIES) indicates that over 95% of the elderly are now registered for this program²⁸.

Eligibility and Coverage of the Scheme

Eligibility for the Old Age Pension is currently defined only by age (65 years and above). Only Botswana citizens qualify. Special efforts are made to ensure that the elderly poor who reside in isolated remote areas have access to this scheme. The allowance is not means tested. Potential beneficiaries are also not expected to contribute anything towards the scheme. Mental patients whether hospitalized or taken care of by families and friends are entitled to the scheme. Citizens who are sentenced to a term of imprisonment whether serving in prison or on extra mural labour are excluded from the scheme until they complete their sentence. Botswana citizens in receipt of other pensions whether in Botswana or residing outside are not excluded. Finally, individuals who are registered under the destitute program are given their benefits as long as they meet the stipulated requirements.

Identification to confirm eligibility is through the National Registration Card. Pensioners who get paid by cheque or by proxy are required to sign a “Life Certificate” every three months as proof that they are still alive.

Levels and Types of Assistance

Beneficiaries of the scheme currently receive a cash component of P166.00 per month. This amount is adjusted for inflation each financial year.

World War II Veterans Allowance (WW II)

The WW II Veteran allowance is also a universal entitlement program which is not means tested. Government decided at a cabinet of 25th March 1998 that with effect from April 1998, an allowance would be paid to each World War II veteran or his surviving spouse/s or his child or children under 21 years of age every month. This program is also administered by the Commissioner for Social Benefits, 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 from post offices.

Eligibility and Coverage of the scheme

The WW II is payable specifically to those veterans or their surviving spouses or their children under 21 years “in recognition of the services they rendered for the security of the country and not other countries. The allowance is also by “extension” payable to World War I veterans or their surviving spouses. Those who have emigrated or have been repatriated do not qualify for such pensions. Where the

²⁷ Source Social Benefits Division, Department of Social Benefits

²⁸ See Central Statistics Office Household and Income Survey 2002/03

veteran had more than one spouse or more than one child, the allowance is divided equally among the recipients. Available data from the Department of Social Benefits reflect that the number of WW II beneficiaries has declined from 6,953 in 2003 to 4,033 in 2006.²⁹ This is to be expected given the fact that most beneficiaries have already died. According to the 2002-03 HIES, over 95% of eligible elderly are covered by this program.³⁰

Labour Based Drought Relief Programme (LBD RP)

The scheme was started in the 1960s as an emergency response to alleviate effects of drought. Invariably, during the drought intervention in the late 1960's and 1970's, payment for participating in drought programs was in the form of "food for work". The objectives for this program have now shifted to concentrate on³¹:

- a) Provision of temporary supplement to rural incomes through wage employment for the most affected by drought
- b) Maximizing employment opportunities under the scheme
- c) Creating a socially useful or productive infrastructure
- d) Maximizing participation of rural communities in the identification of meaningful projects.

Every year, an Inter-Ministerial team assesses the situation of crop harvest, pastures, water availability and other related contingencies. This team collects information from district extension workers throughout the whole country. With the collected information a special interim committee is tasked to make further recommendations to be submitted to the Rural Development Council. The later briefs cabinet members who also come up with their recommendations to the President. Around May/June the President may then direct that the scheme be implemented countrywide. Once the draught year is declared by His Excellency the President, implementation commences coordinated by the Ministry of Local Government and implemented by the Local Authorities.

Eligibility and Coverage of the Scheme

Labour Based Drought Relief projects benefit all the able bodied in the rural areas who have lost their livelihoods because of drought. No means testing is used to select participants. However, a rota system is developed to ensure that there is maximum participation to the intended beneficiaries. In the 1980's, 296,000 job opportunities were created under this program, employing 20% of the rural working population, 80% being women. During the 1992/93 drought, over 400,000 people received food aid and about 100,000 people were employed in the reactivated drought relief projects.³² The 1995/96 drought on the other hand, created a total of

²⁹ Official statistics obtained from Department of Social Services 2006

³⁰ See Seleka et al. Social Safety Nets in Botswana 2007

³¹ See Ministry of Finance and Development Planning National Development 9 2003- 2008

³² See Ministry of Finance and Development Planning 1997 NDP 8

38,558 jobs involving 61,693 workers.³³ The cumulative number of people employed under the 2003/04 was 121,599 workers comprising of 98,968 females and 22,631 males against a total of 1362 projects.³⁴

Levels and Types of Assistance

A daily rate of P10.00 is given to each participant. Supervisors on the other hand receive P16.00. These amounts are adjustable given the cost of living index in a given period.

Program for Remote Area Dwellers

The remote area dwellers or Basarwa/Bushmen mainly live in remote and arid parts of western Botswana where there is very little economic activity. By tradition, most were nomadic hunter-gatherers and did not engage in arable agriculture.³⁵ Previous research has revealed that Basarwa are the most forgotten, undeveloped, and poorest section of the rural society of Botswana.³⁶ Other studies have revealed that there are other thousand of poverty stricken inhabitants besides Basarwa of the extra-rural or remotest areas of Botswana who follow more or less the same way of life and face the same tough conditions as Basarwa.³⁷ Over time, there has been encroachment into the traditional hunting and gathering areas of these remote area dwellers by other ethnic groups. Remote area dwellers are in general characterized by severe poverty, lack of incomes and education, low literacy levels and lack of employment opportunities.³⁸ Available data show that children from remote areas who come from areas where basic social services are lacking, or from hunter-gatherer families, non stockholders and non-regular wage earners find themselves in a unique position that requires attention. Their access to and participation in education is inhibited by reason of their distance from educational facilities.³⁹ These children are often faced with the problem of walking long distances to schools and their inability to speak the languages in school (English or Setswana).

The origin of Remote Area Development Program (RADP) dates back to the 1970s when it was called the Bushmen Training and Settlement Project. After several reviews, the program has evolved to focus specifically on ensuring that beneficiaries achieve sustainable social and economic development and that they benefit equally from rapid economic development of the country.⁴⁰ According to the Mid Term Review (MTR) of NDP 9, the RADP will be aligned with Vision 2016 and Millennium Development Goals to fast track developments in remote

³³ See Ministry of Finance and Dev Planning BIDPA study on poverty 1997

³⁴ Republic of Botswana Labour Based Drought Relief Program Monthly Report May 2005

³⁵ See Ministry of Finance and Development Planning 1997 page 365

³⁶ Ministry of Local Government and Lands Report on RADP Workshop 1997

³⁷ The most affected areas are the western districts of Ghanzi and Kgalagadi, western Kweneng and Southern districts

³⁸ Republic of Botswana Report on the Review of the RADP 2003

³⁹ See Republic of Botswana 2001

⁴⁰ See Republic of Botswana Report on Review of the RADP 2003

areas with emphasis on economic empowerment through income generating projects, livestock distribution and capacity building.⁴¹ The Ministry of Local Government implements this program in 64 designated settlements through the Department of Social Services.

Eligibility and Coverage of social security schemes under RADP

Remote area dwellers depend largely on the social security schemes provided by the state. Majority if not all receive the destitute rations and allowance. Other social safety nets provided include the old age pension scheme, assistance for orphans and vulnerable children and services for people who are on home based care. Eligibility criteria used in these schemes applies in the RADP program. It is important to note that apart from the social security benefits, government has established the Economic Promotion Fund (EPF) with the aim to create employment opportunities for remote area dwellers. The scheme provides funds for productive and business oriented activities including game ranching, harvesting and utilization of veldt products and arable agriculture. Other activities under the scheme aim at promoting income generating activities such as tanneries, handicrafts, poultry farming and livestock production.

Social Insurance schemes

Pensions and Provident Funds

Pensions and Provident Funds are regulated by the Pension and Provident Fund Act (CAP 27:03) of 1987. This Act provides for the registration, incorporation, regulation and dissolution of pension and provident funds.⁴²

The pension industry has grown tremendously in Botswana over the past few years. Table 4 below shows the status of the registered funds in the year 2005.⁴³

Table 4: Registered Fund in the year 2005

FUND TYPE	Number of Funds 2005	Number of Funds 2004
Active funds (excl umbrella funds)	82	79
External Funds (funds with head office outside Botswana)	8	10
Umbrella funds (funds which have a number of participating employers)	5	4
Closed funds (funds which are no longer open to new)	7	7

⁴¹ See Mid Term Review of NDP 9 2003/04 – 2008/09

⁴² See Pension and Provident Fund Act of 1987 and Pensions and Provident Fund Regulations of 1988.

⁴³ See Republic of Botswana. Report of the Registrar of Pensions and Provident Funds. Note that these are the most current figures.

members		
Inactive funds (Dormant funds)	13	11
TOTAL	115	114

Source: Report of Registrar of Pension and Provident Funds, 2005

As illustrated by this table, the total number of registered funds in 2005 was 115. Out of these, the total membership stood at 112,828 with a total of 100,000 active members, 6,710 deferred members and 5,255 pensioners. The largest fund is the Botswana Public Officers pension fund with 77,338 members⁴⁴.

A comparative analysis of major sources of income for pension funds shows that total member and employer contributions grew by 17% and 20% respectively over the 2005 financial year. Table 5 below illustrates these trends:

Table 5: A comparative analysis of major sources of income for pension funds

	2005 Amount in Pula	2004 Amount in Pula	Percentage Change
Income- Member contribution	194,541,169.01	165,816,107.00	17
Income -Member contributions (arrears)	286,570.74	99,758.00	187
Income- Employer contributions	733,933,385.20	613,478,759.00	20
Income- Employer contributions (arrears)	941,565.53	4,670,906.00	(80)
Income- Transfers in	1,802,858,179.09	2,733,896,029.00	(34)
Income- Life Insurance Policies	2,206,112.12	5,759.00	(62)
Income- Investments	870,472,900.65	683,568,154.00	27
Income- Other	1,639,836,401.31	1,180,154,659.30	39

Source: Report of Registrar Pension and Provident Funds 2005

It is interesting to note from this table that total investment income increased by 27% from P683,568,154.00 in 2004 to P870,472,767.65 in 2005. In terms of benefits paid out by pension funds an analysis shows that a total of P837,672,553.20 was paid out in 2005 compared to P566,566,507.84 paid out in 2004. Table 6 provides the breakdown of these figures:

Table 6: Benefits paid out by Pension Funds

Type of Benefit	Amount paid out in 2005	Amount paid out in 2004
Periodic Pension Payments	91,517,996.10	20,811,162.42
Annuity Purchases	5,621,798.10	2,452,860.04
Lumpsums at Retirement	553,143,795.95	347,825,602.29

⁴⁴ Note Ibid page 8-9

Lumpsums on Death	131,028,013.05	108,527,130.37
Lumpsums on Registration	56,360,950.00	86,949,752.72
TOTAL	837,672,533.20	566,566,507.84

Source: Report of Registrar Pensions and Provident Funds 2005

Due to the healthy economic climate, employees have not experienced major problems securing their pensions. One major challenge has only been delays in getting the benefits. On the whole, pensions are an important long term social security. Employees are protected from getting into the cycle of poverty once they have retired. The government on the other hand use income tax accrued from pensions as revenues for developmental purposes.

The Workmen's Compensation Act

This Act provide for compensation of workers for injuries suffered or occupational diseases contracted in the course of their employment or for death resulting from such injuries or diseases. This Act is applicable to all workers employed by the Government, any local authority or statutory corporation in the same way and to the same way and to the same extent as if the employer were a private person⁴⁵. An employer whose worker suffers personal injury or an occupational disease arising out of and in the course of the workers is employment shall be liable to pay compensation in accordance with the Act⁴⁶.

According to Section 11(2), an employer shall not be liable to pay compensation for any injury or occupational disease;

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

- i) being under the influence of intoxicating or narcotic drink, drugs or other substance;
- ii) deliberate contravention of any law, regulation, or order, whether statutory or otherwise, expressly made to safeguard the health and well being of workers;
- iii) the willful removal or disregard of any safety measures or other device which the worker knew to have been provided for the purpose of securing the safety of workers or;
- iv) any other act or omission deliberately done contrary to given instructions; or
- (v) that can be proved to have been caused due to a health problem that worker has had an known about but had not disclosed to the employer⁴⁷.”

⁴⁵ Section 3(i) Workmen's Compensation

⁴⁶ Section 11 (i) Workmen's Compensation

⁴⁷ Note 8 Ibid

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

“A worker suffering from a scheduled disease or his dependants may obtain from a medical practitioner a certificate certifying that:-

- (a) the worker is suffering from a scheduled disease causing incapacity or that the death of the worker was caused by a scheduled disease; and
- (b) that such disease was due to the nature of the worker’s employment and was contracted within such period preceding the date of incapacity or death as may be prescribed in respect of that disease.”⁴⁸

In terms of the provisions of this Act, employers are required to report injuries and occupational diseases within seventeen days of the date the injury occurred or disease diagnosed.⁴⁹ Employees who suffer temporary disablement, employees who are permanently disabled and the dependants of employees who die as a result of injuries sustained in accidents at work or as a result of occupational diseases are thus compensated for their loss of earning capacity.

Maternity Benefits

Female employees are entitled to 84 days maternity leave on full pay, up to a maximum of three confinements. This benefit is enjoyed by women in the private and parastatal sectors as well. Majority of the institutions do not have paternity leave.

Health Care Insurance Schemes

Although government provides a universal health care system, most employers in the public, parastatal and private sector have private health insurance schemes which give employees options to pay for expensive medical costs within and outside the country. These insurance schemes are contributory in nature. While employees pay 10 percent towards medical expenses, Medical Aid covers 90 percent. Private health insurance schemes give employees access to quality medical care and a wider choice in the health care system. In addition to health insurance, most female employees in the formal sector have life covers, educational policies, and other insurance schemes to protect themselves against future risks and life threatening shocks.

The developmental role of social protection

Social protection and in particular, social insurance, plays a critical developmental role. In Botswana, the pensions industry continues to play an important part in the

⁴⁸ Section 21 (1) Workers Compensation

⁴⁹ Section 9(1) Workers Compensation

financial sector through mobilization of savings and the development of capital and money markets.⁵⁰ Data is not available to show how pensions contribute specifically to infrastructural development.

Are all the poor targeted by social protection schemes?

Given the fact that some measures have been put in place in the form of social protection an interesting question to ask is: are all the poor targeted by these programmes?

According to the most recent Household Income and Expenditure (HIES) 2002/2003, 30% of the population lives below the poverty datum line. Table 7 below shows the distribution of Botswana population by age group and classifies individuals in each group as poor and non poor using Poverty Datum Lines.

Table 7: Distribution of population by age group and poverty status

Age Group	Non Poor	Poor	Total	Headcount Index
0-5	139,970	95,277	235,247	40.50
6-11	170,354	92,947	263,301	35.30
12-20	238,813	104,407	343,220	30.42
21-39	347,215	104,305	451,520	23.10
40-64	180,728	70,766	251,494	28.14
65+	55,710	32,432	88,142	36.80
Total population	1,132,790	500,134	1,632,924	30.63

Source: 2002-03 HIES

A close analysis of these figures show that poverty is more prevalent among children aged 5 or below. The second hardest hit group is the elderly aged 65 and above with a poverty headcount index of 36.8%. Poverty is lowest for the youth aged 21 to 39 who record a headcount index of 23.1 %⁵¹.

In a recent study⁵², we used HIES data to examine the extent to which social protection schemes are targeted at the poor. The coverage and targeting effectiveness methodology was used in this analysis. Table 8 below shows various types of social protection schemes as well as implementation, targeting and coverage ratios.

⁵⁰ Republic of Botswana. Report of the Registrar of Pension and Provident Fund 2005

⁵¹ See Seleka et al (2007) Social Safety Nets in Botswana

⁵² See Seleka, T., Siphambe, H., Ntseane, D., Mbere, N (2007) Social Safety Nets in Botswana. Amongst other things, this study examined how social safety nets in Botswana are targeted and administered.

Table 8: Targeting and coverage effectiveness

Table 4: Targeting and Coverage Effectiveness Ratios				
Programme	Effectiveness Ratio			
	Implementation ratio (IR) (E/G)	Targeting Expenditure Ratio (A/E)	Leakage Ratio (B/E)	Coverage Ratio (A/G)
All Government Transfers	0.43	0.43	0.57	0.19
War Veteran pension	0.0084	0.25	0.75	0.0021
Old age pension	0.27	0.48	0.52	0.0129
Drought relief	0.0043	1	0.0	0.043
Destitute package	0.017	0.64	0.36	0.011
Needy student package	0.00288	0.5	0.5	0.0014
Orphan ration	0.0024	0.43	0.57	0.001
RADS package	0.0018	1.0	0.0	0.0018
Community home-based care	0.0012	0.0	1.0	0.0
Clinic Ration	0.0027	0.79	0.21	0.0021
School Meals	2.77	0.25	0.75	0.64

Source HIES 2002/2003

As illustrated by this table, social protection schemes reach only 19% of the poor households whilst the remaining 81% are not covered. On the whole, the school meal has a high coverage of 64%. This high coverage is due to the fact that school meals are offered during the school sessions and hence all children are reached. What is concerning about these figures is that majority of the poor are not covered. However, this finding is not completely surprising when we consider the fact that these programs are not necessarily aimed at targeting the poor households. For example, the Old Age Pensions Scheme covers everyone irrespective of their socio-economic status. The school feeding program on the other hand targets all primary school children so does the orphan care program. Even in situations where relatives can support an orphaned child, they are simply cushioned by government.

In terms of targeting, this data shows that the Targeting Expenditure Ratio (TER) for all the schemes stands at 43 percent, implying that 43 percent of the households covered by these schemes are poor, whereas the remaining 57 percent are non-poor⁵³. A close look at the Drought Relief and RADS package, shows that these programs a TERs of unity and hence have zero leakages; implying that all the beneficiaries to these programmes are from poor households. Further, the destitute package and clinic rations also perform relatively well with TERs of 64 and 79 percent, respectively; implying that the poor are more represented than the non-poor⁵⁴.

⁵³ See Seleka et al page 28

⁵⁴ See Ibid page 28

Several explanations could be posited regarding poor coverage of social protection schemes. First, research shows that capacity is limited for effective implementation of social welfare services. On average, one social worker is given the responsibility to cover five villages or more. Social workers are the only professionals who conduct assessment and recommend appropriately if an individual qualifies to be assisted. It is possible that many beneficiaries are not reached and hence are not registered. Further, even though massive campaigns are made through the mass media and by members of Parliament about these programs, there is evidence that most people are still not aware that they are eligible. People who live in the rural areas, cattle posts and remote areas are often disadvantaged by lack of accessibility to information and technology. This means that alternative strategies must be devised to ensure that all the poor are assisted.

To what extent to do social protection schemes reduce poverty?

This paper has described a number of schemes that are geared towards addressing poverty. A significant question to pose is; by how much do they reduce poverty? In a recent study⁵⁵, we adopted a simple analytical framework using the HIES data. In this framework, poverty headcount indices were computed with and without government transfers and compared them. Table 9 provides the poverty rates with and without government transfers at household and individual levels, respectively.

Table 9: Poverty Rates with and without social safety nets at household and individual level						
	Household Level			Individual Level		
Region Name	With GT	Without GT	Change	With GT	Without GT	Change
Gaborone	6.3	8.2	1.9	6.5	9.4	2.9
Francistown	11.5	15.9	4.4	14.1	20.1	6.0
Other Cities & Towns	11.3	14.2	2.9	14.3	19.0	4.7
Rural South-East	21.7	30.6	8.9	29.4	40.8	11.4
Rural North-East	29.0	38.0	9.0	38.5	49.8	11.3
Rural North-West	28.4	36.6	8.2	42.3	55.2	12.9
Rural South-West	35.0	43.8	8.8	49.8	61.6	11.8
Group Total	21.7	28.8	7.1	30.6	40.5	9.9
Source: Author Computed from 2002/03 HIES						

As illustrated from Table 9, household level headcount index rises from about 22 to 29 percent if government transfers are removed. However, at the individual level, the headcount index rises from 31 to 40 percent (an increase of about 10 percentage points), when government transfers are removed. This demonstrates that social protection schemes have a significant contribution to poverty reduction in

⁵⁵ See Seleka, Siphambe, Ntseane 2007

Botswana. At household level the impact is also quite significant as poverty goes up by nine percentage points once government transfers are removed⁵⁶.

In our analysis it became very clear that although social protection schemes play a role in reducing poverty, majority of the poor and very poor are still not reached. Further, the current provisions are only meant to manage hunger, deprivation and ill-health rather than eradicating poverty. Hence in a nutshell, the government has only managed to contain the situation rather than coming up with measures to get the poor out of the poverty trap. It should however be noted that the revised National Policy on Destitute Persons recognize the need to have a rehabilitation component that will ensure exit mechanism for some able bodied beneficiaries. Guidelines have been drawn on how this will be done. However, this aspect of the policy has never been implemented successfully due to staffing problems.

On the other hand, research indicates dependency on government social protection schemes has contributed significantly to the dependency syndrome. Hence, able bodied people are no longer interested in engaging in self-reliant activities that could create long term employment, but rather wait to get government rations or to enroll in drought relief⁵⁷. There are also indications that some Batswana are reluctant to take up job creating opportunities such cattle herding, working in the farms or other casual labor employment activities. This further aggravates the poverty situation.

Government expenditure on social protection schemes

Social protection schemes are fully funded through government revenues. Recent trends indicate that the share of GDP spent on these programs has increased over a period of time. For example the ratio rose from 30 percent in 1983/84 to about 45 percent in 2000/2001 and declined to 36 percent in 2004/2005. Table 10 shows available expenditure by program in current prices since year 2000. These figures only show amounts received by be beneficiaries of these schemes.

Table 10: Nominal expenditure on program benefits in million Pula

Social Protection Scheme	2000/01	2001/02	2002/03	2003/04	2004/05
Destitute Persons	38.7	51.7	53.6	97.8	139.0
World War II Veterans	13.9	15.9	15.9	14.9	14.6
Old Age Pension Scheme	120.8	152.9	144.2	150.5	175.6
Community Home Based Care	3.3	6.5	7.7	48.5	60.0
Orphan Care Program	6.6	18.2	33.7	150.2	211.9
Food Supply	80.8	72.1	91.2	121.9	na

Source: Ministry of Local Government

⁵⁶ See Ibid page

⁵⁷ Information obtained from personal interviews with farmers in Barong farms. Nov 2007

Analysis of this table shows that there is a steady increase in government spending on all social protection schemes. Old Age Pension Scheme seems to be the most expensive program followed by the orphan care. Both these programs have universal coverage, hence attract many beneficiaries. As a result of the HIV/AIDS pandemic, the orphan care program is expected to continue to increase. Interestingly, expenditure on the World War II veteran scheme is steadily decreasing as the number of beneficiaries enrolled in this program decline with time.

Is funding sustainable?

Research shows that although there is commitment on the part of government not only to provide social protection, but to inject reforms, in the long run, funding for these programmes will not be sustainable⁵⁸. Currently, the major developmental challenge facing government is the HIV and AIDS pandemic. This pandemic has become one of the most serious social, health, economic and development problem in Botswana. The most recent data collected by the Central Statistics office in collaboration with the National AIDS Coordinating Agency (NACA) found that the overall HIV prevalence in the general population aged 18 months and older now stands at 17.1%⁵⁹. The age groups 30-34 years is the highest affected with a prevalence rate of 40.7% followed by 35-39 age group at 36.9%, the 25-29 age group at 33.0% and the 40-44 age group at 30.5%.⁶⁰ The highest proportion of HIV positive population was found among people living in towns (22.0%) followed by those living in cities (19.9%). The lowest prevalence was found among people living in the rural areas (15.8%) In terms of the impact of the epidemic, the latest figures from the Central Statistics Office (CSO) reveal that about 18% of all deaths were attributed to HIV/AIDS.⁶¹

Further, child survival indicators have deteriorated as a result of the epidemic. For example, infant mortality rate has increased from 48 deaths per 1000 live births in 1991 to 56 deaths per 1000 in 2001. The under-5 mortality rate increased from 62 per 1000 live births to 74 deaths per 1000 in 2001. Further, death rates among the 25-29 age groups almost doubled from 7.3 to 16 deaths per 1000 people. This rate tripled for the age group 30-34 showing recorded deaths from 8.5 to 23.6 deaths per 1000.⁶² It was projected that the total population (without AIDS) would rise from 1.327 million in 1991 to 2.648 million in 2021 (an increase of 2.8% per year). As a result of the AIDS pandemic, the total population is projected to rise to only 1.874 million in 2021, an increase of 0.9% per year.⁶³

Due to the HIV/AIDS scourge, the number of orphans is increasing daily together with people who are assisted through the community home based care programme

⁵⁸ See Seleka et al 2007

⁵⁹ CSO (2004) Botswana AIDS Impact Survey (BIAS II)

⁶⁰ Ibid

⁶¹ CSO (2001) National Census Report.

⁶² Republic of Botswana *Status of the 2002 National Response on HIV/AIDS* 16.

⁶³ See Republic of Botswana *Macro-Economic Impact of HIV/AIDS*, 5.

as well as the National Policy on Destitute Persons. This financial year, P896 million Pula were diverted to HIV and AIDS services implemented under the Ministry of State President⁶⁴. The bulk of these funds go towards providing antiretroviral therapy (ARV) to HIV infected individuals.

Within this context, it is important for government to consider alternative saving mechanisms to ensure that these schemes continue to be provided. One way is to means test the Old Age Pension scheme for individuals who are already receiving a pension.

Reform trends in the welfare regime

A number of international and regional instruments recognize social security as a human right. These have invariably contributed in creating an enabling environment for the promotion of economic equality, eradication of poverty and for spearheading reforms in the welfare regime. These include amongst others, Universal Declaration of Human Rights, 1948⁶⁵, International Covenant on Economic Social and Cultural Rights⁶⁶, International Labour Organization⁶⁷, African Charter on Human and Peoples Rights⁶⁸, Charter of Fundamental Social Rights in the SADC⁶⁹ (Southern African Development Community), the SADC Code on Social Security⁷⁰ and the UN Millennium Development Goals of 2000.

In terms of social protection, the Universal Declaration of Human Rights provides:

“Everyone, as a member of Society, has the right to social security and is entitled to realization, through national effort and international cooperation and in accordance with organization and resources of each state, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.”⁷¹

Article 25 of the same instrument proceeds to say:

“Everyone has the right to a standard of living adequate for the health and well being of himself and of his family, including

⁶⁴ See Republic of Botswana Budget Speech 2007

⁶⁵ Adopted by the United Nations General Assembly in December 10, 1948.

⁶⁶ Adopted by the United Nations General Assembly in December 16, 1966.

⁶⁷ International labour Organisation (ILO) Conventions and Declarations on Social Security may have crystallised into International customary law.

⁶⁸ The African Charter on Human and Peoples Rights (Banjul Charter) came into force on October 21, 1986.

⁶⁹ The Charter of Fundamental Social Rights in the SADC was adopted in August 2003 by all member states with the exception of Botswana.

⁷⁰ The SADC Code on Social Security was adopted by the Member States in June 2007

⁷¹ Article 22

food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.”⁷²

The International Covenant on economic, Social and Cultural Rights (ICESCR) on the other hand has provisions relating to work in just and favorable conditions, to social protection, to an adequate standard of living, to the highest attainable standards of physical and mental health, to education and to enjoyment of the benefits of cultural freedom and scientific progress⁷³. For example, Article 9 of the ICESCR provides:

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

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

Coming to the African front, the African Charter affirms its commitment to the Universal Declaration of Human Rights (UDHR) which has provisions on social security and socio-economic rights⁷⁴.

The African Charter on Human and People’s Rights (Banjul Charter) came into force on October 21, 1986. It contains several provisions on socio-economic rights. It establishes a system for the protection and promotion of human rights in the African continent under the aegis of the African Union. Article 15 enshrines the right of every individual to work under equitable and satisfactory conditions and for

⁷² Article 25 (1) and (2)

⁷³ Note 1 Ibid pg 98 – 99.

⁷⁴ Note 19 Ibid pg 549

every worker to receive equal pay for equal work. The Charter further assures the best attainable state of mental health and physical health, and the obligation to take the necessary measures to protect the health of the people and to give medical attention to the sick⁷⁵.

At the Southern African level, in August 2003, Southern Africa Development Community (SADC) adopted the Charter of Fundamental Social Rights or the Social Charter. The Charter has provisions relating to protection of children and young people, elderly persons and persons with disabilities. More importantly, the charter has provisions on social protection. It provides:

1. "Member states shall create an enabling environment so that every worker in the Region shall have a right to adequate protection and shall regardless of status and the type of employment, enjoy adequate social security benefits.
2. Persons who have been unable to either enter or re-enter the labour market shall be entitled to receive sufficient resources and social assistance."⁷⁶

Following the adoption of the Charter, SADC heads ratified a specific instrument focusing specifically on social protection in June 2007. The SADC Code on Social Security embodies the strategic direction outlined in the Regional Indicative Strategy Development Plan (RISDP). The main principles underlying the provisions of the CODE as outlined in article 3 are that:

- 3.1 Everyone in SADC has the right to social security.
- 3.2 Every member state should establish and maintain a system of social security in accordance with the provisions of this code and Article 10 of the Charter of Fundamental Social Rights in the SADC.
- 3.3 Every Member State should maintain its social security system at a satisfactory level at least equal to that required for ratification of International Labour Organization (ILO) Convention Concerning Minimum Standards of Social Security No. 102 of 1952.
- 3.4 Every Member State should progressively raise its system of social security to a higher level, which should include achieving the meaningful coverage of everyone under the system , bearing in mind the realities of development in the particular member state."

The SADC Code together with the Social Charter underscores the importance of a comprehensive social security and social protection system. It is aimed at supporting the development and improvement of social security schemes in Member States by providing strategic direction and guidelines. Secondly, it provides, in a non binding fashion, a yardstick to both SADC and Member States, in

⁷⁵ Note 19 Ibid Pg 549

⁷⁶ Article 10 of the Social Charter.

the form of a set of general principles and minimum standards of social protection, a framework for national and regional monitoring. Finally, the Code provides SADC and Member States with an effective instrument to formulate policies that can facilitate extension of social rights to the poorer section of the society particularly those in the non-wage sector.

Finally, Botswana made a commitment to the eradication of human deprivation by signing the United Nations Millennium Declaration in September 2000. In July 2001, the UN Millennium Development Goals (MDGs) were embodied in the New Africa Initiative adopted at the African Leaders Lusaka Summit.⁷⁷ The MDGs is a framework of eight goals, seven of which have direct implications to poverty alleviation and social protection. These include:⁷⁸

- Eradication of extreme poverty and hunger
- Achievement of universal primary education
- Promotion of gender equality and empowerment
- Reduction of child mortality
- Improvement of maternal health
- Combating HIV/AIDS, malaria and other diseases
- Ensuring environmental sustainability

Botswana government has embraced the MDGs as a framework for development. In addition, these goals are being implemented along side VISION 2016 “Long Term Vision for Botswana: Towards Prosperity for All”. Status on progress shows that overall; there is a strong supportive environment for achieving these goals. That Botswana is likely to achieve most targets by 2015. However, the status report shows clearly that Botswana is unlikely to eradicate poverty by 2015.⁷⁹

Way Forward: Towards a comprehensive social protection system

It is evident from the foregoing discussion that Botswana subscribes to a number of international and regional instruments which impact directly on the welfare regime. The question is; are there radical approaches in place to eradicate extreme poverty and hunger and to promote a comprehensive social protection scheme? A careful analysis shows that indeed good policies are in place. For example, in addition to the policies and programs we have discussed in this paper, others include: Industrial Development Policy aimed at assisting small scale rural entrepreneurs; Citizen Entrepreneurial Development Agency which supports economic diversification and creation of employment; National Policy on Disaster Management aimed at reducing potential loss due to natural disasters; the Strategic Grain Reserve which ensures storage of enough grain to meet national requirements for at least three

⁷⁷ See Allam Ahmed and Emmanuel Cleeve (2004) Tracking the Millennium Development Goals in sub Saharan Africa.

⁷⁸ See Republic of Botswana/UN (2004) Botswana Millennium Development Goals Status Report

⁷⁹ See Ibid page 13.

months and the Young Farmers Fund which has been recently launched to provide employment opportunities for the youth. Although these seem to be noble policies, bottle necks come at the implementation stage.

In addition to the above initiatives, government recently commissioned a study to review social protection schemes in Botswana. Among other things, the study examined the specific objectives of each social protection scheme and its effectiveness in achieving the objectives by looking at coverage, targeting, and adequacy, determine the cost-effectiveness of each programme by looking into targeting effectiveness, overlaps in coverage, administration costs, implementation budget of all the schemes and constraints encountered. Further, an analysis was made regarding sustainability of each social safety net programme to establish whether sustainability could be derived from incomes based taxation so that wage earners could contribute toward social security based on taxation. Finally, an evaluation was also made as to whether policies governing all the programmes reduce or increase vulnerability.⁸⁰ Some of the key problems identified as hampering the quality of service provision were, lack of implementation capacity, transport shortages, poor coordination of services, poor delivery of services and lack of comprehensive social welfare policy.

All recommendations from this study were approved by government except for the one calling for the means testing for the Old Age Pension⁸¹. In brief, the recommendations called upon government to⁸²:

- Undertake a thorough organizational assessment with the view of bringing all social safety nets into one roof in order to improve coordination and efficiency in service delivery
- Create a risk and vulnerability baseline to provide data for use by social safety nets managers and poverty reduction strategists.
- Develop exit mechanisms for existing social protection programmes.
- Introduce means testing for the old age pension scheme both as a sustainability issue and as a means of reviewing the amount of benefit per individual in order to increase it.
- Develop a coupon based system for the distribution of the vast majority of the monthly food baskets.
- Develop comprehensive databases on social safety nets beneficiaries.
- Rationalize the provision of social protection packages within an overall household context
- Establish target caseload levels for professional service providers in the social welfare and community development cadres at both central and local government levels.
- Provide in-service training on psycho-social support (PSS) to all social workers implementing services to orphans and vulnerable children.

⁸⁰ See Seleka et al Social Safety in Botswana 2007

⁸¹ See the Budget Speech 2007

⁸² See Op Cit page 46-49

- Conduct a comprehensive study on the various forms of support to be given to people with disabilities.

It is hoped that these recommendations will be implemented in a speedy manner so that the wellbeing of the people, particularly the poor could be improved.

Conclusion

This paper has examined the unique role of social protection in reducing poverty in Botswana. It has demonstrated that since independence in 1966, Botswana government has been guided by the national objectives of sustainable development, rapid economic growth, independence and social justice. These broad objectives have been spearheaded government's commitment to enhance the quality of life of people. The paper has reviewed a number of key policies that have been formulated to address poverty reduction such as VISION 2016; Revised Policy for Rural Development and the National Strategy for Poverty Reduction. Further, a thorough analysis has been made on various social protection schemes aimed at protecting individuals against poverty. A close analysis of these schemes has shown that some of these programs have universal coverage and therefore are not necessarily targeted at the poor. These include the Old Age Pension Scheme, World War II Veterans and the Orphan Care programme. Hence using the HIES data, the paper has demonstrated that 43% of the households covered by these programs are poor, whereas 57% are non poor. Despite this fact, the paper has shown that social protection schemes play a critical role in reducing poverty. The sad part revealed by this paper is that only 19% of the poor are reached by these programs.

The paper also examined how social protection schemes are funded. It demonstrated that although there is commitment by government to provide these services, in the long run, this may be difficult due to the HIV and AIDS scourge. Already government has introduced cost sharing measures in the provision of health and education. These are bad signs. The paper concludes by providing a way forward for meaningful reforms in social protection.

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Poverty rose because of government relief schemes that were introduced in the 1980s. The other problem that caused dependency on government was that government ploughed for the people around 1987, and people left the harvest in the fields.

There are many causes of poverty. Poverty is caused by lack of livelihood and income sources. Other people are just lazy whereas they are able bodied. They don't have any means of survival or livelihoods. If the government did not have drought relief programs, people would not survive.

Drought affects subsistence farmers the most. If you have 5 cattle or less you are considered poor and therefore you are given assistance by government through the destitute program. If you don't have shelter, if you can't put bread on the table, you are considered poor in Botswana.

There was not much unemployment when the food and crop production was still successful. Poverty was negligible, it was mostly unnoticed. Today's poverty doesn't compare to poverty of yesterday. Poverty of today is more pronounced because of reliance on government handouts.

Government wanted people to be self employed and to be self reliant. For example, government was hiring people with farming implements to plough for the poor. If you ploughed, the government would pay you. Other activities included destumping; plowing, cultivating and people also were engaged in harvesting.

In Papatlo they started experiencing drought after 1988 because they had bumper crops. After that year, they have never experienced that much harvest ever. If the country is drought stricken, in any part of Botswana, drought relief projects are implemented. This only applies to rural areas and villages.

Drought is caused by global warming. It affects everyone. It even affects those living in the city. It's because of the climatic change, the rain cycle has changed completely now. It doesn't rain much any more; the rain has become more erratic and unpredictable. This causes confusion for farmers, especially when it's time to plow.

Most farmers in Papatlo and Borolong area are arable and pastoral farmers. The main source of income is arable and pastoral farming. If there is drought, it affects their livelihoods as they depend on those activities. They basically don't have jobs. They rely on government hand outs.

Unfortunately they can't turn to other ways of irrigation such as horticulture because diversity from arable to horticulture is too difficult because of the costs and lack of water.

Gainful employment or self employment can eradicate poverty. In Botswana, people are poor because they are lazy. They don't want to admit the fact that they are lazy. Laziness must also be discarded if the situation is to improve.