Social Safety Nets in Botswana

Administration, Targetting and Sustainability

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Published by Lightbooks
a division of
Lentswe La Lesedi (Pty) Ltd
PO Box 2365, Gaborone, Botswana.
Tel: 3903994, Fax: 3914017, E-mail: publisher@lightbooks.net
www.lightbooks.net

on behalf of Botswana Institute of Development Policy Analysis (BIDPA),
Private Bag BR29, Gaborone, Botswana. www.bidpa.bw

First published 2007

ISBN 978-99912-71-37-8

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Cover design by Paul Melenhorst

Typesetting and design by Lentswe La Lesedi (Pty) Ltd

Printed by Printing and Publishing Botswana (Pty) Ltd

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List of Abbreviations

ACBF	African Capacity Building Foundation
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retroviral
BOCAIP	Botswana Christian AIDS Intervention Programme
CHBC	Community Home Based Care
CR	Coverage Ratio
CSO	Central Statistics Office
DHT	District Health Team
DSS	Department of Social Services
GDP	Gross Domestic Product
GT	Government Transfers
HIES	Household Income and Expenditure Survey
HIV	Human Immunodeficiency Virus
IR	Implementation Ratio
LBRP	Labour Based Relief Programme
LIPWP	Labour Intensive Public Works Programme
LR	Leakage Ratio
M&E	Monitoring and Evaluation
MLG	Ministry of Local Government
MFDP	Ministry of Finance and Development Planning
MLGH	Ministry of Local Government and Housing
MLGLH	Ministry of Local Government, Lands and Housing
MLHA	Ministry of Labour and Home Affairs
NDP	National Development Plan
NGO	Non Governmental Organization
NSPR	National Strategy for Poverty Reduction
NSP	National Settlement Policy
OAP	Old Age Pension
PDL	Poverty Datum Line
PSFP	Primary Schools Feeding Programme
PSS	Psychosocial Support
RADP	Remote Area Development Programme
RAD	Remote Area Dweller
RADS	Remote Area Dwellers
SA	South Africa
S& CD	Social and Community Development
SOBERS	Social Benefit Payment and Reconciliation System
STPA	Short Term Plan of Action for Care of Orphans
SSN	Social Safety Net
TB	Tuberculosis
TER	Targeting Effectiveness Ratio
VDC	Village Development Committee
VGFP	Vulnerable Group Feeding Programme
WW II	World War II

Acknowledgements

This publication was derived from a consultancy study on the review of social safety nets in Botswana. The study was commissioned by the Rural Development Coordinating Division in the Ministry of Finance and Development Planning (MFDP), whom we thank for funding the project and for granting us permission to revise the consultancy report and publish it in this form. The study was overseen by a reference group consisting of representatives from Government agencies and non-governmental organizations, whom we thank wholeheartedly for their generous support and helpful comments and suggestions. We also thank the Central Statistics Office in the MFDP for providing us with the HIES database, without which this study would have been inadequate.

Part of the information used in this study was gathered through interviews with programme implementing and policy formulating agencies, focus group discussions with beneficiaries, and one-to-one interviews with beneficiaries and key informants, in Inalegolo, Phuduhudu, Kang, Leologana settlements in Kweneng, Hukuntsi, Lehututu, Tshane, Molepolole, Francistown and Gaborone. We thank programme beneficiaries (destitute persons, orphans, CHBC patients, needy students, old age pensioners, LBRP beneficiaries, RADP beneficiaries, WW II veterans and lactating mothers) for providing critical information on programme delivery. We also thank key informants and officers of implementing agencies for providing useful information pertaining to programme delivery, administration, and institutional issues, without which this study would have been incomplete. Key informants (stakeholders) consisted of tribal leaders, officers of implementing agencies, post office workers, shop owners, health staff, education staff, Village Development Committees, Home Based Care Committees, foster parents, and non-governmental organizations (NGOs). Officers from implementing agencies included those in the posts of District Commissioner, District Officer/District Officer Development, Deputy Council Secretary, Assistant Council Secretary, Chief Community Development Officer, City Clerk, Social Welfare Officer, Health Officer, Education Officer, Remote Area Development Programme Officer, and officers of civil society organizations, including NGOs.

We are grateful to Mr Letsogile Batsetswe, an Associate Researcher at BIDPA, for his input in analyzing beneficiary survey data and for proofreading the report. We also thank Mrs. Pinkie Kebakile, also a BIDPA Associate Researcher, for proofreading the document. Last, but not least, BIDPA would like to thank the African Capacity Building Foundation (ACBF) for funding the publication of this report.

INTRODUCTION

Although there has been "consensus that … broad-based economic growth is a necessary condition for alleviating poverty", it has also been widely recognised that growth, in itself, is not a sufficient condition (Coady, 2004; p.1). A system of effective social safety nets (SSNs) is also important in alleviating poverty. SSNs are those programmes that have the primary objective of reducing poverty directly, and in many developing countries, they are the only hope for reducing chronic poverty, malnutrition and diseases. While they have taken a variety of forms in developing countries, SSNs may be broadly classified into three categories: food subsidies, public works programmes, and targeted human capital subsidies.

The design and nature of SSNs has been guided by the nature and causes of poverty. Some programmes have been designed to address chronic poverty, where households remain in poverty over a long period of time due to their low asset base. Others have been designed to assist households out of transient poverty, which is due to their inability to protect themselves from shocks. In this connection, public policy has been both promotional and protective. The promotional role of public policy aims to eradicate chronic poverty through the enhancement of the asset base of households, whereas the protective role is concerned with assisting households that are vulnerable to shocks from entering into a spiral of poverty.

While they have good intentions, existing SSNs throughout the world have several shortfalls that render them ineffective (Coady, 2004). Firstly, they often do not reach the poorest households, who are the intended beneficiaries. Secondly, they are often characterised by "small, uncoordinated and duplicative transfer programmes" (p. 2). Thirdly, they are often characterised by high costs of transfer to households, due to operational inefficiencies and corruption. Fourthly, even if they reach the intended beneficiaries, they fail to lead to sustainable reduction in poverty. Lastly, transfers are often insufficient in both amount and coverage, implying insignificant impact on poverty reduction.

Public policy in Botswana is aimed at reducing poverty through broad-based economic growth, specifically through employment creation initiatives. However, public policy in Botswana also recognised that economic growth is not a sufficient condition for poverty reduction. As such, a number of SSNs have been introduced to assist the very poor and vulnerable groups in society. They have involved:

- Delivery of food packages to the very poor.
- Supplementary feeding programmes for vulnerable groups and primary school children.
- Entitlement programmes, such as the old-age pension scheme and World War II veteran grants.
- Provision of food, clothing, education, and protection to orphans.
- Assisting the terminally ill through home-based care.

- Labour-based drought relief programmes.

In this publication, we make a comprehensive review of SSNs in Botswana. The study draws from interviews and focus group discussions conducted with SSN beneficiaries, key informants and programme implementers, and the 2002–03 Household Income and Expenditure Survey (HIES), to examine a number of issues relating to delivery, administration and effectiveness of the existing SSNs. The rest of the report is organised in the following fashion. Chapter 1 provides a detailed outline of the methodology. Chapter 2 provides a general overview of poverty reduction policies in Botswana. In the same section, we discuss the role that SSNs play in poverty reduction, including their objectives and eligibility criteria. Chapter 3 discusses the views of beneficiaries, programme implementing agencies and key informants about programme delivery and administration. Chapter 4 uses HIES data to examine the effectiveness of SSNs. In particular, this section examines poverty over a life-cycle and the role of SSNs, programme coverage, targeting and overlaps, and effects of SSNs on poverty. In Chapter 5 we briefly examine the sustainability of SSNs using public expenditure data. Finally, Chapter 6 provides conclusions and recommendations.

1 Study Methodology

The study leading to this publication was based on a variety of data collection approaches. Firstly, a rapid assessment was used to obtain the views of SSN beneficiaries and other stakeholders concerning the efficacy and effectiveness of the programmes. Secondly, a desk-top review of the programmes was undertaken to address issues relating to programme objectives, eligibility criteria and administration. Lastly, the 2002–03 HIES database was used to examine programme coverage, targeting, leakages and overlaps, and the effect of SSNs on poverty reduction.

Primary data collection

Primary data was collected, from October to November of 2005, through interviews with implementing and policy-formulating agencies, focus group discussions with beneficiaries, and one-on-one interviews with beneficiaries and key informants. Gaborone, Francistown, Molepolole and Hukuntsi sub-district were selected as study sites, as they were viewed to be representative of major regions of the country.[1] A total of 256 beneficiaries were interviewed across the various SSN programmes, comprising 34 percent males and 66 percent females.[2]

Thirty-four focus group discussions were conducted with beneficiaries as well as care givers. In each focus group, there were 10 to15 people. Out of a total of 40 planned focus group discussions in all the four locations, 34 (or 85 percent) were conducted, implying a high response rate. The response rates were particularly strong for old age pension, destitute persons and orphans programmes. However, the response rates were poor with respect to community home-based care, lactating mothers, drought relief, RADP and World War II Veterans. Finally, in order to have a more comprehensive overview, one-on-one interviews were held with key informants (stakeholders).

Since primary data collection involved sharing of difficult life experiences, protection of human subjects was maintained through the following steps:

- Permission to conduct the study was obtained from relevant authorities.
- Anonymity was ensured by not recording the names of respondents.
- Participation in the study was voluntary, and respondents were informed that they were free to refuse, withdraw and/or terminate their participation.
- Social workers were available all the time to assist in cases where respondents broke down as a result of sharing traumatic experiences.
- Researchers were accompanied by Community Home Based Care (CHBC) volunteers or Family Welfare Educators during visits to homes of home-based care patients.
- Positive incentives were provided in the form of refreshments and transport.

Analysis of 2002–03 HIES Data

SSNs are supposed to be used as coping mechanisms for the poor, and, hence, they serve as instruments to assist the poor and vulnerable groups escape the spirals of poverty. In this context, the criteria for examining programme targeting, coverage and leakages should be based on the extent to which each programme benefits the poor and/or spills to the non-poor. Four measures of effectiveness in programme coverage and targeting have been used in the literature. They include Implementing Ratio (IR), Targeting Effectiveness Ratio (TER), Leakage Ratio (LR), and Coverage Ratio (CR) (Sumarto et al., 2002).

The approach divides the country's population into two groups; (1) target and (2) non-target. To illustrate, let us denote the target population (G) and the non-target population (H) (Table 1). We can further sub-divide the target and the non-target populations into participants and non-participants. Of the target population, let us denote participants (A) and non-participants (C). Therefore, (G) = (A) + (C). Note that (A) is called success as it reflects the targeted population that is actually reached, and (C) is called exclusion error as it reflects the targeted population that is not reached by the program (Table 1). Of the non-targeted population (H), let us denote participants (B) and non-participants (D). Therefore, (H)=(B)+(D). In this regard, (B) is called inclusion error because it reflects the non-target population that is participating in the program (when it should not be) and (D) is called success since it reflects the non-target population which is actually not participating in the program (it should not be participating in the first place). Of the participants (E), we have the target (A) and the non-target (B); thus (E)=(A)+(B). Similarly, the non-participants (F) could be subdivided into target (C) and non-target (D), meaning that (F)=(C)+(D).

Table 1: Evaluating programme targeting and coverage effectiveness

Participation in program	Population (I)		Total
	Target	Non-Target	
Participants	Success (A)	Inclusion error (B)	(E) = (A)+ (B)
Non-participants	Exclusion error (C)	Success (D)	(F) = (C) + (D)
Totals:	(G) = (A) + (C)	(H) = (B) + (D)	(I) = (A) + (B) + (C) + (D)

Source: Sumarto, et. al. (2002)

Based on these subdivisions of the population, we can derive coverage and targeting effectiveness ratios: IR, TER, LR and CR. The IR can be computed as: IR = (E)/(G), where (E) represents the actual total coverage and (G) is the total target population. TER is the ratio of the beneficiaries (participants) belonging to the target population. Therefore: TER = (A)/(E). The leakage ratio, which measures the proportion of the participants (beneficiaries) which are the non-target population: is expressed as: LR = (B)/(E) = 1–TER. Finally, CR measures the proportion of the target population which is actually covered by the program; thus, CR = (A)/(G).

Most of the SSNs in Botswana are not necessarily targeted at the poor since they are all inclusive; they are based on the eligibility criteria that can qualify both the poor

and the non-poor to receive the benefits. Thus, most SSNs are not means tested. For example, the primary school feeding programme (PSFP) targets children attending public primary schools, irrespective of whether or not they are from poor or non-poor households. The old-age pension scheme targets all individuals aged 65 years and above, irrespective of whether they are poor or non-poor, or whether they benefit from other pension plans. The orphans care programme targets all orphans, regardless of their poverty status. Similarly the vulnerable group feeding programme (VGFP) targets special groups in society, irrespective of their poverty status. The destitute programme covers a given segment of the poor, but not all the poor, and generally the beneficiaries should be the very poor.

Thus, in the context of Botswana, the standard methodology which assumes that the programmes are targeted at the poor, should be interpreted with care. At best, the approach should only be interpreted to portray what would attain if the programmes were targeted at the poor. Notwithstanding this observation, it would be difficult to apply the methodology using the eligibility criteria for each SSN, due to the paucity of data. As a result, we adopt this methodology with the assumption that the SSNs are intended to benefit the poor. In line with this, our analysis is based on examining the extent to which the SSNs benefit the poor compared to non-poor households. The analysis helps in determining if means testing of some of the programmes could reduce government expenditure on SSNs, or improve the poverty reduction focus of SSNs.

To conduct the analysis this way, we categorised the households into per capita consumption expenditure quintiles, where the lower quintile (Q1) represents poor households and the remaining four quintiles (Q2, Q3, Q4 and Q5) contain non-poor households. The assumption here is that all households in Q1 should benefit from the SSNs and that those in Q2 to Q5 should not benefit.[3] To complement this analysis, we used poverty datum lines (PDLs) constructed by the Central Statistics Office (CSO) in the HIES database, to classify households as poor and non-poor, and to further determine how beneficiary households are distributed between these two groups.

The HIES database is also utilised to examine programme overlaps at household level. To achieve this, beneficiary households in each per capita consumption expenditure quintile were classified according to the number of SSNs they benefit from. While the household level analysis does not detect whether or not individuals participate in more than one SSN, it helps to examine how the household, as a unit, benefits from the various SSNs. The quintile analysis of overlaps is complemented by a matrix showing the number of beneficiary households participating in any pair of SSNs. Finally, the HIES database is used to examine the extent to which the provision of SSNs leads to poverty reduction. A simple analysis is adopted here, where household consumption derived from SSNs is removed from total household consumption and poverty headcount indices recalculated. This method is only indicative as it suggests that the provision of SSNs does not affect household decisions to engage in productive activities such as employment or agricultural production.[4]

2 Poverty Reduction and Social Safety Nets

The Botswana Government has, since independence, pursued poverty reduction as one of its development strategies. The desire to reduce poverty has been expressed in a number of policy documents, including but not limited to: (1) National Development Plans (NDPs), (2) Vision 2016 and (3) National Strategy for Poverty Reduction (NSPR). Government has adopted a three-pronged approach to poverty reduction:

- Promotion of broad-based economic growth through the introduction of economic incentives for employment creation, income generation, and citizen economic empowerment and entrepreneurial development.
- Investment in public infrastructure and social services to enhance human capability outcomes.
- Adoption of SSNs to target the poor and vulnerable groups.

National development planning has been guided by the four principles of Democracy, Development, Self Reliance and Unity, which can be traced back to the country's third National Development Plan (NDP) (see Ministry of Finance and Development Planning, 1970; 1977; 1980; 1985; 1991; 1997; 2003). Government has sought to achieve the four broad objectives of sustainable development, rapid economic growth, economic independence and social justice. While all these objectives are, one way or the other, linked to poverty reduction, particularly from the standpoint that broad-based economic growth should generally lead to poverty reduction, one particular objective, Social Justice, advances the need to deal with poverty reduction directly. According to NDP 7, social justice refers to a "democratic way of life, the protection of human rights, and the availability of basic needs, and equal access to economic opportunities" (Ministry of Finance and Development Planning, 1991, p.32).

The social justice objective recognises that, while Government's strategy is to promote improved standards of living through the productive effort of individuals, there is also need for government "to ensure access to basic amenities of life such as health care, clean water supplies, access to communal land for undertaking productive activities … [and] shelter, and basic education" (Ministry of Finance and Development Planning, 1991; p.34). It has also become necessary for government to augment the incomes of the very poor through various SSNs. In sum, the social justice objective recognises the need to address all the dimensions of poverty, including income, capability, and participation poverty. All these dimensions have been explicitly cited as development concerns in the current NDP, where poverty reduction is one of the strategies for economic development (Ministry of Finance and Development Planning, 2003).

Vision 2016 was launched in 1997. The Vision has seven "pillars", as below.

- An educated and informed nation
- A prosperous, productive and innovative nation
- A compassionate, just and caring nation

- A safe and secure nation
- An open, democratic and accountable nation
- A moral and tolerant nation
- A united and proud nation.

While all of these pillars have some link to poverty reduction, the Vision expresses poverty reduction and eradication targets more directly through the pillar of "compassionate, just and caring nation". This pillar includes five closely related areas of income distribution, poverty, social safety nets, health and HIV/AIDS. Through this pillar, it is intended that absolute poverty will be eradicated by 2016, implying that, by then, no individuals in Botswana would earn incomes (or consume at) less than their poverty datum lines (PDLs). While recognising the importance of access of all Batswana to productive resources, regardless of ethnicity, gender, and other conditions (for example, disability and misfortune), this pillar advocates for the adoption of a system of SSNs to extend support to the impoverished and vulnerable groups in society (the elderly, the disabled, the terminally ill and the orphans).

The importance of poverty reduction as one of the key development strategies was also demonstrated through the introduction of the National Strategy for Poverty Reduction (NSPR) in 2003. The NSPR recognises the importance of broad-based economic growth as a means to promote sustained reduction in poverty. Broad areas of concern for the strategy include macroeconomic stability, price stability, exchange rate stability, efficient financial systems, sound fiscal policy (to promote sustainable economic growth and diversification), and attraction of foreign direct investment. It further includes access to land and its productive use by the poor, promotion of tourism through the establishment of the national tourism board, promoting the achievement of Vision 2016 targets, human resource development and utilization, mainstreaming HIV/AIDS into the national development programmes, the creation of a poverty-related database and information systems, and enhancement of public sector performance.

Key areas of development under the NSPR (during NDP 9) include enhancement of sustainable livelihoods, enhancement of human capabilities, enhancement of participation in programmes by beneficiaries, and strengthening of local government institutions. Thus, the NSPR is intended to promote a sustained reduction in poverty through initiatives that promote broad-based economic growth through the development of human capabilities (to provide opportunities for sustainable livelihoods) and through the promotion of a conducive environment for investment, and hence, economic growth. Additionally, the NSPR recognises the need for government to continue to use SSNs to target the most vulnerable segments of society.

Existing publicly provided SSNs include entitlement programmes such as World War II Veterans grants and the old age pension scheme, supplementary feeding programme, community home-based care programme, remote area development programme, and public works programmes. Table 2 provides a list of these programmes, their eligibility criteria, and the packages provided through each programme. The objective of the *Destitute Persons Programme* is to ensure that government provides minimum assist-

ance to genuine destitute persons to ensure their good health and welfare. The food basket, which provides 1750 calories a day, is sufficient to maintain health. However, the ration is not sufficient to allow a person to engage in sustained manual labour. The programme also has provisions for shelter, medical care, occasional fares, funeral expenses, exemption from levies, taxes, school fees and water charges, and tools for rehabilitation projects. Applicants are rigorously means tested.

The *World War II (WW II) Veterans Programme* and the *Old Age Pension (OAP) Scheme* are entitlement programmes because they are not means tested. For the OAP, all persons aged 65 years or older are eligible. For the WW II Veterans Programme, all WW II veterans (all of whom are now aged over 65 years), their surviving spouses or their children aged 21 years or under are eligible. Thus, these two programmes are generally meant to benefit the elderly. The proportions of eligible beneficiaries actually receiving the benefits under the two programmes are very high. The 2002–03 HIES database suggests that over 95 percent of the eligible elderly have registered for the OAP Scheme.

Supplementary feeding programmes include the *Primary School Feeding Programme* (PSFP) and the *Vulnerable Group Feeding Programme* (VGFP). The primary objectives of the PSFP are to minimise child malnutrition or stunting, and to enhance learning. The pupils are provided with both a snack and a full, cooked midday meal. The caloric value of the feeding programme is one third of the child's daily need. The VGFP provides rations to the children aged five years or less, pregnant and lactating women and TB patients. In total, the feeding programmes cover about 580,000 individuals (312,000 primary school children plus 268,000 beneficiaries under the VGFP). Thus, these programs cover about one third of the country's entire population, which is phenomenal.

The Orphans Care Programme was launched through the Short Term Plan of Action for Care of Orphans (STPA) in Botswana (1999–2001). The programme responds to the immediate needs of orphans, such as food, clothing, education, shelter, protection and care. Official records indicate that in the 2005–06 financial year, about 51,600 orphans were registered in the programme, and there were an additional 6,200 potential orphans benefitting from the CHBC programme. These are the children of the adults registered in the CHBC programme. It is estimated that about 60 percent of the eligible orphans are registered.

When it was launched, the *Community Home Based Care* (CHBC) *programme* was meant to allow HIV positive persons with fully-blown AIDS the opportunity for enhanced nutrition and care in their home so that they had dignity to the end. Monthly benefits per beneficiary currently range from P200 to P1500. According to official records, about 10,600 individuals were enrolled in the programme in 2005 and some 4,300 were in the process of enrolment.

The objective of the *Remote Area Development Programme* (RADP), until its comprehensive review in 2003, was the provision of social service infrastructure as well as the promotion of economic and community development in the 64 designated settlements. Presently, the objective of the RADP is to accelerate economic development, alleviate poverty and promote sustainable livelihoods in remote areas. The RADP has largely achieved its social service infrastructure goals in the 64 recognised settlements,

Table 2: Publicly provided social safety nets

SSN programme	Eligibility criteria	Packages
(1) The Destitute Persons Programme	• Individuals unable to engage in sustainable economic activities, due to disability or chronic health problems. • Individuals with insufficient assets or income sources; should have less than 4 livestock units, and should earn income less than P120/month without dependents or P150/month with dependents. • Individuals who due to physical or mental disability are incapable of engaging in sustained economic activity, as determined by a health practitioner. • Individuals who due to emotional or psychological disability are incapable of engaging in sustained economic activity, as determined by a social worker. • Children under 18 living under difficult circumstances. • Individuals who are terminally ill.	• According to the policy, permanent rural destitute persons receive food packages amounting to P211.90 per month. Their urban counterparts receive food packages worth P211.40 per month. However, the figures may go up, depending on the cost of the approved food basket. • According to the policy, temporary destitute persons receive monthly food rations valued at P181.90 in rural areas, and P181.40 in urban centres. However, the figures may go up, depending on the cost of the approved ration. • Both permanent and temporary destitute persons receive an additional P70.00/month (in cash) for personal (non-food) items. • Provisions are made for shelter (if needed), medical care, occasional fares, funeral expenses, and exemptions from service levies, taxes, water charges, street licenses and school fees, and tools required for rehabilitation.
(2) Vulnerable Group Feeding Programme	• Based on whether a drought has occurred; thus coverage depends on assessment by the District Based Drought Committees, Inter-Ministerial Drought Committee and the Early Warning Technical Committee. • During non-drought years, the programme covers medically selected under-five children and pregnant and lactating women (including those who are anaemic, not gaining enough weight, teenagers between 13 to 18 years, and TB and leprosy patients); blanket coverage is implemented during drought years.	• Tsabana (a fortified soghum and soya product) for children between 6 and 36 months. • Dry skimmed milk for children aged 37–60 months and medically selected pregnant and lactating women. • Sunflower oil for children aged 6–60 months. • Fortified precooked maize for children aged between 37–60 months and TB out-patients.

(3) Orphan Care Programme	• Children under 18 years of age who have lost one (single) or two (married) parents (biological or adoptive).	• According to the policy, the food baskets (amounting to P216.60) are provided through local retailers; each basket is based on nutritional requirements by the age of the child. However, in practice, the cost of food baskets depends on prevailing local prices. • Clothing, toiletry, transport fees, school fees, etc.
(4) Community Home Based Care Programme	• Provides optimal care for terminally ill patients in their local environment. • While it was established in response to the HIV/AIDS epidemic, it covers those patients with other conditions as well. • The basket is provided to needy patients only. • Assessment guidelines for the destitute programme are applied.	• Provides food baskets based on recommendations by a doctor or dietician; thus no price is attached to the food basket. • In practice, the cost of food baskets has ranged from P200 to P1,500 per patient per month.
(5) Primary School Feeding Programme	• All children attending public primary schools are eligible.	• The food basket caters for a third of the daily caloric requirements for children. • Two meals are provided, a mid-morning snack and lunch.
(6) Old Age Pension Scheme	All citizens aged 65 years and over are entitled for benefits.	• Pensioners received P191.00 per month.
(7) World War II Veterans Grants	• All WW II veterans are eligible for benefits under this programme. • When the veteran dies, his widow receives payments. • If both the veteran and his spouse are deceased, their children under the age of 21 receive payment.	• The beneficiary receives P312.00 per month.

(8) Labour Based Drought Relief Programme	• Provides temporary income support during periods of drought; workers are engaged in labour intensive programmes.	• Labourers receive P15.00 while supervisors receive P20.00 per six-hour day.
(9) Remote Area Development Programme	• Targeted at all marginalised communities in the remote areas of Botswana.	• Provides basic facilities to communities; facilities include education, health, drinking water, and vulnerable group feeding schemes. • Promotes access to land and water through water rights. • Promotes income generating opportunities for remote areas dwellers. • Promotes self reliance, social integration, etc.

and hence the distinction between a Remote Area Dweller (RAD) and a non-RAD settlement is blurring.

The *Labour Based Relief Programme* (LBRP) is a drought relief programme that is made operational on a declaration of drought but otherwise resides as a part of the *Labour Intensive Public Works Programme* (LIPWP). The LBRP provides employment opportunities for vulnerable members of communities through their engagement in construction and/or maintenance of public facilities. Similarly, the LIPWP provides short-term employment opportunities as a poverty reduction initiative.

3 Findings from the Rapid Assessment

Risk and vulnerability, and coping strategies

Beneficiaries confirmed that the main sources of risk are largely covariate shocks such as HIV/AIDS, drought, harvest failure, livestock diseases, and unemployment as well as idiosyncratic shocks such as illness, lack of education, orphan-hood, widowhood, disability, lack of family support and old age. Key informants interviews and focus group discussions confirmed this finding.

Table 3 summarises views of beneficiaries regarding coping strategies that were used before the introduction of SSNs. As expected, the majority of them indicated that they relied mostly on the subsistence economy for survival (55 percent). The extended family also played a crucial part in providing support for family members, followed by informal social security mechanisms such as *mafisa, metshelo* and burial societies.

Table 3: Coping strategies before SSN programmes

Coping strategy	Number	Percent
Hunting, ploughing, rearing livestock	140	54.7
Extended family support	23	8.9
Own production/job	12	4.7
Informal social networks	10	3.9
Remittances	7	2.7
Other	28	10.8
Don't know	17	6.6
Missing	19	7.4
Total	256	**100**

Source: Author computed from beneficiary survey

Beneficiaries cited the following as plausible reasons for government intervention through SSNs:

- Rising poverty levels
- Unemployment (especially in the rural areas)
- To help those who are unable to look after themselves
- To fight HIV/AIDS
- Death of family members, which leads to erosion of family income
- Disintegration of the extended family system, as well as community closeness
- Persistent drought making subsistence farming difficult
- Transformation of subsistence mode of production to cash economy
- Social security is a right.

Generally, these responses suggest that, to a large extent, beneficiaries understand

why public SSNs were introduced. Further, data from focus groups reflected that though informal safety nets in the form of *mafisa, go tshwara teu* and *majako* are known, few participate in them. As widely acknowledged, the provision of informal social security schemes has been part and parcel of the Batswana social structure even during the pre-colonial era. The *mafisa* system allowed the poor to look after the other people's cattle and in return to have access to these cattle.[5] While taking good care of the livestock, recipients had free milk for the family, used the cattle as draught power and also to transport water, firewood or collect harvest. On the other hand, the system of *go tshwara teu* allowed the poor to look after other households' cattle and in return given payment of one or two cows. Finally, the *majako* system provided the poor with an opportunity to work in the fields or sell their labour during the ploughing or harvesting seasons and in return, get a share of the harvest. However, these systems have generally collapsed and they are no longer commonly used.

Burial societies on the other hand, have become another strong form of informal social security for the majority of people who occupy low paying jobs. Ngwenya (2000) in her comprehensive study on burial societies in Botswana classifies them into three main categories namely; work-based societies, ethnic-cum-region societies and communal oriented burial societies. Work-based societies tend to draw members from specific workplaces like government departments, schools, private companies and parastatal institutions. Ethnic-cum-region societies draw members from non-Setswana speaking ethnic minorities who are living predominantly among the Setswana speaking population. Finally, communal societies are those localised to a particular village and these tend to cut across socio-economic boundaries. However, despite their classification, these societies provide an important source of support to members in the provision of financial emergency relief during the death of a family member. In addition to financial support, members are provided with other logistical support such as household equipment, chairs, tables and other necessary household necessities.

Overall, informal safety nets are no longer considered as coping mechanisms due to the diminishing spirit of communalism and self-help. Where traditional institutions exist, they are overwhelmed by the increasing number of the needy. Traditional institutions are also regarded as inferior compared to publicly provided SSNs. Beneficiaries were asked to indicate how they would cope without SSNs. Table 4 presents the views expressed. More than half of the beneficiaries (55 percent) indicated that their living conditions would become worse (i.e. they would not cope without SSNs). A few others (11 percent) said they would look for a job, whilst 7 percent reported that they would rely on remittances from family members. Some respondents pointed out that they would have chosen to engage in agricultural activities in the absence of SSNs. The fact that certain individuals would have chosen to look for jobs or engage in subsistence agricultural activities in the absence of SSNs indicates that the programmes affect household decisions.Thus, to some extent, these programmes may have created an attitude of dependency on government support, leading to reluctance to look for jobs or to engage in agricultural activities.

Table 4: How beneficiaries would cope without SSNs

Coping Strategy	Number	Percent
Conditions would be worse/ won't cope	141	55.1
Would find a job	29	11.3
Rely on remittances	19	7.4
Engage in crime	12	4.7
Rely on informal safety nets	8	3.1
Engage in agriculture	5	2.0
Borrow or beg for money	6	2.3
Don't know	17	6.6
Other	2	0.8
Missing (did not respond to the question)	17	6.6
Total	256	100

Source: Author computed from beneficiary survey

Views on the eligibility criteria of SSNs

Strong views were expressed by key informants in favour of means testing versus a universal coverage of the orphans programme. The following reasons were advanced in favour of means testing.

- The policy partly defines an orphan as someone who has lost one single parent. This definition assumes that all unmarried men do not want to take care of their children although some pay maintenance for these children through the District Commissioner's office. Adopting this definition creates a generation of children labelled orphans whereas a mechanism could be devised to ensure that they are properly cared for and supported by the surviving partner even if this is a man.
- Some single parents leave behind assets that children could survive from, at least in the short term. Therefore, assessment could be made to determine their socio-economic status rather than automatically enrolling them into the programme once the parent dies.
- Co-habiting partnerships have become increasingly popular in Botswana. There will be need to assess the family situation to determine whether children born out of these relationships could be supported by the surviving partner.
- Means testing should be done. However, this should be in the best interest of the child. For example, where there is a clear indication that the child will be subjected to abuse or will live under an unsupportive environment the child should automatically be registered into the programme.

Views regarding the eligibility criteria for the OAP scheme were varied. The majority of government officials, including those who are directly implementing the scheme, recommended that this programme should be means tested. One fundamental reason justifying means testing was that those elderly benefitting from alternative pension

schemes (for example, retired civil servants) or those with adequate means to sustain themselves should not be eligible for additional pension under the OAP. Means testing would also ensure that the money saved from those who are taken out of the scheme is used to increase the cash benefit to the remaining beneficiaries, since some needy pensioners contribute to children or grandchildren's education and welfare through OAP benefits. Those in favour of the current status, where means testing is not conducted, argued that since government decided that the purpose of this scheme is to reward the elderly for (or appreciate) their contribution in society, it would be unjustified to then disqualify some of them from receiving the OAP benefits. Pensioners interviewed in a focus group discussion were adamant that this 'gift', as they call it, should not be taken away from anybody despite their socio-economic status.

Overall, the majority of key informants interviewed were happy with the eligibility criteria for the WW II Veterans Programme, as well as the manner in which this scheme is implemented. A few veterans, however, felt that the cash benefit agreed to with the "British Queen" was much more than what they get, and believe their children should be entitled to it even when they are aged more than 21 years, as they have no inheritance to bequeath to them due to their involvement in the war.

There was a general consensus that the eligibility criteria used in the destitute persons programme are comprehensive and inclusive. Stakeholders welcomed the fact that the value of the food basket is allowed to vary depending on the prevailing local prices, to allow beneficiaries access to all the food items in the basket. Key informants recommended that the eligibility criteria for CHBC should be revisited because some beneficiaries, after taking ARVs, have gained good health and have gone back to work. These people still want to continue receiving assistance although they can afford to pay for their basic necessities. Health personnel were of the opinion that the VGFP should be sustained because the majority of their clients come from poor households.

Key informant interviews and focus group discussions reported that eligibility criteria for the PSFP should not be changed because most children come from poor backgrounds and therefore rely on school feeding to get balanced meals. Responding to the question of the contents of the menu, respondents confirmed that the schools provide a very basic food ration, which excludes fruits, vegetables or salads.

In summary, the findings from this study seem to make strong justifications in favour of means testing the Orphan Care Programme, CHBC as well as the OAP scheme. However, means testing the Orphan Care Programme will require, amongst other things, adequate staff to carry out careful assessment, close monitoring of the situation of each orphan and finally, provision of ongoing counselling to determine the changing needs of orphans.

Level of satisfaction with SSN delivery

In general, respondents were of the opinion that the objectives of the SSNs are being met. Less than half of the beneficiaries (48 percent) indicated that they were satisfied with SSNs delivery. Some were neutral (20 percent) while 17 percent were not satisfied (Table 5).[6]

Table 5: To what extent are you satisfied with SSN delivery?

	Very Satisfied		Satisfied		Neutral		Not Satisfied		Missing		Total	
SSN	**no**	**%**	**no**	**%**	**no**	**%**	**no**	**%**	**no**	**%**	**no**	**%**
Destitute	19	7.4	7	2.7	16	6.3	8	3.1	6	2.3	56	21.9
Orphans	14	5.5	21	8.2	11	4.3	12	4.7	6	2.3	64	25.0
CHBC	6	2.3	10	3.9	6	2.3	1	0.4	12	4.7	35	13.7
Needy Student	4	1.6	2	0.8	0	0.0	2	0.8	5	2.0	13	5.1
Old Age	12	4.7	11	4.3	8	3.1	5	2.0	6	2.3	42	16.4
LBRP	5	2.0	2	0.8	1	0.4	7	2.7	0	0.0	15	5.9
RADP	5	2.0	0	0.0	1	0.4	5	2.0	0	0.0	11	4.3
WW II Vets	1	0.4	3	1.2	3	1.2	0	0.0	0	0.0	7	2.7
Lactating mothers	0	0.0	0	0.0	4	1.6	4	1.6	5	2.0	13	5.1
TOTAL	66	25.8	56	21.9	50	19.5	44	17.2	40	15.6	256	100

Source: Author computed from beneficiary survey

Through focus groups of beneficiaries and key informant discussions the predominant themes below emerged as causes of concern with SSNs delivery.

Safety issues in implementing the cash component. Pension officers lamented that they are at serious risk because they have to deliver the cash to beneficiaries who live in villages where there are no post offices. Key informants also reported on fraudulent activities carried out by government officials. The Ministry of Local Government (MLG) reported that in 2005 it lost over P500,000 due to fraud. In Francistown, officers reported that their offices have been broken into in some areas. Commenting on the role of the police in providing security, respondents reported that this is not enough since police officers could also be attacked and killed as they are not armed. The majority of the respondents recommended that as much as possible, the cash component should be distributed through the banks, post offices or shops. Issues of safety are not only a concern within government. At household level, some of the elderly are robbed of their money by relatives, and of the food items as they push their trolleys home.

Exit from programmes. The rehabilitation component of the destitute persons programme has not been fully implemented. Exit from destitution is still a problem as many destitute persons registered are poor elderly people with no skills or energy to work. There is a known tendency by persons currently on the CHBC programme demanding the food package even when they appear healthy and have returned to work. This is due to the lack of a prescribed and enforceable exit assessment process based on health and social criteria. This is being actively addressed by Department of Social Services (DSS). Once the exit mechanism is in place beneficiaries can be assessed based on the requirements of the providers. Those beneficiaries found to be both healthy and able to again

provide for their socioeconomic needs will cease to qualify for the benefit packages.

Supply and adequacy of packages. Some orphans complain that they get uniforms late from suppliers. It was also reported that some shop owners do not include all items in the food baskets. Pensioners want their allowance increased because they lack capacity to care for themselves due to being feeble, too old or having no energy to work. They also reported that they support members of their families like unemployed children and grandchildren. Provision of shelter has not been fully embraced by councils.

Support to orphans. The blanket coverage of orphans was reported to be defeating the objectives of the programme due to the fact that orphans have different needs. Psychosocial support is not adequately provided because social workers lack skills in this area. Moreover, due to shortage of personnel, very little counselling is provided. Follow up is not done consistently to ensure that proper care and support is provided.

Other issues. There are long queues at the post offices and shops. Elderly citizens complain of poor services and lack of toilet facilities at the post offices.

It is interesting to observe that some of these findings are consistent with the results of the study conducted to assess the situation of orphans and vulnerable children (Ministry of Local Government, 2003). In this study, just less than half of the households interviewed indicated that they were satisfied with the food rations provided to orphans. Almost 75 percent of the caregivers stated that their children needed clothing and some indicated that they required uniforms.

The provision of psychosocial support on the other hand, has been identified by researchers and practitioners as a key element in the care and support of orphans (Republic of Botswana, 1998, 2003; Ministry of Local Government and Housing, 1999; Botswana Christian AIDS Intervention Programme (BOCAIP) Annual Report, 2002; Ministry of Local Government, 2003). Seemingly, during a consultative workshop organised in September 2003 to evaluate the psychosocial needs of children, service providers came to a conclusion that orphans must be provided with psychosocial support because they lack emotional support; they experience trauma, stress, and low self-esteem, and often suffer stigma and discrimination (Republic of Botswana, 2003). A strong recommendation was made in favour of a balance between provision of material support and the psychosocial component.

TARGETING OF SSNS

The majority of the beneficiaries (73 percent) confirmed that the right people are being targeted for the schemes. However, about 20 percent of the beneficiaries felt that SSNs do not always target the right people. This was reinforced by interviews with key informants and some focus groups, which reflected that there is a lot of political interference when it comes to registration of beneficiaries resulting in some individuals benefitting when they are not eligible. Key informants from implementing agencies also stated that

some community leaders, such as the VDC members, interfere with proper targeting of SSNs. Thus, while existing SSNs are largely reaching the intended beneficiaries, they are also characterised by leakages to unintended individuals, partly because of political interference.

Focus groups suggest that two categories of beneficiaries are not covered by existing SSNs and therefore must be specifically targeted. These are people with disability and unemployed school leavers. Survey data reflect that a quarter of beneficiaries (24 percent) live with someone with one form of disability or another. Categories of disability reported included those who are aurally, orally, visually and mentally impaired or physically disabled. While it was acknowledged that the district health teams include a unit that has the responsibility for people with disability, respondents stated that the problem of disability is not only about access to appliances, but also access to emotional and psychological support, and training for gainful employment. Interviews with beneficiaries as well as key informants acknowledged that, although the Revised National Policy on Destitute Persons covers material needs of people with disability, the disabled people have special needs that must be met. For example, they need wheel chairs, guide dogs, care, shelter and money. The reasons are that they are unable to work; some have no skills, no relatives to take care of them, and they lack the strength and capacity to work. They would therefore benefit from a disability grant to address these needs, which could be administered by the Department of Social Welfare.

Youth unemployment is rampant in the country due to the inability of the economy to create enough new jobs. Some parents of unemployed school leavers are unemployed or widowed, and hence are unable to take care of unemployed youth. Respondents, therefore, felt that SSNs should cater for unemployed youth.

ADMINISTRATION AND INSTITUTIONAL ISSUES

Policy implementation and coordination

Government has formulated policy instruments and procedures to guide the implementation of SSNs. These include, but are not limited to, the Revised National Policy on Destitute Persons, The Short Term Plan of Action for the Care of Orphans in Botswana, Family Care Model for Home Based Care and Orphans, and the Remote Area Development Programme. Although these policy documents have one objective in common, to promote the wellbeing of individuals and families, they are nevertheless implemented under different administrative structures at the local level. The Social and Community Development Department (S&CD), for example, has been given the mandate to provide services to destitute persons, orphans, needy students and community home based care patients. The District Health Team (DHT) takes care of the vulnerable groups such as the under fives and their mothers. Finally, the OAP scheme and the WW II Veterans programme are implemented under District Administration, although this department reports directly to the MLG. Overall, the S&CD department implements a significant portion of SSNs compared to other departments in the district.

Evaluating this aspect of the programmes, strong views were expressed by implementers at the local level for a more harmonised and coordinated administrative structure. Concerns were raised that the Pension Office and S&CD serve the same beneficiaries and yet, the reporting systems are different. To some people, this creates unnecessary delays when it comes to implementation. Overall, there was a general consensus that the Local Authorities will be better placed to house all the SSNs by virtue of the fact that these institutions have been mandated to provide social services and, secondly, they are closer to the people than Central Government. Other views were that a Department of Social Security should be set up at the district level to coordinate all SSNs, reporting directly to the Ministry of Labour and Home Affairs (MLHA).

The issue of fragmentation of social protection schemes was identified as a major stumbling block in programme implementation during the National Conference on Social Security held in Gaborone in September 2004. Stakeholders participating at this conference recommended the development of a comprehensive social protection policy which would guide the implementation of schemes and provide well coordinated implementation machinery (Ntseane, et al., 2004). Other authorities in the SADC region have also noted this as an area requiring serious attention (Olivier and Kalula, 2004). This study acknowledges that the development of an integrated and inclusive framework is necessary given the fragmented nature of social welfare programmes in general. For example, the Department of Youth and Culture under the MLHA complements the efforts of S&CD; so does the Department of Women's Affairs. Yet during the consultation process, there was no reference to the effect that close collaboration exists at implementation level between these departments to enhance the overall wellbeing of children, youth and women.

An integrated, coordinated and participatory system would yield better results at lower costs since scarce human resources will be shared efficiently. In South Africa (SA) a Department of Social Development was created to oversee all the SSNs and to further improve programme coordination and delivery. In Namibia a Social Security Commission has been established to fulfil the same coordination role and this has significantly improved service delivery. Given the noted lack of coordination of SSNs in Botswana, it may be appropriate to consider a Ministry of Social Development as the coordinating structure referred to above. However, it is recognised that a more careful assessment will have to be made to review best practices regionally and internationally before a new structure is put in place, in order to ensure that such a structure addresses all the issues of SSNs raised in this report.

Staffing capacity

Capacity to implement SSNs is seriously hampered by acute shortage of staff. This view was supported by data from key informant interviews and from beneficiaries, who complained that they do not see their social worker regularly. Social workers indicated that, besides implementing social services, they are mandated to address complex issues which have emerged as a result of rapid social change. The most challenging are, rising divorce rates, domestic violence, juvenile delinquency, HIV/AIDS, youth unem-

ployment, breakdown of family relations, rehabilitation of young offenders and custody issues. Given this scenario, social workers admitted that they are unable to carry out the core business of their profession. In addition, they even fail to do a thorough job when it comes to assessing clients for SSN programmes and making necessary follow-ups. Further, they also acknowledged that they find it impossible to cover all beneficiaries who qualify or to conduct ongoing monitoring on those who are registered.

Coupon system

A majority of key informants felt that introducing a coupon based system for the distribution of the destitute food basket had merit. However, the caution is that such a system should be carefully researched and then piloted in a small district near Gaborone, for example, as well as a sparse settled sub-district with many small villages and few large shops. The aim of the pilot process would be to work out teething problems and identify (and cope with) loopholes. Key informants felt that a distinct advantage of the coupon system would be a role reversal in the current interaction between a destitute and a shopkeeper distributing tendered food. Presently, the destitute person is completely beholden to the shopkeeper to distribute the correct quantities in a timely manner. There is no simple recourse for the destitute person who lacks education and in many cases both self-esteem and the ability to present his grievance in a convincing manner. With a coupon system the destitute is both the beneficiary and the customer. The destitute can choose the vendor that provides the best service for any particular commodity and take their custom to that vendor. The vendor/shopkeeper has to be both competitive against other shopkeepers, and be mindful of the needs of customers, even destitute customers. Another fundamental advantage of the coupon system is that it would allow social workers to concentrate on providing the much needed professional expertise in areas of critical need.

Outsourcing/privatization

Respondents were of the opinion that outsourcing some activities will bring about positive outcomes in the implementation of the SSNs. Activities that could be outsourced are; tendering system, food distribution, voucher system and all other elements that go with the food basket. Social workers were cautious that professional activities such as assessment of beneficiaries and registration should be left under their jurisdiction. Other social workers felt that outsourcing will have negative effects on beneficiaries as those outsourced to will be in the private sector with only a profit motive and little concern for the wellbeing of beneficiaries.

Monitoring and evaluation

Comprehensive monitoring and evaluation (M&E) tools have been developed to integrate the CHBC and orphan care programmes into a family-focused support system. The Family Care Model implementation guidelines, now being used by the Francistown City council to monitor and evaluate these two programmes, could be extended to all councils. The Revised National Policy on Destitute Persons however does not have a M&E component. Asked to comment on how they measure of programme success, officers

interviewed pointed out that they are expected to submit monthly, quarterly and yearly reports to the Council Health and Welfare Committee as well as to the MLG. In addition, a monitoring system has been put in place at the food distribution points. Both the care taker and a VDC member have to be present and they are expected to sign the invoice as a testimony that the correct ration has been supplied and that the quality of the food basket is good. In addition, supervisory trips to the districts are undertaken by officers of the DSS to meet beneficiaries, caregivers and field officers in order to gauge the level of implementation and suggest ways of addressing issues of concern through the office of the Council Secretary.

4 Effectiveness of SSNs: What does the HIES data tell us?

Characteristics of households

Table 6 provides a summary of the HIES sample households and expansions to total households in Botswana. These are broken down according to whether or not households received government transfers through SSNs. The HIES database contains a total of 6,053 households. Of these, 1,543 (25 percent) received government transfers through SSNs and 4,510 households (75 percent) did not benefit from SSN programmes. When expanded to the country level, 126,408 (32 percent) benefitted from publicly provided SSNs, compared to 267,864 households (68 percent) which did not benefit.

Table 6: Households benefitting from SSNs

	Sample households		Population households	
Benefit Status	**Number**	**Percent**	**Number**	**Percent**
Did not benefit from SSN(s)	4,510	74.5	267,864	68
Benefitted from SSN(s)	1,543	25.5	126,408	32
Total	6,053	100.0	394,272	100

Source: Author computed from 2002–03 HIES.

Table 7 reports the distribution of population and sample beneficiary heads of households by gender. About 54 and 46 percent of the population households were male-headed and female-headed, respectively. It is also evident that 95 percent of the households who received government transfers through SSNs were female-headed, and the remaining 5 percent were male-headed. Given that poverty is more prevalent for female-headed households, the distribution of benefits towards benefitting female-headed households is not surprising – and is welcome.

Table 7: Distribution of population and sample beneficiary household by gender

	Sample beneficiary households		Population households	
Gender	**Frequency**	**Percent**	**Frequency**	**Percent**
Male	82	5.0	211,403	53.6
Female	1,461	95.0	182,869	46.4
Total	1,543	100.0	394,272	100.0

Source: Author computed from 2002–03 HIES data.

Table 8 categorises beneficiary households by per capita consumption expenditure quintile. Quintile Q1 contains poor households whereas quintiles Q2 to Q5 contain non-poor households. Column 2 reports the ranges of per capita consumption expenditure by quintile. For example, the per capita consumption expenditure of those in Q1 is less than P465.22. It is interesting to note that most of the beneficiaries of government transfers through SSNs are non-poor. Poor households account for only 33 percent of the beneficiaries and the remaining 67 percent are non-poor. This is because most

SSNs have blanket coverage of the beneficiaries, rather than just targeting the poor. For instance, the School Feeding Programme targets all primary school children, the OAP scheme targets all adults aged 65 years and over, and the Orphan Care Programme targets all orphans under 18, irrespective of whether they are poor or non-poor. It is, however, noteworthy that higher per capita income quintiles are associated with lower shares of total beneficiaries than their lower per capita income counterparts.

Table 8: Households receiving government transfers by expenditure quintile

		Sample	
Quintile	**Monthly per capita consumption**	**Number**	**Percent**
Q1	Y < 465.22	509	33.0
Q2	465.22<Y≤821.73	422	27.3
Q3	821.73<Y≤1410.34	324	21.0
Q4	1410.34<Y≤2803.40	194	12.6
Q5	Y>2803.40	94	6.1
Total		1,543	100.0

Source: Author computed from 2002–03 HIES

Table 9 shows average beneficiary household expenditure by quintile and the share of expenditure from government transfers. There is no discernible relationship between the size of mean government transfers per household and per capita expenditure quintile. Households in Q1 benefitting from government transfers received about P104.02 per household per month, compared to P166.88, P146.60, P100.14, and P196.26 for those in Q2, Q3 Q4 and Q5, respectively. Poor households depend more on government transfers than non-poor households. The ratio of government transfers to total household expenditure declines as we move to higher quintiles. Poor households in Q1 received about 19 percent of their consumption expenditure from government transfers. The ratio declines to 16, 10, 5 and 3 percent as we move into quintiles Q2, Q3, Q4 and Q5, respectively. This pattern conforms to expectation.

Table 9: Share of beneficiary expenditure from government sources

Quintile	**Mean monthly total household expenditure from all sources**	**Mean monthly household expenditure from government transfers**	**Share of government transfers**
Q1	613.53	104.02	18.9
Q2	1,129.90	166.88	16.4
Q3	1,758.51	146.60	10.3
Q4	3,200.22	100.14	4.7
Q5	11,197.68	196.26	2.8
Total	2,841.07	208.78	17.6

Source: Author computed from 2002–03 HIES

Poverty over a life-cycle and the role of SSNs

In order to conduct a life-cycle analysis of poverty, the population was classified into six age groups as follows:

- Children aged 5 years and under (normally not school-going)
- Children aged 6 to 11 years (normally school-going)
- Youth aged 12 to 20 years
- Youth aged 21 to 39 years
- Elderly aged 40 to 64 years
- Elderly aged 65 years and above.

Table 10 shows the distribution of the population by age group. The majority of the people are youth and children, who account for about 79 percent of the total population. The elderly, aged 65 years and above, account for only 5.4 percent of the total population.

Table 10: Distribution of Botswana population by age group

Age Group	Population	Percent
Child (0–5 years)	235,246	14.4
Child (6–11 years)	263,302	16.1
Youth (12–20 years)	343,220	21.0
Youth (21–39 years)	451,520	27.7
Elderly aged 40–64	251,493	15.4
Retired adult (65+)	88,142	5.4
Total	1,632,922	100.0

Source: Author computed from 2002–03 HIES

Table 11 classifies individuals in each age group as poor and non-poor using the PDLs, and reports the poverty headcount index for each group. Poverty is highest among children aged 5 or less. This age cohort records a poverty headcount index of 40.5 percent. The second hardest hit group is the elderly aged 65 years and above, which recorded a poverty headcount index of 36.8 percent. Poverty is lowest for the youth aged 21 to 39 years, who recorded a headcount index of about 23.1 percent. Thus, when plotted against age, the poverty headcount index is U-shaped, meaning that poverty is more widespread for children and the elderly.

Table 11: Poverty headcount index by age group.

Age group	Number of people			Headcount index
	Non-poor	Poor	Total	
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	707,66	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: Author computed from 2002–03 HIES

Table 12 summarises the distribution of poverty across a life-cycle using quintiles. As before, the poor are those individuals belonging to Q1 whereas the non-poor belong to Q2, Q3, Q4 and Q5. The results are similar to those presented in Table 11 where we utilised PDLs. Children aged 0–5 years recorded the highest headcount index (42 percent). The second hardest hit group is the elderly aged 65 and above, with a headcount index of 37 percent. Thus, poverty is prevalent among children and the elderly, and as with the PDL analysis the headcount index is U-shaped across a life-cycle.

Table 12. Poverty by age group using quintiles

	Age group						
Per capita expenditure quintile	**Children (0–5 years)**	**Children (6–11 years)**	**Youth (12–20 years)**	**Youth (21–39 years)**	**Elderly (40–64 years)**	**Retired (65+)**	**Total**
Q1	98,604	92,945	102,429	99,259	67,521	32,738	493,496
Q2	61,046	74,230	93,735	94,767	58,162	25,122	407,062
Q3	36,705	46,903	66,308	89,633	46,110	16,868	302,527
Q4	23,830	30,162	52,204	84,927	42,166	8,719	242,008
Q5	15,062	19,062	28,544	82,934	37,535	4,694	187,831
Total Population	235,247	263,302	343,220	451,520	251,494	88,141	1,632,924
Relative poverty (headcount index)	41.92	35.30	29.84	21.98	26.85	37.14	30.22

Source: Author computed from 2002–03 HIES

In line with Holzmann (2001), Hoogeveen, et al. (nd) and the World Bank (1999; 2000; 2002), Table 13 shows the life-cycle analysis of risk/vulnerability and poverty. We also indicate, for each age cohort, the publicly provided SSN programmes for dealing with particular risks. A major source of risk for children aged 0–5 years is malnutrition. The programmes targeted at coping with this risk are the clinic and orphan rations. For those in the age category of 6–11 years, their major source of risk is HIV/AIDS, which usually reduces them to orphans. The target programmes for this age cohort are the orphan ration, the school feeding programme, and the needy student allowance. For those aged between 12 and 20 years of age, their major sources of risk are low human capital acquisition and unemployment. The major problem is early exit especially at junior certificate level due to either failure or lack of space in senior secondary education. For this group the target programmes are the needy student allowance, the orphan ration, and the school feeding programme.

For those aged between 21 and 64 years (most of who should be in the labour market unless they are pursuing tertiary education), their major source of risk is unemployment. The programmes targeted at this group are the Labour Based Drought Relief and the Labour Intensive Public Works Programme. Those aged 65 and above have two main sources of risk: disability and old age. The programmes targeted towards them are the OAP and the Destitute Programme. Table 13 suggests that publicly provided

SSNs in Botswana cover all the age cohorts and deal with some of the risks they face. If anything, the relevant question is on the adequacy of these programs in addressing all the risks faced by Batswana, and whether the levels of benefits are adequate to deal with identified risks and vulnerabilities.

Table 13: Life-cycle analysis of risk and vulnerability

Age group	Types of risk	Leading indicators of risk	Indicator value	Target programmes
0 to 5 years (41% poor)	• Stunted development • HIV/AIDS	• Malnutrition	• 5–6 percent	• Clinic ration • Orphan ration
6 to 11 years (35% poor)	• HIV/AIDS	• Orphanhood	• 3 percent orphans	• Needy student allowance • Orphan ration • School feeding
12 to 20 years (30% poor)	• Low human capital development • Unemployment/low wages • HIV/AIDS	• Secondary enrolment • Unemployment	• 70 percent school attendance • 40.9 percent unemployment for youth aged 15–24.	• Needy student allowance • Orphan ration • CHBC allowance • School feeding
21 to 39 years (23% poor)	• Low income • Unemployment • HIV/AIDS	• Unemployment • Low earnings		• Labour-Based Drought Relief Programme. • Labour Based Public Works Programme
40 to 64 years (28% poor)	• Low income • Unemployment • HIV/AIDS	• Unemployment • Low earnings		• Labour-Based Drought Relief Programme. • Labour-Based Public Works Programme
65 years and above (37% poor)	• Low income	• Disability • Old age	• 14.35 percent disabled	• OAP • Destitute programme

Source: Author derived

Programme coverage, targeting and overlaps[7]

Coverage ratio

Assuming that government transfers are targeted at poor households (Q1), we applied the coverage and targeting effectiveness methodology (Table 1). Table 14 reports the four effectiveness ratios. All the SSNs combined are associated with very low coverage,

with a Coverage ratio (CR) of only 19 percent. Thus, the SSNs reach only 19 percent of poor households, and the remaining 81 percent are not covered. The school meal has the highest coverage at 64 percent. However, this only means that the remaining 36 percent of the poor households did not have children attending public primary schools, as this programme covers all primary school students.

Table 14: Targeting and coverage effectiveness ratios

	Effectiveness ratio			
SSN programme	Implementation ratio (IR)	Targeting expenditure ratio (TER)	Leakage ratio (LR)	Coverage ratio (CR)
All government transfers	0.4300	0.43	0.57	0.1900
War veteran pension	0.0084	0.25	0.75	0.0021
Old age pension	0.2700	0.48	0.52	0.0129
Assistance from drought relief	0.0043	1.00	0.00	0.0430
Destitute package	0.0170	0.64	0.36	0.0110
Needy student package	0.0029	0.50	0.50	0.0014
Orphan ration	0.0024	0.43	0.57	0.0010
RADS package	0.0018	1.00	0.00	0.0018
CHBC allowance	0.0012	0.00	1.00	0.0000
Clinic ration	0.0027	0.79	0.21	0.0021
School meal	2.7700	0.25	0.75	0.6400

Source: Author computed from 2002–03 HIES

All the other programmes have coverage ratios of less than 10 percent, implying that they cover less than 10 percent of poor households. This means that most poor households do not have individuals eligible for these programmes, as most programmes have special eligibility criteria, rather than only being poor. If they are eligible, most of the poor are simply not registered for the respective programmes. It is interesting that the destitute programme, which is targeted at the very poor, has a low CR. The needy student package and the RADS package, also targeted at the poor, have very low CR ratios. But this was expected since these latter two programmes are targeted at only specific and small segments of the poor.

Targeting efficiency ratio and leakage ratio

The Targeting Expenditure Ratio (TER) for all the SSNs is estimated to be 43 percent, implying that 43 percent of the households covered by the SSNs are poor, whereas the remaining 57 percent are non-poor. It is however interesting that assistance from drought relief and RADS package have TERs of unity and, hence, have zero leakages. This implies that all the beneficiaries to these programmes are from poor households. Thus, these programmes are well targeted, although they reach only a small proportion of poor households as evident from the low CRs. 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-poor.

As expected, programmes that are not means tested or have special eligibility criteria,

other than being poor, perform poorly on the basis of the TER. These are the OAP programme, the needy student package and the WW II veteran programme. It is however puzzling that the CHBC allowance has a TER of zero and hence an LR of unity, implying that all the beneficiaries to this programme are non-poor. This might imply that poor households do not have adequate information on this programme, or they simply do not enrol due to a number of other factors. Using 50 percent as an arbitrary benchmark for effective targeting would classify the following programmes as well targeted: destitute package, clinic ration, RADS package, needy student package, and assistance from drought relief. Thus, these programmes have the lowest leakage (note LR=100–TER). However, it is also interesting to note that non-poor households benefit from these programmes.

The ratios presented in Table 14 were derived from quintile analysis. Table 15 classifies beneficiary households as poor and non-poor on the basis of the PDL analysis, and reports the ratios of the poor in total beneficiary households. This is the same as computing the TER using an absolute (PDL), rather than a relative (quintile), measure of poverty. These results are generally comparable to the TER figures discussed previously, and reproduced in the last column of Table 15. As before, the highest proportions of participation by the poor are found in the destitute programme (65.25 percent), assistance from drought relief (62 percent), the RADS package (61 percent), and needy student package (58 percent). This implies that these programmes are better targeted at the poor than the rest of the programmes. It is, however, noteworthy that the PDL analysis implies that the assistance from drought relief and the RADS package no longer have TERs of unity, implying that they now indicate some leakage to the non-poor. The lowest proportions of participation by the poor are found in the WW II veteran pension (29 percent), orphan ration (39 percent), community home-based allowance (39 percent), old age pension (43 percent), clinic ration (45 percent), and school meals (25 percent). The CHBC programme now benefits some poor households, rather than only the non-poor as was the case for the quintile analysis.

Table 15: Programme targeting (PDL analysis)

SSN programme	Population households				TER (percent)
	Non-poor	Poor	Total	Percent poor	
War veteran pension	1,396	584	1,980	29.49	25
Old age pension	36,168	27,494	63,662	43.19	48
Assistance from drought relief	3,761	6,029	9,790	61.58	100
Destitute package	6,438	12,090	18,528	65.25	64
Needy student package	4,132	5,688	9,820	57.92	50
Orphan ration	9,887	6,372	16,259	39.19	43
RADS package	1,218	1,795	2,943	60.99	100
CHBC allowance	1,236	804	2,040	39.41	0
Clinic ration	17,820	14,736	32,556	45.26	79
School meals	144,722	51,993	196,715	26.43	25
Total	82,056	75,592	157,578	47.9	43

Source: Author computed from 2002–03 HIES

Implementation ratio

The IR for all SSNs stands at 43 percent (Table 14), implying that if only poor households benefitted from these programmes, and the non-poor did not benefit, only 43 percent of them would be covered. However, when individually examined, most programmes have low IRs. School meal has the highest IR of 277 percent, implying that if only poor households benefitted from this programme, all of them would be covered and there would be some savings from what is currently spent on the programme. OAP has an IR of 27 percent, which is the second highest. The rest of the programmes have IRs of less than 10 percent.

Programme overlaps

Table 16 summarises the distribution of households by the number of programmes they benefit from. The majority of households benefit from a single programme. For quintiles Q1, Q2, Q3, Q4 and Q5, the proportions of beneficiaries participating in a single programme are estimated at 59, 71, 78, 86 and 91 percent, respectively. Thus, as

Table 16: Distribution of households by number of SSNs

Number of SSNs per beneficiary household	Number of households benefitting from each					Percentage of total quintile beneficiary household				
	Q1	Q2	Q3	Q4	Q5	Q1	Q2	Q3	Q4	Q5
1 Programme	303	300	254	166	86	59.53	71.09	78.40	85.57	91.49
2 programmes	155	95	56	23	6	30.45	22.51	17.28	11.86	6.38
3 programmes	47	22	13	4	2	9.23	5.21	4.01	2.06	2.13
4 programmes	3	4		1		0.59	0.95	0.00	0.52	0.00
5 programmes	1		1			0.20	0.00	0.31	0.00	0.00
6 programmes		1				0.00	0.24	0.00	0.00	0.00
Total	509	422	324	194	94	100.00	100.00	100.00	100.00	100.00

Source: Author computed from 2002–03 HIES

per capita consumption expenditure rises, the probability of benefitting from a single programme also increases. The proportions of beneficiaries participating in any two programmes are lower at 31, 23, 17, 12 and 6 percent for quintiles Q1 through Q5, respectively. Similarly, lower figures are recorded as we move further into 3, 4, 5 and 6 programmes.

In general, the pattern observed from Table 16 suggests that there are fewer programme overlaps as we move from lower to higher income quintiles. Thus, poorer households are more likely to benefit from more than one programme than the non-poor.

Table 17 reports the distribution of sample beneficiary households by SSN and quintile. The richest households participate more in the OAP programmes (56 percent) and clinic rations (28 percent). The OAP programme is not targeted, and hence is more likely to benefit the non-poor than targeted programmes such as the destitution programme. For households classified as Q4, the pattern is the same as in Q5, with the OAP benefitting 43 percent of the households and the clinic ration benefitting 32 percent. As we move to lower income quintiles, other programmes become prominent. In particular, the orphan ration and the destitute package become more prominent at Q3. This is more pronounced in the lowest quintile, where the destitute package is available to 15 percent of the households. Sizeable proportions of households also benefit from the clinic ration at 21 percent and the orphan ration at 8 percent. It is therefore clear that poorer households benefit from a variety of government programmes. The clinic ration is significant across the income quintiles. This is caused by the blanket coverage of the under five children.[8] The OAP is also well represented across the income quintiles because it is a blanket programme covering all the elderly aged 65 years and above.

Table 17: Distribution of sample beneficiary households by programme and quintile

SSN programme	Q1		Q2		Q3		Q4		Q5	
	No	%	No	%	No	%	No	%	No	%
WW II Veteran	8	1.0	4	0.7	10	2.4	6	2.6	3	2.9
OAP	284	36.8	236	40.8	177	43.2	98	43.0	58	55.8
Drought relief	60	7.8	27	4.7	21	5.1	9	3.9	5	4.8
Destitute package	119	15.4	65	11.2	28	6.8	13	5.7	2	1.9
Needy student package	55	7.1	37	6.4	14	3.4	8	3.5		
Orphan ration	65	8.4	76	13.1	61	14.9	17	7.5	4	3.8
RADS package	9	1.2	5	0.9	4	1.0	3	1.3	1	1.0
CHBC allowance	9	1.2	9	1.6	5	1.2	2	.9	2	1.9
Clinic Ration	162	21.0	119	20.6	90	22.0	72	31.6	29	27.9
Total	771	100.0	578	100.0	410	100.0	228	100.0	104	100.0

Source: Author computed from 2002–03 HIES

There are a number of programmes that overlap as seen from the pair-wise matrix (Table 18). The greatest overlaps are in the OAP and the destitute package (227), and the orphan ration and the OAP (223). This might mean that most of the destitute persons are the elderly, who are also eligible for the OAP. The most interesting conclusion

is perhaps that most of the orphans are being taken care of by the elderly, most of who are benefitting from the OAP scheme. The WW II veteran programme overlaps mostly with the OAP where 25 households benefitted from both of these programmes. Drought relief has more overlaps with the OAP and the clinic ration. The destitute programme overlaps more with the OAP and the needy student package. The needy student package has more overlaps with the orphan care programme. The RADS package overlaps more with needy student package, while the CHBC programme overlaps more with the clinic ration. All in all, the OAP has the greatest overlaps with other programmes, whilst the CHBC and the World War II veteran programmes have the least overlaps with other programmes.

The issue of overlapping beneficiaries at household level can be further illustrated by considering how the destitute programme may overlap with other SSNs. The destitute persons often have dependents, both adult and under 18, who themselves are routinely registered as destitute persons. Destitute persons under 18 are automatically declared to be needy students and thus are eligible to receive commodity packages under that programme. A destitute person who is in primary school would be a beneficiary under the PSFP. The destitute persons that turn 65 or are already over 65 when registered as a destitute are entitled to benefit from the OAP as there are no assessment criteria for anyone, as long as they are 65 years old or over. Orphaned children may be the dependents of the destitute persons.

Table 18: Matrix of programme overlap at household level (number of households)

PROGRAMME	WW II	OAP	DR	DP	NSP	OP	RADS	CHBC	CR
WW II programme (WW II)	…	25	3	2	2	6	0	0	2
Old age pension (OAP)	25	…	37	227	33	223	6	9	79
Drought relief (DR)	3	37	…	12	12	9	0	0	52
Destitute programme (DP)	2	227	12	…	40	25	6	2	15
Needy student package (NSP)	2	33	12	40	…	40	22	4	30
Orphan programme (OP)	6	223	9	25	40	…	2	3	7
RADS	0	6	0	6	22	2	…	2	0
CHBC programme (CHBC)	0	9	0	2	4	3	2	…	10
Clinic ration (CR)	2	79	52	15	30	7	0	10	…

Source: Author computed from 2002–03 HIES

Given the above illustration, the fundamental issue is whether all SSNs delivering food baskets, for example, should be collectively assessed on the needs of the individual or the entire household in order to improve cost effectiveness of the programmes. Thus, it appears that the guidelines and administrative practices guiding the delivery of SSNs should be collectively amended to mandate household-wide assessment. Notwithstanding the above, overlaps between the VGFP and the other SSNs should not be viewed as a great concern because the beneficiaries to this programme are health tested, and the objective is maintenance of good health. If beneficiaries under any other SSNs are screened and found eligible for the VGFP, purely on the grounds that their health is at risk, they should benefit from both such SSNs and the VGFP. The same logic

could be applied for beneficiaries of the CHBC, which is based on health conditions associated with HIV/AIDS.

Effects of SSN programmes on poverty

A pertinent question about SSN programmes is, to what extent do they reduce poverty? In order to assess the impact of SSNs on poverty, an accurate approach would be to adopt a behavioural model that links the change in government transfers to household behaviour. However, such models cannot be accommodated within the scope of this study. To provide a crude estimate, which should be considered as the upper bound limit by which existing SSNs have reduced poverty, we computed poverty headcount indices, with and without government transfers, and compared them. This simple analysis assumes that households will not explore alternative livelihood sources in the absence of government transfers – a simplistic assumption given that SSNs affect household and individual decisions, implying that some beneficiaries may have recourse in the absence of SSNs.

Table 19 provides poverty headcount indices for the situations with and without government transfers at both household and individual levels. The household level headcount index rises from about 21.7 to 28.8 percent if government transfers are removed (an increase of 7 percentage points). At the individual level, the headcount index rises from 30.6 to 40.5 percent (an increase of about 10 percentage points) when government transfers are removed. Thus, SSNs do undoubtedly contribute to poverty reduction in Botswana.

Table 19: Poverty rates with and without SSNs

Region name	Household level			Individual level		
	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

**Note: GT = government transfers*
Source: Author computed from 2002/03 HIES.

5 SUSTAINABILITY OF SSNs

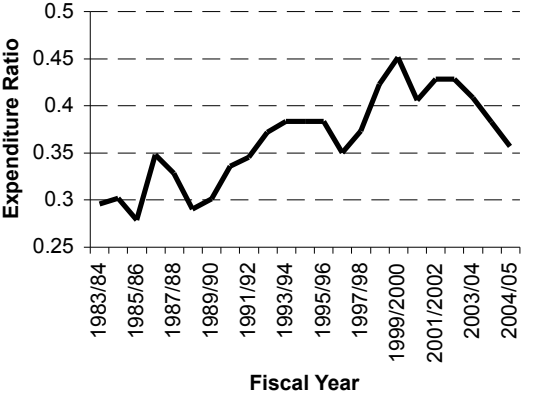
Government revenue is allocated to a number of recurrent and development expenditure lines. Therefore, it is inevitable that the government has to decide how the revenues are to be allocated among the various competing needs. Competition occurs across government ministries, departments within a given ministry, and units or sections within a given department. Sustainability in government expenditure will be achieved if the government continues to be able to meet the various budgetary needs of its various activities. From the standpoint of SSNs, the continued increase in the number of beneficiaries and the share of expenditure on these programmes to total government expenditure, as well as the relative changes in the value of the packages are important issues when it comes to examining their sustainability. Given that the economy has now slowed down from its growth levels of the 1980s and early 1990s, the revenue needed to sustain government expenditure is not guaranteed. Thus, the sustainability of government expenditure, including expenditure on SSNs, may not be guaranteed in the future. In this section, we examine the extent to which government expenditure on SSNs is sustainable, by looking at trends in SSN expenditure as a percentage of ministerial expenditure.

RELATIVE TRENDS IN GOVERNMENT EXPENDITURE

Figure 1 plots total Government expenditure as a ratio of total GDP for the period from 1983/84 to 2004/05. As shown, the ratio steadily rose during the period, indicating that the share of GDP spent on government programmes has increased over time. The ratio rose from 30 percent in 1983/84 to about 45 percent in 2000/2001, and had declined to about 36 percent by 2004/05.

Figure 2 plots MLG expenditure as a percentage of total government expenditure for the period from 1983 to 2005. The ratio generally rose between 1983 and 2002, and declined thereafter until 2005. However, an inspection of the entire period shows an upward trend. The ratio increased from a low of 14 percent in 1986 to a maximum of 24 percent in 2002, implying that the ministry has received increasing government priority over time. However, the continued increase in government priority to this ministry cannot be sustained in the long run due to other emerging government priorities such

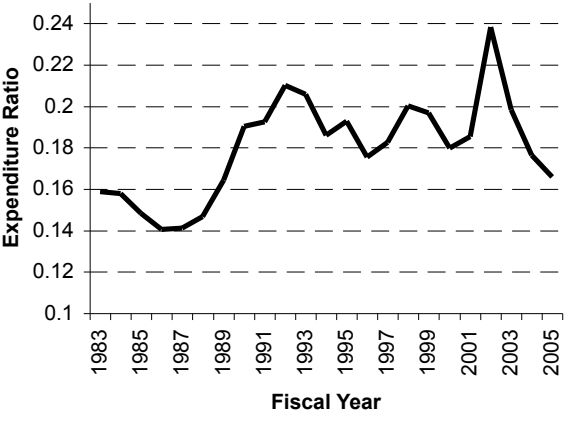
Figure 1: Ratio of total Government expenditure to GDP



Source: Author computed from various MLG sources and CSO (various)

as education and health (HIV/AIDS), which have recently received increased government attention. The decline in the ratio from about 24 percent in 2002 to about 17 percent in 2005 signals the recent shift in priority to these other emerging needs. This is also evident from Table 20 where total MLG expenditure (in current prices) remained virtually unchanged at about P3.2 billion during the period from 2002/03 to 2004/05. Thus, real allocations to the ministry declined during the same period. Therefore, the scope to expand existing SSNs beyond their current mandates is becoming increasingly limited. However, none of the existing SSNs can be terminated if the Vision 2016 objective of eliminating absolute poverty by 2016 is still being pursued. Thus, the only realistic policy option is to introduce measures that would improve the cost effectiveness of the programmes while delivering on the mandates of the existing SSNs.

Figure 2: Ratio of MLG expenditure to total Government expenditure



Source: Author computed from various MLG sources and CSO (various)

Trends in expenditure on SSN programmes

The data on individual programme expenditure are very scanty, making the analysis of sustainability at programme level difficult. Table 20 reports available expenditure data by programme in current prices. The figures reflect the amounts received by beneficiaries, and hence do not include programme implementation, logistical and administrative costs. Expenditure on the destitute package was recorded at P39 million in 2000/01 and increased to about P54 million in 2002/03. Following the approval of the revised policy in 2002, expenditure on the destitute programme increased sharply. It had reached P98 million in 2003/04 and P139 million in 2004/05. The sharp increase was due to the enhancement of the ration and the introduction of the cash allowance to the programme. An increase in the number of beneficiaries from about 24 thousand in 2002/03 to 31 thousand in 2003/04 and 36 thousand in 2004/05, due to deepening poverty, also contributed to the rise in programme expenditure.

Figure 3 plots the ratio of expenditure on each SSN to MLG expenditure. During the period from 2000/01 to 2002/03, the destitute programme accounted for about 1.7 to 2 percent of total ministerial allocations. However, the ratio increased sharply after 2002/03 following the introduction of the revised programme, and had reached about 4.4 percent by 2004/05.

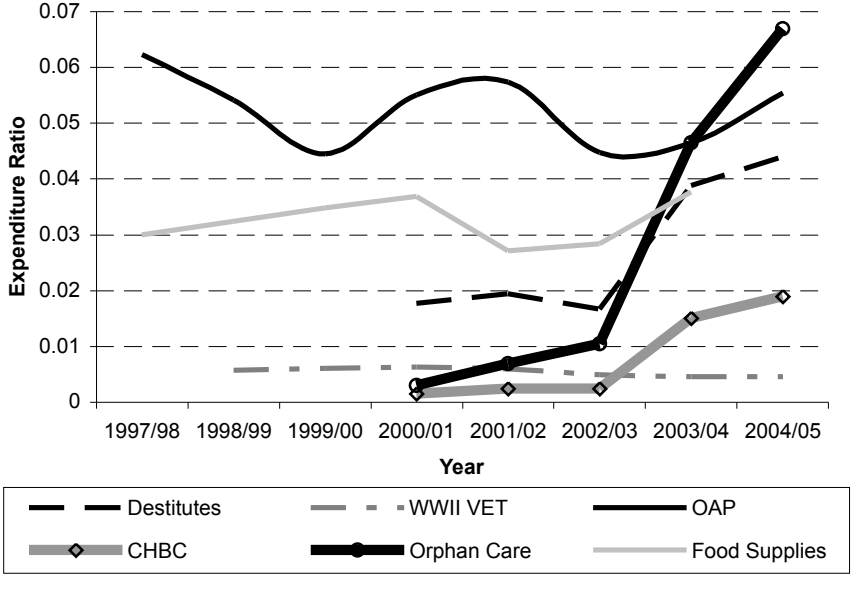
Table 20: Nominal expenditure on programme benefits in thousand pula

Programme	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05
Destitute allowance	na	na	na	38,704	51,747	53,582	81,967	114,064
Cash allowance	–	–	–	–	–	–	15,901	24,986
Relief for destitute	47	18	5	22	50	71	27,744	
Total destitute	na	na	na	38,726	51,797	53,653	97,895	139,049
WWII VET		10,637	13,779	13,882	15,998	15,883	14,864	14,601
OAP	87,300	100,776	101,506	120,893	152,928	144,250	150,541	175,610
CHBC				3,312	6,567	7,724	48,530	60,018
Orphan Care	na	na	na	6,615	18,229	33,741	150,251	211,975
Food Supplies	41,919	60,261	79,163	80,888	72,197	91,291	121,954	na
Total MLG Expenditure	1,401,486	1,862,404	2,280,352	2,195,713	2,666,865	3,224,627	3,236,250	3,166,964

Source: MLG's official document

From Table 20, the expenditure on the WW II veterans programme increased steadily between 1998/99 and 2001/02, and has since then remained more-or-less stable at about P15 to P16 million. Similarly, the ratio of expenditure on this programme to total MLG expenditure has generally been declining over the years (Figure 3), because of the falling number of beneficiaries over time. This programme accounts for a very small share of MLG expenditure. In recent years the shares have been recorded at less than

Figure 3: Expenditure on SSNs as ratio of total MLG expenditure



Source: Author computed

0.5 percent. Thus, there is no reason to worry about the sustainability of the programme given that over time there would be no beneficiaries to the programme.

From Table 20, the expenditure on the OAP Scheme increased from P87 million in 1997/98 to P176 million in 2004/05. This trend was induced by the upward revision in the allowance and the increasing number of beneficiaries over time. This programme has consistently been the most costly of all SSNs, except for the year 2004/05 when it was surpassed by the orphan care programme (Figure 3). The expenditure ratio for the OAP has generally been stable at around 4.5 to 6 percent of MLG expenditure, although it has recently risen (Figure 3). The high share of expenditure on this programme raises serious sustainability questions.

The expenditure on the CHBC programme has increased substantially over time. It increased from P3 million in 2000/01 to P8 million in 2002/03, and rose sharply to P49 million in 2003/04 and P60 million in 2004/05 (Table 20). Similarly, the ratio of CHBC to MLG expenditure increased sharply from 0.25 percent in 2002/03 to 1.9 percent in 2004/05 (Figure 6). This trend was partly induced by the sharp rise in the number of beneficiaries from 7 thousand in 2002/03 to 13 thousand in 2003/04 (BIDPA, 2006). Although the shares are relatively small, the continued increase in enrolment in this programme will raise sustainability problems in future, particularly if exit mechanisms, for individuals who have recovered and are back to work, continue to be weak. Hence, it is recommended that enforceable exit mechanisms from this programme should be developed in order to improve its sustainability.

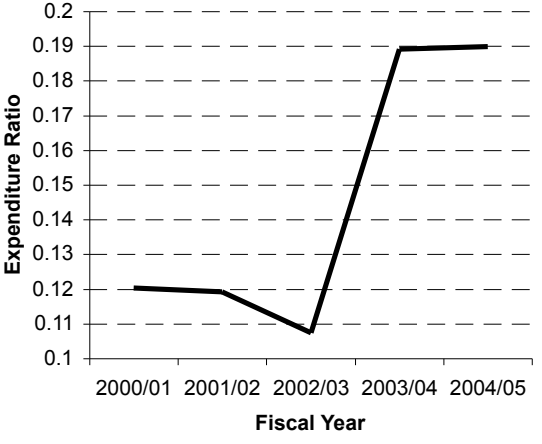
The expenditure on the orphan care programme rose from P7 million in 2000–01 to P34 million in 2002–03 (Table 20). However, a more significant rise occurred thereafter to P150 million in 2003/04 and P212 million in 2004–05, making the orphan care programme the most costly of all the SSNs in 2004–05. Similarly, as a share of MLG expenditure, the expenditure on the orphan care programme has increased over time, and has risen sharply after 2002/03 (Figure 3). In 2004/05, the share stood at 6.7 percent, and was the highest of all SSNs. The sharp rise may be a reflection of the big increase in enrolment due to the effects of HIV/AIDS. Theoretically, as the ARV roll out continues, the number of new, additional orphans should slowdown, stabilise and then decline, though it will take a generation for the youngest orphans to reach maturity. Due to the sensitivity of the issues of orphans, the lack of capacity at local level to fully assess the needs of orphans on a case by case basis, and the possibility that orphans may be deprived of what their parents left behind by their relatives, means testing of this programme is not recommended at this stage.

Food supplies consist of clinic rations for the VGFP and PSFP rations. Expenditure on food supplies rose steadily over time, from P42 million in 1997/98 to P122 million in 2003/04 (Table 20). However, the trend in the share of expenditure on food supplies to MLG expenditure shows mixed results (Figure 3). What is clear is that an increase was seen during the period after 2001/02, and the highest figure of about 3.8 percent occurred in 2003/04. This can be partly explained by the introduction of the new and enhanced PSFP menu introduced in 2002/03, which is costlier than the old menu. The VGFP is means tested and eligibility criteria cater for the neediest vulnerable group.

However, the PSFP is not means tested as this might negatively impact on the learning ability of pupils.

Figure 4 plots the ratio of expenditure on all SSNs (those reported in Figure 20) as a percentage of total MLG expenditure. Note that the figure for 2004/05 does not include food supplies. As such, the ration is understated. During the period from 2000/01 to 2002/03, SSNs accounted for about 11 to 12 percent of MLG expenditure. However, a sharp increase occurred thereafter to about 18 to 20 percent. Thus, when considering the entire period, priority within MLG has shifted to the provision of SSNs. If we were to include logistical and administrative costs of SSNs, the ratios would be higher. Thus, the increasing share of MLG expenditure on SSNs raises sustainability questions.

Figure 4: Expenditure on all SSNs as a ratio of total MLG expenditure



Source: Author computed

6 Conclusions and Recommendations

Summary of key findings

Botswana's desire to reduce and ultimately eradicate poverty has been expressed in a number of policy documents, including National Development Plans, Vision 2016, National Policy for Rural Development, and National Strategy for Poverty Reduction. Public policy has aimed to achieve sustained poverty reduction through broad-based economic growth, particularly through employment creation. However, SSNs have also been used to directly assist poor and vulnerable groups. SSNs have involved the delivery of food packages to destitute persons, supplementary feeding programmes for vulnerable groups and primary school children, entitlement programmes such as OAP and WW II veterans grants, the orphan care programme providing food, clothing, education, protection and care to orphans, the community home based care scheme for assisting the terminally ill, and the labour-based drought relief programme for providing short-term employment. A rapid assessment of SSN beneficiaries, SSN implementing agencies and local leaders, and the 2002/03 HIES, were used to examine the delivery, administration and effectiveness of existing SSNs. Trends in budget allocation were also used to examine the sustainability of existing programmes.

Emerging issues from stakeholder rapid assessment

Respondents were of the opinion that the objectives of the SSNs are being met. Moreover, the majority of sample beneficiaries indicated that they were satisfied with SSN delivery. However, they raised the following key issues regarding delivery, administration and effectiveness of SSNs.

Sources of Risk and Vulnerability. The main sources of risk and vulnerability include HIV/AIDS, drought, harvest failure, livestock diseases, unemployment, illness, lack of education, orphan-hood, widowhood, disability and old age. Those most vulnerable to these shocks were identified as people with disability, the elderly, children, widows and female-headed households. Before the introduction of SSNs, households relied on the subsistence economy for survival. The extended family also played a crucial part in providing support for family members, followed by informal social security mechanisms such as *mafisa, metsbelo* and burial societies. However, informal safety nets are no longer considered as coping mechanisms due to the diminishing spirit of communalism and self-help. Where traditional institutions exist, they are overwhelmed by the increasing number of the needy. The traditional institutions are also regarded as inferior compared to publicly provided SSNs.

Support to orphans. There is currently inadequate psycho-social support to orphans, which is due to the shortage of social workers or their lack of relevant skills in this area. There is also a lack of consistent follow up to ensure that proper care and support is provided to orphans.

Supply of packages. Respondents were concerned about the late provision of supplies (for example, school uniforms for orphans), and incomplete and poor quality food rations received from shop owners.

Exit from programmes. The rehabilitation component of the destitute programme has not been fully implemented. There is little exit from the programme since many beneficiaries are poor elderly people with no skills or energy to work. Beneficiaries from the CHBC programme continue to receive food baskets even after they have fully recovered and returned to productive work. This is because there are no guidelines on how they should exit from the programme once they have recovered and earn enough to sustain themselves.

Means testing of programmes. There is strong justification for means testing the Orphan Care, CHBC and OAP programmes. However, having examined the situation on the ground, we conclude that means testing of the Orphan Care Programme will require, amongst other things, adequate staff to carry out careful assessment, close monitoring of the situation of each orphan and the provision of ongoing counselling to determine the changing needs of orphans. Due to the acute shortage of staff to effectively carry out these functions, it would be premature to means test this programme. However, once social workers are relieved of clerical duties of food rations, and reasonable staff-client ratio achieved, this option may become feasible.

People with disability. People with disability are not comprehensively covered by existing SSNs and therefore must be specifically targeted. Categories of disability reported include those who are aurally, orally and mentally impaired, or physically disabled. The problem of disability is not only about access to appliances, but also about access to emotional and psychological support and training so that the disabled can be gainfully employed. Although the Revised Policy for Destitute Persons covers material needs of people with disabilities, the disabled people have special needs that must be met. For example, they need wheel chairs, guide dogs, care, shelter and money. They would benefit from a disability grant to address some of these needs.

Theft and security. Pension officers are at serious risk because they have to deliver the cash component to beneficiaries who live in villages where there are no post offices. Pension officers and the police that accompany them are at the risk of being attacked, as the latter are unarmed. Offices are sometimes burglarised and money stolen. Fraudulent activities are also carried out by government officials, leading to loss of money by MLG. As much as possible, the cash component should be distributed through the banks, post offices or shops. The elderly are sometimes robbed of food items or money both by some of their relatives or members of the community.

Coordination of SSNs. SSNs are implemented under different administrative structures at the local level. Implementers recommended a more harmonised and coordinated administrative structure. There was general consensus that Local Authorities will be better placed to house all the SSNs since they have the mandate to provide social services and they are closer to the people than central government. The other view was that a Department of Social Security, reporting directly to the MLHA, should be set up at the district level to coordinate all SSNs.

Implementation Capacity. Social workers are mandated to address other complex issues which have emerged as a result of rapid social change. The most challenging are: rising divorce rates, domestic violence, juvenile delinquency, HIV/AIDS, youth unemployment, breakdown of family relations, rehabilitation of young offenders and child custody issues. Thus, they are unable to carry out the core business of their profession, and they even fail to do a thorough job when it comes to assessing clients for SSNs and making necessary follow-ups. Thus, they cannot cover all potential beneficiaries or fully conduct ongoing monitoring on those who are registered.

Coupon system. Introducing a coupon based system for the distribution of the destitute food basket has merit. However, such a system would have to be carefully researched and then piloted before it could be introduced. A coupon system would allow beneficiaries to choose vendors that provide the best service. Moreover, it will allow social workers to concentrate on providing their much needed professional expertise in areas of critical need.

Outsourcing. Outsourcing some activities, such as the tendering system, food distribution, a voucher system and all other elements that go with the food basket, will bring about positive outcomes in the implementation of the SSNs. However, social workers were cautious that professional activities such as assessment of beneficiaries and registration should be left under their jurisdiction.

Political interference. There is a lot of political interference when it comes to registration of beneficiaries, resulting in some individuals benefitting when they are not eligible. Some community leaders, such as VDC memebers, interfere with proper targeting of SSNs. Thus, there is need to educate village and political leaders to depoliticise the provision of the SSNs to ensure that the benefits reach only the intended beneficiaries.

Other issues. There are usually long queues at the post offices (where cash benefits are disbursed) and shops (where food baskets are provided), and poor service delivery and lack of toilet facilities at the post offices. There was general consensus that benefits to pensioners are inadequate, as pensioners also support members of their families like unemployed children and grand children.

HIES results: programme targeting and coverage

Poverty over a life-cycle. SSNs are generally intended to assist the poor and vulnerable groups to deal with poverty and the risks of falling into poverty. The poverty headcount index is U-shaped over a life-cycle. Children aged 5 years or less and the elderly aged 65 years and above are the hardest hit. Existing SSNs are meant to address the risks associated with malnutrition, HIV/AIDS, unemployment, disability and old age. The provision of SSNs appears to be comprehensive over a life-cycle. Generally, each age cohort has a programme addressing key risks and vulnerabilities peculiar to that particular group.

Programme targeting. About 43 percent of the households benefitting from SSNs are poor, whereas the remaining 57 percent are non-poor. The drought relief programme and the RADS package cover only poor households, implying that they are well targeted (they do not leak to the non-poor). The destitute package and clinic rations also perform relatively well since 64 and 79 percent of the households benefitting from these programmes are poor, respectively. As expected, programmes that are not means tested or have special eligibility criteria, other than just being poor, perform poorly in terms of reaching the poor. These are the OAP, the Needy Students Package and the WW II Veterans Programme. It is however puzzling that all HIES beneficiary households to the CHBC programme are non-poor. This might imply that poor households do not have adequate information on this programme, or they do not enrol due to a number of factors. Hence, they are more likely to die from HIV/AIDS than the non-poor.

Programme coverage. SSNs cover a small proportion of the poor. All the SSNs combined have a coverage ratio of 19 percent. Therefore, they reach only 19 percent of poor households, and exclude the remaining 81 percent. Not surprisingly, school meals have the highest coverage ratio of 64 percent. This only means that the remaining 36 percent of poor households did not have children attending public primary schools, as this programme covers all primary school students in public schools. The remaining programmes have coverage ratios of less than 10 percent. Even the destitute package, which is specifically targeted at the very poor, has low coverage ratio. It was however expected that, while they do not leak to the poor, the needy student package and the RADS package would have very low coverage ratios. This is because they are targeted at a very small fraction of the poor.

Programme implementation. The implementation ratio for all SSNs is estimated at 43 percent, implying that if only poor households were eligible for, and benefitted from, these programmes, only 43 percent of them (the poor) would be covered. When individually examined, all programmes have low implementation ratios, except for school meals. The OAP has an implementation ratio of 27 percent. The rest of the programmes have implementation ratios of less than 10 percent.

Programme overlaps. The incidence of households benefitting from more that one pro-

gramme exists. While the majority of households benefit from a single programme, the number of overlaps goes up to six programmes per household. As per capita consumption expenditure rises, the probability of benefitting from a single programme also rises. Thus, poorer households are more likely to benefit from more than one programme than richer households. A pair-wise assessment of programme overlaps at household level indicates that the greatest overlaps are between OAP and Destitute Programmes, and Orphans Care Programme and OAP. This might mean that most of the destitute persons are elderly, and that a significant proportion of orphans may be taken care of by the elderly, most of who are benefitting from the OAP scheme. Given the significant overlaps, all SSNs delivering food baskets should be collectively assessed, based on the needs of the entire household, rather than an individual, in order to improve the cost effectiveness of the programmes. Thus, the guidelines and administrative practices guiding the delivery of SSNs should be collectively amended to mandate household-wide assessment.

Poverty reduction impact. Overall, existing SSNs do contribute to poverty reduction. The headcount index rises from 30.6 to 40.5 percent (an increase of about 10 percentage points) when government transfers are removed and the index recalculated. However, this is the upper-bound estimate as households would resort to alternative, though less attractive, cooping mechanisms in the absence of SSNs.

Sustainability of SSNs

The ratio of MLG expenditure to total Government expenditure rose from 14 percent in 1996/97 to 24 percent in 2002/03, implying increased government priority. The continued increase in government priority to this ministry cannot be sustained in the long-term due to other emerging government priorities such as education and health, which have received increased government priority in recent years. The decline in the ratio from about 24 percent in 2002/03 to about 17 percent in 2004/05 signals the shift in priority to other ministries/functions.

During 2000/01 to 2002/03 the destitute programme accounted for about 1.7 to 2 percent of MLG allocations. However, the ratio increased sharply after 2002/03 following the introduction of the revised programme, and had reached about 4.4 percent by 2004/05. Due to deepening poverty, which increases the number of destitute persons, the expenditure on this programme is likely to continue to rise in future.

The ratio of expenditure on the WW II veteran programme to MLG expenditure has generally declined over the years because the number of beneficiaries has steadily fallen. The programme also accounts for a negligible share of MLG expenditure. In recent years the shares have been recorded at less than 0.5 percent. There is no reason to worry about the sustainability of the programme given that the aging process naturally depletes the population in the WW II age group, and that of the dependents.

The OAP has been consistently the most costly SSN, except recently when it was surpassed by the Orphan Care Programme. The expenditure ratio of the OAP has generally been stable at around 4.5 to 6 percent of MLG expenditure. The high shares of

expenditure on this programme raise serious sustainability questions. Means testing should be introduced to eliminate individuals benefitting from other pension plans and those who can fend for themselves without the OAP scheme.

The ratio of CHBC to MLG expenditure increased sharply from 0.25 percent in 2002/03 to 1.9 percent in 2004/05, due to the sharp rise in the number of beneficiaries. Although the shares are relatively small, the continued increase in enrolment in this programme will raise sustainability problems in future, particularly if exit mechanisms, for individuals who have recovered and are back to work, continue to be weak. Enforceable exit mechanisms from this programme should be developed in order to improve its sustainability.

As a share of MLG expenditure, the expenditure on the Orphan Care Programme has increased over time. It rose sharply to 6.7 percent in 2004/05 due to increased enrolment in the programme. Due to the sensitivity of the issues of orphans, the lack of capacity at local level to fully assess the needs of orphans on a case by case basis, and the possibility that orphans may be deprived of what their parents left behind by their relatives, means testing of this programme is not recommended.

The trend in the share of expenditure on food supplies to MLG expenditure shows mixed results. However, the share increased after 2001/02, and the highest figure of about 3.8 percent occurred in 2003/04. This can be partly explained by the introduction of the new and enhanced PSFP menu introduced in 2002/03, which is costlier than the old menu. The VGFP is means tested and eligibility criteria cater for the neediest vulnerable group. Means testing of the PSFP is not recommended as it would negatively impact on the learning ability of pupils.

Key recommendations

Government should undertake a thorough organizational assessment with a view to bringing all SSNs under one roof in order to improve coordination and efficiency in service delivery. Currently the provision of SSNs is fragmented. There is unnecessary duplication in service delivery and lack of coordination between service providers. Therefore, there is a strong justification to assess the issue of institutional arrangements to minimise role conflict and to improve efficiency.

Develop exit mechanisms for existing SSN programmes. There is need to develop exit mechanisms for existing SSNs. In the case of the CHBC programme, implementing agencies have noted that once the beneficiaries have recovered and are back to productive work, following enrolment in the ARV programme, they continue to receive rations from the programme. This is not sustainable given the increase in the number of people enrolling for the ARV programme over time. However, since the cost of recommended rations ranges from P200 to P1500 per month some of those who have returned to productive work may still not afford to purchase the rations. Therefore, the government should come up with income thresholds for exiting the CHBC programme which would

take into account the affordability of the recommended ration for each individual. The rehabilitation strategy for the destitution programme should also be operationalised to ensure that able bodied individuals exit from the programme. A first step would be to conduct a broad-based skills assessment of the destitute persons themselves. For example, significant numbers of the more elderly destitute persons could have a wealth of traditional skills, including handicrafts. Thus, if they were given the raw materials, they could produce saleable crafts.

Introduce means testing for the OAP scheme both as a sustainability issue and as a means of reviewing the amount of benefit per individual in order to increase it. Means testing should be introduced for the OAP programme to eliminate those individuals benefitting from other pension plans and those with enough resources to live decent lives without government financial assistance. In this regard, eligibility criteria should be developed to ensure that only the needy elderly are covered by the programme. Means testing of the OAP scheme would promote the sustainability of government SSN programmes because this programme is one of the most costly SSNs. However, there would also be a need for a mechanism to reassess those that are disqualified through means testing to ensure that they do not slide into extreme poverty because they have eroded/exhausted their assets. Thus, there would be need for continuous monitoring and assessment to reconsider those who initially did not qualify as their economic conditions change. Means testing would also allow government to increase the benefit received by eligible individuals to enable them to support their families.

Determine public-private partnership/outsourcing potential for food commodities for the PSFP and VGFP. Based on lessons learned from private sector involvement in the procurement, transport and distribution of food commodities under the orphans, destitute and CHBC programmes, consideration (based on pilot studies) should be given as to whether the logistics involved in the provision of food commodities for the PSFP and VGFP can also be outsourced to a significant degree with the objective of increased efficiency and effectiveness.

Develop a coupon-based system for the distribution of the vast majority of the monthly food baskets. The present tendering system is cumbersome, time consuming and open to exploitation against both the local authorities and the beneficiaries by the shops supplying food baskets. A coupon system has been tabled as a possible overall improvement wherein any shop in a given catchment area could register as a guaranteed supplier of food baskets. This option should be piloted for a year at District or Sub-district level so the bottlenecks and loopholes can be identified and dealt with before full regional or national roll out. A distinct advantage of a coupon system would be that the beneficiary becomes a true customer and can choose between the various registered supplier shops to obtain the best service. Moreover, if well monitored, this system can result in further cost savings from lower prices paid for the commodities since prices at which tenders are awarded are usually higher than market level prices for the same products.

Develop a comprehensive database on SSN beneficiaries. Implementing agencies of SSNs should keep cost information on each SSN by expenditure lines (administrative and overhead costs, and payments to beneficiaries). Moreover, computerised and easily accessible databases on beneficiaries should be kept to facilitate the monitoring of SSNs. Such beneficiary databases should have an Omang (National Identity Card) number recorded as an analyzable "field". The databases should be analyzable down to the village or settlement level and should be able to identify individuals by the households they belong to. Such a system will allow for a determination of programme overlaps at individual and household level, with a view to reducing wastage, hence improving the efficiency of the programmes. A step in this direction has been made through the creation of the Social Benefit Payment and Reconciliation System (SOBERS) database, which covers the OAP, WW II veterans programme, destitute programme, and the orphan care programme. However, the information in SOBERS is not comprehensive enough to allow for the detection of programme overlaps at both household and individual levels.

Rationalise the provision of SSN packages within an overall household context. Social workers or other SSN programme managers should work in conjunction with one another and other SSN managers to rationalise the provision of food baskets and other commodities within an overall household, where there are multiple beneficiaries. The purpose of such rationalization would be to minimise waste and potential abuse, to maximise the benefits of the collective food baskets for the entire household and to enhance overall SSN cost effectiveness.

Establish target caseload levels for professional service providers in the social welfare and community development cadres at both central and local government levels. Appropriate client-staff ratios must be developed for professional service providers in the social welfare and community development cadres at both central and local government level. Currently there are very few social workers to address the needs of the population. Consequently, potential beneficiaries are not reached on time and follow-ups are not done on a consistent basis. Some beneficiaries wait too long to get assistance.

Provide in-service training on psycho-social support (PSS) to all social workers implementing services to orphans and vulnerable children. PSS should be provided to assist the children to overcome the feeling of loss and trauma that results from the death of parents. In addition, some orphans suffer stigma and discrimination as a result of their status, and others are physically and emotionally abused. PSS takes into account the children's physical, emotional, social, mental and spiritual needs, all of which are considered to prepare them for full integration into society. The Short Term Plan of Action on Care of Orphans in Botswana also recommends provision of PSS.

Conduct a comprehensive study on the various forms of support to be given to people with disabilities. Efforts must be made to ensure professional integration of people with disability through a range of measures, including vocational training, rehabilita-

tion, counselling, mobility, housing, transport and provision of basic material needs. Currently, people with disabilities are only covered through the Destitute Programme. From field data, strong justifications were put forward requesting that coverage for people with disability should be extended to accommodate other special needs. It was felt that the needs of people with disability do not receive the same attention as those of other beneficiaries of SSNs, and that disability should have a specific programme. A comprehensive study is necessary to determine the various forms of support required, and to examine whether placing people with disability within the Ministry of Health is the best option. Such a study should draw from regional and international best practices.

Political and other leaders (including dikgosi) to restore and instil the concept of "botho" in the delivery of SSN programmes. There are endless reports that many adults have decided to render their parents to become SSN beneficiaries when they have the necessary means to support them. Although there is no law that forces adult children to support their parents, this is a necessary cultural practice. Political leaders are called upon to restore this cultural value which is reinforced by the Vision 2016 pillar of "creating a just, compassionate and caring nation".

Educate and sensitise political leaders on their role regarding delivery of SSN programmes. Politicians and village leaders must be given thorough knowledge about SSN schemes. Issues regarding eligibility criteria, coverage of the schemes, assessments and registration should be communicated to politicians and village leaders. Smooth working relationships between politicians, village leaders and service providers will ensure that only those individuals who qualify for any particular SSN are registered.

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Notes

[1] Specific areas covered include Inalegolo, Phuduhudu, Kang, Leologana settlement in Kweneng, Hukuntsi, Lehututu, Tshane, Molepolole, Francistown and Gaborone.

[2] These included 56 destitute persons, 64 orphans, 35 CHBC patients, 13 needy students, 42 old age pensioners, 15 LBRP beneficiaries, 11 RADP beneficiaries, 7 WW II veterans, and 13 lactating mothers.

[3] Note again that this is a stringent criterion for most SSNs as they are targeted at special groups within society. For example, orphans, the old aged and vulnerable groups.

[4] The method assumes that in the absence of SSNs, beneficiaries would have no recourse to enhance their livelihoods, and, hence, the estimates are only indicative.

[5] According to Schapera (1938), the *mafisa* system was a special form of contract by which a man places one or more of his cattle into the keeping of another, who had the right to use them in various ways; draught power, transport and source of milk . The herdsman takes the sole charge of them for an indefinite period, which could be brought to end by either party. The herdsman was not to sell or slaughter them, or use them to pay bogadi or even lend them to other people.

[6] Note that the remaining 16 percent did not respond to this question.

[7] As a cautionary note, one must note that some of the beneficiaries may have changed classification from poor to non-poor due to receipt of government transfers through SSNs. This implies that, even though it might appear that the non-poor should not benefit from some of these programmes, some of them may have deservedly benefitted since they would be poor in the absence of the SSNs.

[8] Contrary to the policy guidelines, the government has been covering all the under five children even during years when drought had not been declared.