

## 4. Country profile: Botswana



### 1. Development profile

Botswana, a small, landlocked nation, is one of the world's great development success stories.<sup>1</sup> After achieving independence from Britain in 1966, the nation enjoyed four decades of uninterrupted civilian leadership. Free and fair elections, progressive social policies, significant capital investments, and a constitution that guarantees fundamental rights and freedoms have combined to give Botswana an impressively stable political situation. Botswana is blessed with vast natural resources; diamonds, the most economically significant of these, have provided constant revenue for the state since independence. After independence, the government invested capital from diamond revenue in social and economic development initiatives, building infrastructure and developing health and education systems. The diamond industry "established itself as the main engine of growth" and the country developed rapidly under a state-led development strategy.<sup>2</sup>

While these efforts to maintain prudent governance and economic growth have vastly improved living conditions for the majority of Botswana, the country still has high levels of poverty and inequality.<sup>3</sup> Although education makes up a large part of government spending, totalling 10 percent of GDP expenditure, Botswana has not yet gained a large skilled workforce. Unemployment levels are high at 20 percent, and while rural poverty rates have decreased, they continue to be much higher than those in urban areas.<sup>4</sup>

Botswana has the second highest HIV/AIDS prevalence rate in the world, and it is estimated that only 30 percent of Botswana know their HIV status. In addition, infant mortality has increased from 45 deaths per 1,000 births in 1990 to 90 deaths per 1,000 births in 2007; tuberculosis rates doubled from 236.2 per 100,000 in 1990 to 556 per 100,000 in 2005; and Botswana's ranking on the Human Development Index has fallen from 72/130 in 1990 to 126/179 in 2008.<sup>5</sup>

While the country has an abundance of mineral resources, many other necessary resources are in limited supply, preventing Botswana from being a self-reliant country. The Kalahari Desert covers

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<sup>1</sup> World Bank. (2009, September). *Botswana: Country Brief*. Retrieved from World Bank: <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/BOTSWANAEXTN/0,,menuPK:322821~pagePK:141132~piPK:141107~theSitePK:322804,00.html>

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

about 77 percent of Botswana's area, resulting in low rainfall accumulations and frequent droughts.<sup>6</sup> The country is unable to produce enough food to meet the population's needs, and food production levels have fallen annually over the past five years. Electricity access has historically been a problem and the nation has had to import power from Zambia, Zimbabwe and South Africa. The government has recently taken advantage of its vast local coal resources and built a large power plant.<sup>7</sup> There are, however, concerns about the effect that this will have on the environment.

Since independence, Botswana has achieved the status of a middle-income country and maintained an annual economic growth rate of 9 percent. Despite this, the benefits of economic growth have been unevenly distributed and, according to GINI analysis, Botswana has the fifth most unequal income distribution in the world.

The economy remains heavily dependent on the extractive sectors, most notably diamond production, "which in large part sustains economic expansion and social spending".<sup>8</sup> For the past two decades, the government has attempted to diversify the economy, reducing mineral revenues from 55 percent of total government revenues in 1998 to a current rate of less than 40 percent. The current global economic crisis resulted in a contraction in economic growth of 10.2 percent. Mining revenues dropped 68.6 percent and negated the 9.4 percent growth in other sectors.<sup>9</sup> Diamond mining currently accounts for more than one-third of GDP, 70-80 percent of export earnings, and half of government revenues. Only recently has Botswana built the capacity to polish and refine diamonds to create a more valuable product.

While direct cash transfers are not commonplace in Botswana, burial societies have become a major informal source of cash transfers, particularly in rural areas. The increasing levels of HIV and AIDS in the country have caused a rise in the levels of burials.<sup>10</sup> The government has partnered with a range of international organisations and private companies to help implement service delivery policies and social protection programmes. The government partners with NGOs in service delivery of its orphans and vulnerable children scheme, and coordinates with the private sector in its National HIV and AIDS policy, requiring private companies to provide welfare to employees and their families.<sup>11</sup> Botswana has invested significantly in basic social services especially around child welfare. Unfortunately, the high prevalence of HIV/AIDS has negatively impacted the sustainability of many programmes, as there simply isn't adequate human capacity to support the schemes. In addition, a large portion of the country's resources must be devoted to combating the disease, which takes money away from other social services.<sup>12</sup>

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<sup>6</sup> OneWorld. (2009, January). *Botswana on OneWorld*. Retrieved from OneWorld: <http://uk.oneworld.net/guides/botswana/development>

<sup>7</sup> Ibid.

<sup>8</sup> World Bank (2009).

<sup>9</sup> Ibid.

<sup>10</sup> Devereux, S., J. Marshall, J. MacAskill and L. Pelham. (2005). *Making Cash Count: Lessons from Cash Transfer Schemes*. Save the Children UK, HelpAge International and Institute of Development Studies. Retrieved from the International Policy Centre for Inclusive Growth, United Nations Development Programme: [www.ipc-undp.org/publications/cct/africa/MakingCashCountfinal.pdf](http://www.ipc-undp.org/publications/cct/africa/MakingCashCountfinal.pdf)

<sup>11</sup> Ibid.

<sup>12</sup> Botswana Federation of Trade Unions. (2007, February). *Policy Position Paper on Social Security & Social Protection in Botswana*. Retrieved from Botswana Federation of Trade Unions: <http://library.fes.de/pdf-files/bueros/botswana/04920.pdf>

Socioeconomic indicators <sup>13</sup>	
Population (millions)	1.90
GNI Per Capita, PPP (current USD)	13,100
GDP (current USD) (billions)	12.97
GDP Composition by Sector (%)	Agriculture – 2 Industry- 47 Services- 51
GDP Growth Rate (%)	-1.0
Percent Below Poverty Line (%)	N/A
Inflation (%)	17.2
GINI Index	61
Adult Literacy Rate (%)	82.9
Life Expectancy (years)	62
Child Dependency Ratio	52.1
Elderly Dependency Ratio	6.1
HIV Prevalence (%)	23.9
Overseas Development Aid Per Capita (current USD)	54.74
Net Official Development Assistance 2007 (USD Millions)	104
Remittances as % of GDP	1.1
2009 Human Development Index (HDI) Ranking	125

## 2. Vulnerability analysis

### 2.1 External shocks

Botswana's food dependence and susceptibility to drought has resulted in high food prices which have put the most vulnerable of the population in an even more precarious position. The government has tried to solve the crisis by encouraging development by farmers, but it continues to be a concern.

The current global economic crisis has negatively affected Botswana's economy to a great extent. Exports, particularly in mining, have dropped a huge amount, negating any continuing growth in other sectors of the economy.<sup>14</sup> There has been a decline in export prices and demand for minerals, which leads to reduced public revenue, loss of jobs, and lower household expenditure and savings. In 2008, diamond export revenues declined by about 50 percent. Revenues in the tourism sector, another major contributor to the country's GDP, declined by roughly 35 percent.<sup>15</sup> Other revenue resources have also declined, including the Southern African Customs Union (SACU) revenues, earnings from foreign exchange reserves and domestic tax revenues.<sup>16</sup>

13 Country Data. (n.d.). Retrieved from World Bank: <http://www.worldbank.org/data/countrydata/countrydata.html>

<sup>14</sup> Ibid.

<sup>15</sup> Sigwele, H. (2009, June 29). *The Impact of the Economic and Financial Crisis on Africa: Challenges and Opportunities for the Future*. Paper presented on behalf of the private sector in Botswana to the 10<sup>th</sup> Regional Seminar of ACP-EU. Retrieved from [www.eesc.europa.eu/resources/docs/the-impact-of-the-economic-and-financial-crisis-on-africa-final.doc](http://www.eesc.europa.eu/resources/docs/the-impact-of-the-economic-and-financial-crisis-on-africa-final.doc)

<sup>16</sup> World Bank (2009).

## 2.2 HIV/AIDS

Botswana is plagued by the second highest HIV/AIDS prevalence rates in the world. It is estimated that 35 percent of people ages 15-49 are HIV positive, but most of them do not know their status.<sup>17</sup> The epidemic is the main reason behind the country's poor socioeconomic indicators: there are an estimated 131,000 AIDS orphans; life expectancy has fallen from 60 years to 56 years,<sup>18</sup> and estimates predict that it will continue to drop drastically. Prevalence rates among pregnant women aged 15-49 decreased marginally from 36.2 percent in 2001 to 35.4 percent in 2002, but this is still devastatingly high.<sup>19</sup>

Healthcare facilities are "being stretched to the limit" and cannot adequately treat people. Many people do not seek treatment, or even testing, until they are extremely sick. Education has been impacted, as high levels of prevalence among teachers threaten to reduce the quality of teaching and limit the delivery capabilities of the system.<sup>20</sup> School enrolment levels will decline as children have to stay home to care for sick family members, become infected themselves, or work to earn income in order to replace the lost wages from incapacitated family members.

Family structures have been impacted by the epidemic, and it is common for children to raise siblings after the death of their parents.<sup>21</sup> Households experience increased health expenditures and loss of income and it is estimated that HIV/AIDS will force an additional five percent of the population below the poverty line in the coming years.<sup>22</sup> As the number of orphaned children increases, estimated to reach 20 percent of children by 2011, extended families will not be able to support the children, especially as the current generation of grandparents age.

HIV prevalence in the workforce is about 35 percent, and the number of people available for work will continue to decrease for the next 10 years, stagnating and even negating economic growth. The large amount of financial resources that must be devoted to the epidemic will weaken the government's capacity to deliver basic and essential social services.<sup>23</sup>

While these indicators reflect a grim situation, the government has instituted some of the most extensive prevention and coping programmes in the world. These policies include free voluntary testing and counselling (VCT) centres, a prevention of mother-to-child transmission (PMTCT) programme, and a national antiretroviral (ARV) programme. By 2008, an estimated 83 percent of people who required ARVs received them free of charge, and mother-to-child transmission rates dropped from 40 percent to 4 percent.<sup>24</sup>

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<sup>17</sup> Government of Botswana. (n.d.) *National Strategic Framework for HIV/AIDS 2003-2009*. National AIDS Coordinating Agency, Government of the Republic of Botswana. Retrieved from University of Botswana: [http://www.ub.bw/ip/documents/2003\\_Botswana%20National%20Strategic%20Framework%20for%20HIV%20AIDS.pdf](http://www.ub.bw/ip/documents/2003_Botswana%20National%20Strategic%20Framework%20for%20HIV%20AIDS.pdf)

<sup>18</sup> OneWorld (2009).

<sup>19</sup> Government of Botswana (n.d.).

<sup>20</sup> Ibid.

<sup>21</sup> OneWorld (2009).

<sup>22</sup> Government of Botswana (n.d.).

<sup>23</sup> Ibid.

<sup>24</sup> OneWorld (2009).

According to the Botswana Federation of Trade Unions, HIV/AIDS will cause a decrease of 8-10 percent in the household per capita income over the next 10 years. Botswana's poverty rate is likely to increase between 4 and 6 percent, and the percentage of households in poverty by 6 to 8 percent. The number of orphans and destitute people is also likely to increase.<sup>25</sup>

## 2.3 Foreign aid and remittances

Since Botswana achieved middle-income country status, international development aid has decreased. Many agencies feel that other countries are more in need of their support.<sup>26</sup> For example, the government of Japan designated \$4.5 million USD for Botswana in 2007, only a small portion of the \$1.7 billion USD distributed to all African countries.<sup>27</sup> The global crisis is also contributing to decreasing flows of money into the country, both from NGOs and other governments and from Botswana living abroad.<sup>28</sup>

## 3. Monitoring and evaluation

The government's *Vision 2016* document lays out an internal monitoring and evaluation system based on a performance management system and performance appraisals.

An M&E framework has been developed around the government's National Programme of Action for Children. To monitor progress towards the Programme of Action's goals and objectives, UNICEF, WHO, UNESCO and other organisations have developed a set of indicators to monitor aspects of children's situation in Botswana. The 2000 Botswana Multiple Indicator Survey (MIS) collected information on education, infant and child mortality, child malnutrition, child health, reproductive health and children's rights.<sup>29</sup>

Monitoring HIV/AIDS is vital to the country's efforts to combat the epidemic. The Botswana HIV Response Information Management System monitors and evaluates progress under the National Strategic Framework 2003-2009. The stated goal of the BHRIMS is to "systematically collect information on the national response to HIV/AIDS to ensure accountability, appropriate policy formulation and review, programme management and social justice through the direction of resources to the most vulnerable groups".<sup>30</sup> Several surveys, Botswana AIDS Impact Surveys, have been undertaken to provide benchmarks for future evaluation of the National Response.<sup>31</sup>

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<sup>25</sup> Botswana Federation of Trade Unions (2007).

<sup>26</sup> UNICEF. (2007, August). *A World Fit for Children: Mid Decade Review Botswana Progress Report*. Retrieved from UNICEF: [http://www.unicef.org/worldfitforchildren/files/Botswana\\_WFFC5\\_Report.pdf](http://www.unicef.org/worldfitforchildren/files/Botswana_WFFC5_Report.pdf)

<sup>27</sup> Nkala, G. (2009, May 9). *Botswana: Country Getting Little Foreign Aid*. Retrieved from AllAfrica: <http://allafrica.com/stories/200905181495.html>

<sup>28</sup> Sigwele (2009).

<sup>29</sup> UNICEF (2007).

<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

## 4. Social assistance programmes overview

\*All currency conversions are based on 17<sup>th</sup> February 2010 rates:

- 1 BWP = 0.14236 USD
- 1 EUR = 1.369 USD
- 1 GBP = 1.57161 USD<sup>32</sup>

Programme #1: community building	Programme name	Letlole National Certificate Saving Scheme <sup>33</sup>
	Programme overview	<ul style="list-style-type: none"> <li>▪ A scheme introduced by government, through the Bank of Botswana, to harness unbanked money and provide a reasonable rate of return for small savers.</li> <li>▪ In part a response to concerns over the low interest rates offered by commercial banks to small savers.</li> </ul>
	Programme objective	<ul style="list-style-type: none"> <li>▪ To promote the spirit of savings among Batswana and to ensure that all Botswana meaningfully contribute towards the national development process through investment.</li> <li>▪ To encourage Botswana to diversify their savings portfolios beyond traditional forms of investment, such as cattle, to include financial assets.</li> <li>▪ To help redress the problem of unavailability of banking facilities in some rural areas due to the relatively large size of the country.</li> </ul>
	Programme components	<ul style="list-style-type: none"> <li>▪ <b>Certificate denominations available:</b> <ul style="list-style-type: none"> <li>○ P50 (\$7.12 USD),</li> <li>○ P250 (\$35.59USD),</li> <li>○ P500 (\$71.18 USD).</li> </ul> </li> <li>▪ <b>Minimum/maximum savings:</b> <ul style="list-style-type: none"> <li>○ Minimum savings of P50 (\$7.12 USD),</li> <li>○ Maximum savings of P50,000 (\$7,117.95 USD).</li> <li>○ Individuals who wish to save more than P50,000 can purchase Bank of Botswana Certificates, which start at P50,000.</li> </ul> </li> <li>▪ <b>Maturity period:</b> <ul style="list-style-type: none"> <li>○ 3 years.</li> <li>○ Early redemption is permitted; however, no interest is paid if redeemed less than six months after purchase.</li> </ul> </li> <li>▪ <b>Interest rate:</b></li> </ul>

<sup>32</sup> *Currency Converter*. (n.d.). Retrieved from OANDA: <http://www.oanda.com/currency/converter/>

<sup>33</sup> Table drawn from:

Bank of Botswana. (2000). *Annual Report and Economic Review 2000*. Retrieved from Bank of Botswana: <http://www.bankofbotswana.bw/assets/uploaded/Preliminaries,%20Statutory%20Report%20and%20Botswana%20Economy%20in%202000.pdf>

Gaolathe, B. (2000, February 7). *Budget Speech 2000*. Speech by the Minister of Finance and Development Planning, delivered to the National Assembly. Retrieved from Botswana Institute for Development Policy Analysis: [http://www.bidpa.bw/docs/archive/BUDGET SPEECH 2000\\_01.PDF](http://www.bidpa.bw/docs/archive/BUDGET%20SPEECH%202000_01.PDF)

Genesis Analytics. (2003, March). *Access to Financial Services in Botswana*. FinMark Trust Research Paper No. 1. Retrieved from FinMark Trust: [http://www.finmarktrust.org.za/documents/2003/MARCH/Botswana\\_March.pdf](http://www.finmarktrust.org.za/documents/2003/MARCH/Botswana_March.pdf)

		<ul style="list-style-type: none"> <li>○ Fixed rate of 10% per year, compounded annually, over 36 months.</li> <li>○ After the first 6 months, interest is paid out at the end of each 3 months.</li> </ul>
	<b>Programme duration</b>	<ul style="list-style-type: none"> <li>▪ Started on June 22, 1999.</li> </ul>
	<b>Programme coverage</b>	<ul style="list-style-type: none"> <li>▪ The scheme is targeted at small savers or people in the low income groups, who may not be willing or able to save in commercial banks due to the high minimum balance requirements and relatively low interest rates.</li> </ul>
	<b>Beneficiary determination process</b>	<ul style="list-style-type: none"> <li>▪ Available for purchase by citizens of Botswana aged 16 years or above, who are in possession of Botswana National Identity Cards (Oman).</li> <li>▪ Parents can buy certificates for children to save until they become of age.</li> </ul>
	<b>Finance</b>	<ul style="list-style-type: none"> <li>▪ In December 2001, the total value invested in national savings certificates (NSCs) was P1,6m (less than 0.02% of total commercial bank deposits).</li> </ul>
	<b>Administrative framework</b>	<ul style="list-style-type: none"> <li>▪ <b>Distribution outlets:</b> National Savings Certificates can be purchased from any Post Office branch, at the Botswana Savings Bank or at any Bank of Botswana branch.</li> </ul>

<b>Programme #2: non-contributory pension</b>	<b>Programme name</b>	<b>Universal Old Age Pension Scheme<sup>34</sup></b>
	<b>Programme overview</b>	<ul style="list-style-type: none"> <li>▪ Non-contributory social security programme.</li> </ul>
	<b>Programme objective</b>	<ul style="list-style-type: none"> <li>▪ To provide financial security for elderly citizens, most of whom are not economically active.</li> </ul>
	<b>Programme components</b>	<ul style="list-style-type: none"> <li>▪ P220 per month (\$27 USD), adjusted for inflation each financial year.</li> </ul>
	<b>Programme duration</b>	<ul style="list-style-type: none"> <li>▪ Started in October 1996.</li> </ul>
	<b>Programme coverage</b>	<ul style="list-style-type: none"> <li>▪ <b>Number of beneficiaries:</b> <ul style="list-style-type: none"> <li>○ 84,577 in 2003.</li> <li>○ 86,859 in 2006.</li> </ul> </li> <li>▪ Over 95% of elderly are now registered for the programme.</li> </ul>
	<b>Beneficiary determination process</b>	<ul style="list-style-type: none"> <li>▪ 65 years or older.</li> <li>▪ Not means-tested.</li> <li>▪ Only Botswana citizens.</li> </ul>

<sup>34</sup> Table drawn from:

Botswana Federation of Trade Unions (2007).

*Division of Social Benefits.* (n.d.). Retrieved from Ministry of Local Government, Government of Botswana: <http://www.mlg.gov.bw/PGContent.php?UID=497>

Ntseane, D. and K. Solo. (2007, August). *Access to Social Services for Non-Citizens and the Portability of Social Benefits Within the Southern African Development Community (SADC). Botswana Country Report.* Retrieved from World Bank: [http://siteresources.worldbank.org/INTLM/Resources/390041-1244141510600/Ntseane\\_Solo-Botswana-2007.pdf](http://siteresources.worldbank.org/INTLM/Resources/390041-1244141510600/Ntseane_Solo-Botswana-2007.pdf)

		<ul style="list-style-type: none"> <li>▪ Special efforts made to include the elderly poor who live in isolated remote areas.</li> <li>▪ Mental patients are also entitled, whether hospitalised or taken care of by families/friends.</li> <li>▪ Does not exclude Batswana citizens who are receiving other pensions, whether they reside in or outside of Botswana.</li> <li>▪ Citizens in prison or serving sentences of extra mural labour cannot receive the pension until their sentence is completed.</li> </ul>
	Finance	<ul style="list-style-type: none"> <li>▪ Overall budget: P110 million (\$15.66 million USD) per month.</li> <li>▪ Financed by the government.</li> </ul>
	Legal framework	<ul style="list-style-type: none"> <li>▪ Division of social benefits.</li> </ul>
	Administrative framework	<ul style="list-style-type: none"> <li>▪ <b>Administered by:</b> Commissioner for Social Benefits in the Ministry of Local Government.</li> <li>▪ Implemented by: <b>social workers in the Local Authorities.</b></li> <li>▪ <b>Registration:</b> <ul style="list-style-type: none"> <li>○ Beneficiaries must register with a district, town or village Pensions Office at least 3 months prior to 65<sup>th</sup> birthday.</li> <li>○ Must produce a valid National Identity Card.</li> </ul> </li> <li>▪ <b>Payment:</b> <ul style="list-style-type: none"> <li>○ Paid through post offices, commercial banks, or directly by staff members of Department of Social Services.</li> <li>○ Pensioners can choose their preferred payment mode.</li> </ul> </li> <li>▪ <b>Proxies:</b> <ul style="list-style-type: none"> <li>○ Beneficiaries who are bedridden/physically incapacitated can appoint a proxy to collect the cash allowance for him/her.</li> <li>○ Beneficiaries who use a proxy must submit a Life Certificate every 3 months to prove that he/she is still alive, or the pension will be terminated.</li> </ul> </li> </ul>
	Programme barriers	<ul style="list-style-type: none"> <li>▪ <b>Harmonisation of pension and retirement age:</b> Retirement age is 60, but pensioners can only receive the cash transfer from age 65. Concerns have been expressed that eligibility of pensions should be harmonised with the age of retirement.</li> <li>▪ <b>Lost registration cards:</b> Registration cards that identify beneficiaries are sometimes lost or misplaced, a problem when claiming benefits.</li> <li>▪ <b>Year of birth unknown:</b> Some pensioners cannot benefit because they do not know their year of birth.</li> <li>▪ <b>Beneficiary abuse:</b> Cases of physical abuse of beneficiaries have been reported, where pensioners are abused by members of the public and relatives wanting to get money from the elderly.</li> <li>▪ <b>Exclusion:</b> Some potential beneficiaries in remote areas and cattle posts are excluded from the programme due to lack of information and access to services.</li> </ul>



Programme# 3: unconditional cash transfer	Programme name	World War II Veteran's Allowance <sup>35</sup>
	Programme overview	<ul style="list-style-type: none"> <li>Universal, non-means-tested entitlement programme.</li> </ul>
	Programme objective	<ul style="list-style-type: none"> <li>A sign of appreciation to Batswana who participated in World War II.</li> </ul>
	Programme components	<ul style="list-style-type: none"> <li>P272.00 (\$38.72 USD) per month.</li> </ul>
	Programme duration	<ul style="list-style-type: none"> <li>Began in April 1998.</li> </ul>
	Programme coverage	<ul style="list-style-type: none"> <li>The number of WW II beneficiaries has declined from 6,953 in 2003 to 4,033 in 2006.</li> </ul>
	Beneficiary determination process	<ul style="list-style-type: none"> <li>Allowance paid to each World War II veteran, his surviving spouse/s or his child/children less than 21 years of age.</li> <li>Also by "extension" payable to World War I veterans or their surviving spouses.</li> <li>Exclusions: people who have emigrated or have been repatriated do not qualify.</li> <li>When deceased veterans had more than one spouse or child, the allowance is divided equally among the recipients.</li> </ul>
	Finance	<ul style="list-style-type: none"> <li>Government.</li> </ul>
	Legal framework	<ul style="list-style-type: none"> <li>Government created the programme on 25 March 1998.</li> </ul>
	Administrative framework	<ul style="list-style-type: none"> <li><b>Administered by:</b> Commissioner for Social Benefits.</li> <li><b>Implemented by:</b> Office of the District Commissioner/Officer in various districts.</li> <li><b>Payment:</b> post offices.</li> </ul>
Programme# 4: public works	Programme name	Labour Based Drought Relief Programme <sup>36</sup>
	Programme overview	<ul style="list-style-type: none"> <li>Emergency response to alleviate effects of drought.</li> </ul>
	Programme objective	<ul style="list-style-type: none"> <li>To provide temporary supplement to rural incomes through wage employment for people most affected by drought.</li> <li>To maximise employment opportunities.</li> <li>To create a socially useful or productive infrastructure.</li> <li>To maximise rural communities' participation when identifying meaningful projects.</li> </ul>
	Programme components	<ul style="list-style-type: none"> <li>Labourers receive P10.00 (\$1.42 USD) per day.</li> <li>Supervisors receive P16.00 (\$2.28 USD) per day.</li> <li>Amounts adjusted according to cost of living index.</li> </ul>
	Programme duration	<ul style="list-style-type: none"> <li>Started in the 1960s.</li> </ul>

<sup>35</sup> Table drawn from Botswana Federation of Trade Unions (2007).

<sup>36</sup> Table drawn from Botswana Federation of Trade Unions (2007).

	<b>Programme coverage</b>	<ul style="list-style-type: none"> <li>▪ <b>1980s:</b> <ul style="list-style-type: none"> <li>○ Created 296,000 job opportunities.</li> <li>○ Employed 20% of rural working population</li> <li>○ 80% of those employed were women.</li> </ul> </li> <li>▪ <b>1992-3 drought:</b> <ul style="list-style-type: none"> <li>○ Over 400,000 people received food aid.</li> <li>○ Employed 100,000 people.</li> </ul> </li> <li>▪ <b>1995-6 drought:</b> <ul style="list-style-type: none"> <li>○ Created 38,558 jobs.</li> <li>○ Employed 61,693 workers.</li> </ul> </li> <li>▪ <b>2003-4 drought:</b> <ul style="list-style-type: none"> <li>○ Employed 121,599 workers (98,968 women and 22,631 men).</li> <li>○ Created 1362 projects.</li> </ul> </li> </ul>
	<b>Beneficiary determination process</b>	<ul style="list-style-type: none"> <li>▪ Non-means-tested.</li> <li>▪ A rota system is developed to ensure that the greatest number of people are able to participate.</li> </ul>
	<b>Administrative framework</b>	<ul style="list-style-type: none"> <li>▪ Each year, an inter-ministerial team assesses the situation of crop harvest, pastures, water availability, etc., by collecting information from district extension workers nationwide.</li> <li>▪ Inter-ministerial team submits recommendations to the Rural Development Council.</li> <li>▪ Rural Development Council then briefs cabinet members, who also create recommendations to the President.</li> <li>▪ In May or June, the President may choose to decide that the scheme be implemented nationwide.</li> <li>▪ When a drought year is declared by the President, the programme is coordinated by the Ministry of Local Government and implemented by the local authorities.</li> </ul>
	<b>Programme barriers</b>	<ul style="list-style-type: none"> <li>▪ <b>Targeting error:</b> The scheme does not assess which rural areas are most affected, but simply extends relief to all rural areas. As such, thus may not effectively target the most in need.</li> <li>▪ <b>Politicised:</b> Politicised decision-making (especially at community levels, and particularly during elections) and the sensationalisation of suffering can impede equitable allocation of funds to those who need them most. Decision-making, especially at the community level is usually highly</li> <li>▪ <b>Bureaucratic inefficiency:</b> Delays at Ministry of Finance can compromise efficiency.</li> <li>▪ <b>Excludes urban poor:</b> Scheme generally assumes that only people in rural areas need assistance during droughts, but many urban poor also rely on arable crop farming for their livelihoods.</li> <li>▪ <b>Extremely low wage rate:</b> Low wage rate is designed for self-targeting, so people will only resort to participating in the project when no other work is available; however, the extremely low pay of P10 (\$1.42 USD) per day may</li> </ul>

		<p>fail to provide meaningful or sufficient assistance to those the scheme is meant to help.</p> <ul style="list-style-type: none"> <li>▪ <b>Priority given to pre-existing, high-quality projects, which excludes many:</b> In the past, intended beneficiaries helped to decide which projects should be done; however, now government policy prioritises already-existing planned community development projects. In such projects, infrastructure quality takes precedence over labour intensity, thus excluding many people who do not have the required technical skills.</li> </ul>
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Programme# 5: unconditional cash transfer	<b>Programme name</b>	<b>Destitute Person's Policy<sup>37</sup></b>
	<b>Programme overview</b>	<ul style="list-style-type: none"> <li>▪ In a context where urbanisation, migration and changing family structures have left many people with no means of support, this programme provides food rations, cash entitlements, access to social services (including rehabilitation), money for funeral expenses and shelter to destitute people.</li> </ul>
	<b>Programme objective</b>	<ul style="list-style-type: none"> <li>▪ "To ensure that government provides minimum assistance to the needy persons to improve their health and welfare conditions and to alleviate poverty".</li> </ul>
	<b>Programme components</b>	<ul style="list-style-type: none"> <li>▪ <b>Cash allowance:</b> P61.00 (\$8.68USD).</li> <li>▪ <b>Food rations:</b> <ul style="list-style-type: none"> <li>○ <b>Temporarily destitute persons:</b> <ul style="list-style-type: none"> <li>○ Rural areas: P181.90 (\$25.90 USD) in food rations per month.</li> <li>○ Urban areas: P181.40 (\$25.82 USD) in food rations per month.</li> </ul> </li> <li>○ <b>Permanently destitute persons receive:</b> <ul style="list-style-type: none"> <li>○ Rural areas: P256.90 (\$36.50 USD) in food rations per month.</li> <li>○ Urban areas: P256.40 (\$36.50 USD) in food rations per month.</li> </ul> </li> </ul> </li> <li>▪ Amounts can be adjusted, up to P400.00 (\$56.94 USD), according to rising commodity costs and inflation.</li> <li>▪ <b>Children receive:</b> <ul style="list-style-type: none"> <li>○ school uniforms,</li> <li>○ toiletries,</li> <li>○ transport,</li> <li>○ protective clothing,</li> <li>○ boarding requisites,</li> <li>○ tuition in private and vocational schools,</li> <li>○ street clothes,</li> <li>○ payment of additional school-related fees, such as touring fees, sports fees, development fees and other incidental expenses.</li> </ul> </li> <li>▪ <b>Exemption from publicly-provided service fees:</b> All destitute persons are exempt from paying for publicly-provided services, including: <ul style="list-style-type: none"> <li>○ medical fees,</li> <li>○ school fees,</li> <li>○ water charges,</li> <li>○ service levies,</li> <li>○ electricity charges.</li> </ul> </li> <li>▪ <b>Burial expenses:</b> When a destitute person dies, burial expenses are fully</li> </ul>

<sup>37</sup> Table drawn from Botswana Federation of Trade Unions (2007).

		<p>covered by the local authorities.</p> <ul style="list-style-type: none"> <li>▪ <b>Support:</b> Social workers provide rehabilitation and psycho-social support to enhance beneficiaries' quality of life and sustain their dignity.</li> <li>▪ <b>Exit strategy:</b> Destitute persons are expected to exit the programme "once they have been provided with relevant skills, knowledge and the right attitude to engage in sustainable economic and social activities".</li> </ul>
	<b>Programme duration</b>	<ul style="list-style-type: none"> <li>▪ First introduced in 1980.</li> <li>▪ Revised in 2003.</li> </ul>
	<b>Programme coverage</b>	<ul style="list-style-type: none"> <li>▪ March 2005: 38,074 registered destitute persons.</li> <li>▪ This number has been growing steadily since the programme was implemented.</li> </ul>
	<b>Beneficiary determination process</b>	<ul style="list-style-type: none"> <li>▪ <b>A destitute person is defined as:</b> <ul style="list-style-type: none"> <li>○ A person who can't engage in sustainable economic activities because he/she has disabilities or a chronic health condition, and has insufficient income sources and assets.<sup>38</sup></li> <li>○ A person who can't engage in sustainable economic activities and has unreliable and limited income sources because of old age, mental/physical disability, emotional/psychological disability, or terminal illness with no means of support.</li> <li>○ A child under 18 years of age who needs care and is not covered under the orphan care programme, whose parents are terminally ill and unable to care for him/her, or who has been abandoned.</li> </ul> </li> <li>▪ <b>Non-discriminatory:</b> The scheme does not discriminate on the basis of age, gender or ethnicity.</li> <li>▪ <b>Classification:</b> <ul style="list-style-type: none"> <li>○ Destitute persons are classified into Permanent or Temporary categories.</li> <li>○ Permanent: age, physical or mental conditions render the person completely dependent. Eligible for life, with no conditions. Assessed each year by a social worker.</li> <li>○ Temporary: ill health or natural disaster renders the person temporarily unable to support him/herself.</li> </ul> </li> </ul>
	<b>Finance</b>	<ul style="list-style-type: none"> <li>▪ Annual budget of P40 million (\$5,694,360 USD).</li> </ul>
	<b>Legal framework</b>	<ul style="list-style-type: none"> <li>▪ The Destitute Cash Allowance was introduced in 2003, in accordance with the 2002 Revised National Policy on Destitute Persons.</li> <li>▪ The Revised National Policy on Destitute Persons clearly states that basic shelter will be made available if the destitute person is found lacking this basic need.</li> </ul>
	<b>Administrative framework</b>	<ul style="list-style-type: none"> <li>▪ <b>Payment:</b> <ul style="list-style-type: none"> <li>○ Allowance paid by Social Benefits Division, Department of Social Services.</li> <li>○ Paid through post offices, commercial banks or directly by staff members in Department of Social Services.</li> <li>○ Destitute person can choose their preferred mode of payment.</li> </ul> </li> </ul>

<sup>38</sup> Insufficient income sources and assets is defined as owning no more than four livestock units, and earning/receiving less than P120.00 (\$17.08 USD) without dependents or P150.00 (\$21.35 USD) with dependents each month.

		<ul style="list-style-type: none"> <li>▪ <b>Proxies:</b> <ul style="list-style-type: none"> <li>○ Beneficiaries who are bedridden/physically incapacitated can appoint a proxy to collect the cash allowance for him/her.</li> <li>○ Beneficiaries who use a proxy must submit a Life Certificate every 3 months to prove that he/she is still alive, or the benefit will be terminated.</li> </ul> </li> <li>▪ <b>Registration:</b> <ul style="list-style-type: none"> <li>○ To register as a destitute, a person can come forward as an individual, or he/she can be referred or nominated by community leaders, family members or other individuals.</li> <li>○ Once a person is put forward or nominated, social workers conduct rigorous assessment to determine whether the individual is eligible.</li> </ul> </li> <li>▪ Once a person is approved, social workers notify the person of the shop/supplier contracted to supply his/her food basket, and enter the person's name into the computerised system for cash payment.</li> </ul>
	<b>Programme barriers</b>	<ul style="list-style-type: none"> <li>▪ <b>Financial constraints to providing shelter:</b> Although the policy stipulates that basic shelter will be provided if the destitute person does not have shelter, district and town councils often experience financial constraints.</li> <li>▪ <b>Barriers to exit:</b> Most beneficiaries are old, and many are frail, with little education and no skills. As such, exit from the scheme is difficult.</li> <li>▪ <b>Acute shortage of social workers:</b> On average, one social worker covers at least five villages. Further, social workers must spend a large proportion of their time on clerical duties, such as preparing tenders for food rations and clothing, ensuring that suppliers provide the necessary commodities and supervising food rations.</li> </ul>

<b>Programme# 6: welfare and social</b>	<b>Programme name</b>	<b>Remote Area Development Programme<sup>39</sup></b>
	<b>Programme overview</b>	<ul style="list-style-type: none"> <li>▪ Thousands of remote area dwellers (often known as Basarwa or Bushmen) live in remote, arid areas of western Botswana with little economic activity. These extra-rural areas are "generally characterised by severe poverty, lack of education, and high unemployment".</li> <li>▪ This programme aims to promote the social, cultural and economic development of remote area dwellers (RADs), so they can also benefit from Botswana's economic growth, in ways that are compatible with the skills, aspirations, traditional structures and cultures of remote communities.</li> <li>▪ This is done through provision of food baskets, livestock and other necessities, and funding and training for small-scale enterprise.</li> </ul>

<sup>39</sup> Table drawn from Botswana Federation of Trade Unions (2007); see also *Remote Area Development Programme*. (n.d.). Retrieved from Ministry of Local Government, Government of Botswana: <http://www.mlg.gov.bw/PGContent.php?UID=448>

	<b>Programme objectives</b>	<ul style="list-style-type: none"> <li>▪ To provide development infrastructure.</li> <li>▪ To promote sustainable livelihoods, self-reliance and environmentally-sound use of natural resources and the environment.</li> <li>▪ To encourage participation in issues that affect the development of remote communities.</li> <li>▪ To promote development of leadership structures and political representation.</li> <li>▪ To adopt and advocate affirmative action, so as to give remote area communities equal access to the entitlements of Botswana citizenship.</li> <li>▪ To promote national tolerance and understanding of historically marginalised people from remote areas.</li> <li>▪ To facilitate economic empowerment, income-generating projects, livestock distribution, capacity building for development.</li> </ul>
	<b>Programme components</b>	<ul style="list-style-type: none"> <li>▪ Five cattle or 15 goats are given to participants.</li> <li>▪ Those who qualify are assisted through the destitution programme.</li> <li>▪ RAD children are assisted with food, toiletry, clothing, bedding and transportation.</li> <li>▪ The Economic Promotion Fund aims to develop sustainable small-scale enterprises, and provides start-up capital and appropriate training.</li> <li>▪ Small RAD communities are mobilised to move to settlements where they can more easily access social services.</li> </ul>
	<b>Programme duration</b>	<ul style="list-style-type: none"> <li>▪ The RADP was started in 1974 as a development programme called the Bushmen Training and Settlement Project.</li> <li>▪ In 1978 it was revised to target geographically instead of ethnically.</li> </ul>
	<b>Programme coverage</b>	<ul style="list-style-type: none"> <li>▪ Programme operates in 65 settlements in seven districts: Central, Ghanzi, North West, Kgalegadi, Southern, Kweneng and Kgatleng.</li> </ul>
	<b>Beneficiary determination process</b>	<ul style="list-style-type: none"> <li>▪ The programme targets socio-economically marginalised people who live outside recognised villages in remote areas, who lack basic services and facilities (such as water rights, access to land, education and health), and who are not covered by other national development initiatives.</li> <li>▪ Beneficiaries must be: <ul style="list-style-type: none"> <li>○ Citizens of Botswana.</li> <li>○ Living in a settlement with a population of 250-499.</li> </ul> </li> </ul>
	<b>Legal framework</b>	<ul style="list-style-type: none"> <li>▪ According to the mid-term review of the National Development Programme 9, the RADP will be aligned with Vision 2016 and the Millennium Development Goals.</li> </ul>
	<b>Administrative framework</b>	<ul style="list-style-type: none"> <li>▪ The Ministry of Local Government implements this programme in 64 designated settlements through the Department of Social Services.</li> </ul>

	<b>Programme barriers</b>	<ul style="list-style-type: none"> <li>▪ <b>Lack of flexibility in food basket:</b> The food basket does not allow beneficiaries to select items that they are culturally accustomed to.</li> <li>▪ <b>Insufficient funding:</b> Because some areas are very remote, the allotted money cannot always purchase all the prescribed food items in the package.</li> <li>▪ <b>Educational attrition:</b> Many children drop out during junior secondary school, limiting their employment opportunities.</li> <li>▪ <b>Low literacy and skills:</b> Because RADs have low skill levels and literacy levels, the economic promotion fund has not generally succeeded at breaking the intergenerational cycle of poverty.</li> </ul>
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<b>Programme# 7: social services and in-kind transfer</b>	<b>Programme name</b>	<b>Community Home-Based Care<sup>40</sup></b>
	<b>Programme overview</b>	<ul style="list-style-type: none"> <li>▪ Provides home-based care to PLWHAs and the chronically ill, in a context where hospitals cannot handle all patients in need.</li> </ul>
	<b>Programme objective</b>	<ul style="list-style-type: none"> <li>▪ To ensure quality care from health facilities to the home setting.</li> </ul>
	<b>Programme components</b>	<ul style="list-style-type: none"> <li>▪ Beneficiaries receive clinical medical assistance and food baskets.</li> <li>▪ Food basket value depends on the patient's nutritional needs, ranging from less than P276.00 (\$39.29 USD) to P397.00 (\$56.52 USD) worth of food.</li> <li>▪ The programme also provides supplies, such as gloves, mackintosh bedspreads, bedpans and disinfectants, to protect both patients and care givers.</li> </ul>
	<b>Programme duration</b>	<ul style="list-style-type: none"> <li>▪ Established in 1995.</li> </ul>
	<b>Programme coverage</b>	<ul style="list-style-type: none"> <li>▪ 2001: 1,058 patients.</li> <li>▪ 2002: 6,380 patients.</li> </ul>
	<b>Beneficiary determination process</b>	<ul style="list-style-type: none"> <li>▪ Non-means-tested: any person with AIDS, other HIV-related diseases or chronic illness is eligible.</li> </ul>
	<b>Finance</b>	<ul style="list-style-type: none"> <li>▪ District health departments, families and the government.</li> </ul>
	<b>Legal framework</b>	<ul style="list-style-type: none"> <li>▪ National AIDS Policy was formulated in 1998.</li> </ul>
	<b>Administrative framework</b>	<ul style="list-style-type: none"> <li>▪ Implemented through a joint partnership between the Ministry of Health and Ministry of Local Government.</li> </ul>
	<b>Monitoring and evaluation<sup>41</sup></b>	<ul style="list-style-type: none"> <li>▪ Baseline study to assess needs and resources.</li> <li>▪ District and hospital staff monitor progress by jointly measuring outcome indicators.</li> <li>▪ Interviews are conducted with AIDS patients and their families and with community groups.</li> <li>▪ Activities are observed.</li> </ul>

<sup>40</sup> Unless otherwise specified, table drawn from Botswana Federation of Trade Unions (2007).

<sup>41</sup> *Community Home Based Care for People with AIDS in Botswana*. (1996). Retrieved from Ministry of Health, Government of Botswana: [www.gov.bw/Global/MOH/PC\\_MOH\\_02.pdf](http://www.gov.bw/Global/MOH/PC_MOH_02.pdf)

	<b>Socioeconomic impacts<sup>42</sup></b>	<ul style="list-style-type: none"> <li>Local activists have testified that the government's home-based care programme "has become an essential tool in the country's response towards HIV/AIDS".</li> </ul>
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<b>Programme# 8: in-kind transfer</b>	<b>Programme name</b>	<b>National Antiretroviral Therapy Programme (MASA)<sup>43</sup></b>
	<b>Programme overview</b>	<ul style="list-style-type: none"> <li>The Botswana government provides free antiretroviral therapy (ART) to all HIV-infected individuals. The programme was named "MASA", the Setswana word for "dawn".</li> <li>Despite a slow start and multiple setbacks after it was announced in 2001, enrolment began increasing rapidly in 2004, and today the programme boasts impressive coverage of 83%.</li> </ul>
	<b>Programme objectives</b>	<ul style="list-style-type: none"> <li>"To enable people with HIV to live longer, healthier lives".</li> <li>"To offer an incentive for HIV testing, and to lower the rate of HIV transmission".</li> <li>"To decrease the number of children orphaned each year by AIDS".</li> <li>"To maintain skills in the workforce necessary for economic development".</li> </ul>
	<b>Programme components</b>	<ul style="list-style-type: none"> <li>Provides antiretroviral medication to HIV-positive people in need.</li> </ul>
	<b>Programme duration</b>	<ul style="list-style-type: none"> <li>Announced in 2001; implemented in 2002.</li> </ul>
	<b>Programme coverage</b>	<ul style="list-style-type: none"> <li>Initially, because of resource constraints, the programme targeted four groups in particular need: pregnant women with AIDS, HIV-positive child in-patients, HIV-positive people with tuberculosis, and adult in-patients with AIDS.</li> <li>Initially, scale-up was slow, and fell far short of target of 19,000 by the end of 2002. <ul style="list-style-type: none"> <li>June 2002: 1,000 people enrolled; 500 receiving treatment.</li> <li>January 2003: 3,200 people enrolled.</li> <li>End of 2003: 8,000 people enrolled at ten clinics.</li> </ul> </li> <li>In 2004, MASA began to expand rapidly: <ul style="list-style-type: none"> <li>May 2004: over 24,000 enrolled; 14,000 receiving treatment.</li> <li>End of 2004: 36,000-39,000 receiving treatment.</li> <li>June 2005: 43,000 receiving treatment.</li> <li>September 2005: 54,378 receiving treatment, including 4,582 children.</li> <li>End of 2009: 145,000 receiving treatment.</li> <li>2010: 170,000 receiving treatment.</li> </ul> </li> <li>Coverage in 2010 (%): <ul style="list-style-type: none"> <li>83% under new WHO guidelines, which recommend starting treatment earlier.</li> <li>Over 95% under old WHO guidelines.</li> </ul> </li> </ul>

<sup>42</sup> Botswana: Home-Based Care Hailed as a Success. (2001, November 26). Retrieved from Medilinks: <http://medilinkz.org/news/news2.asp?NewsID=319>

<sup>43</sup> Table drawn from Avert (n.d.). *HIV & AIDS in Botswana*. Retrieved from Avert: <http://www.avert.org/aids-botswana.htm>



	<b>Finance</b>	<ul style="list-style-type: none"> <li>Mainly financed by government, with additional contributions from the Global Fund, PEPFAR, and various NGOs, charities and foundations.</li> <li>2004-2005: <ul style="list-style-type: none"> <li>Government: \$62.1 million.</li> <li>Global Fund: \$3.3 million.</li> <li>PEPFAR: \$6.4 million.</li> <li>Other NGOs, charities and foundations: \$20 million.</li> </ul> </li> <li>In 2007, government spent \$31.3 million.</li> </ul>
	<b>Legal framework</b>	<ul style="list-style-type: none"> <li>National AIDS Policy was formulated in 1998.</li> </ul>
	<b>Programme barriers</b>	<ul style="list-style-type: none"> <li><b>Staff shortage:</b> shortage of trained staff was the largest obstacle in the initial years of the programme.</li> <li><b>Poor resources:</b> initially, scale-up was difficult because Botswana lacked laboratory capacity and infrastructure.</li> <li><b>Reaching rural areas:</b> many rural and remote areas still lack infrastructure, making them harder to reach.</li> <li><b>Financial sustainability:</b> the programme is very expensive, and providing treatment to all is becoming more difficult as the number of HIV patients continues to increase.</li> <li><b>Transmission:</b> though Botswana's treatment programme is admirable, prevention efforts are also crucial to stemming new infections.</li> <li><b>Stigma and denial:</b> some HIV-positive people did not seek treatment for fear of discrimination or other negative social consequences.</li> </ul>

<b>Programme# 9: welfare and social services and in-kind transfers</b>	<b>Programme name</b>	<b>National Orphan Care Programme<sup>44</sup></b>
	<b>Programme objective</b>	<ul style="list-style-type: none"> <li>To mitigate the impact of HIV and AIDS by providing care and support to orphans.</li> </ul>
	<b>Programme components</b>	<ul style="list-style-type: none"> <li><b>Food basket:</b> Enrolled orphans receive a food basket worth P216.00 (\$30.75 USD) per month, whether in a rural or urban area. This amount is regularly adjusted for inflation at the beginning of each financial year.</li> <li><b>Additional support:</b> Orphans receive: <ul style="list-style-type: none"> <li>clothing,</li> <li>toiletries,</li> <li>assistance with educational needs,</li> <li>medical fee waivers in government health facilities,</li> <li>transport allowance,</li> <li>assistance with utility bills (e.g. water and electricity),</li> <li>counselling,</li> <li>protection from abuse.</li> </ul> </li> </ul>
	<b>Programme duration</b>	<ul style="list-style-type: none"> <li>Started in 1999.</li> </ul>

<sup>44</sup> Unless otherwise specified, table drawn from Botswana Federation of Trade Unions (2007).

	<b>Programme coverage</b>	<ul style="list-style-type: none"> <li>▪ <b>Registered orphans:</b> <ul style="list-style-type: none"> <li>○ 2002: 39, 571.</li> <li>○ 2004: 47,964.</li> <li>○ 2007: 51,600.</li> </ul> </li> <li>▪ In 2007, 92% of registered orphans were receiving assistance, and only 8% were supported by relatives.</li> </ul>
	<b>Beneficiary determination process</b>	<ul style="list-style-type: none"> <li>▪ <b>Definition:</b> An orphan is defined as someone who: <ul style="list-style-type: none"> <li>○ Is Batswana.</li> <li>○ Is below 18 years.</li> <li>○ Has lost one (single parent) or two (married couple) biological or adoptive parents.</li> <li>○ Lacks access to basic human needs like food, clothing, toiletries and shelter.</li> <li>○ Children who have been abandoned or dumped by their parents are also included.</li> </ul> </li> <li>▪ <b>Identification:</b> Teachers, social workers, relatives, community leaders and community members identify orphans.</li> <li>▪ <b>Registration:</b> Social workers determine a child's eligibility.</li> </ul>
	<b>Legal framework</b>	<ul style="list-style-type: none"> <li>▪ Guided by the Short Term Plan of Action on Care of Orphans (STPA 1999-2003)</li> </ul>
	<b>Monitoring and evaluation<sup>45</sup></b>	<ul style="list-style-type: none"> <li>▪ Was evaluated in 2006; national situation analysis is ongoing, with goal of providing data for an evidence-based national OVC policy.</li> </ul>
	<b>Programme barriers</b>	<ul style="list-style-type: none"> <li>▪ <b>Inclusion error:</b> The programme may be supporting people who do not fall within the age bracket that defines an orphan.</li> <li>▪ <b>Staff shortages:</b> In 2007, there were only 82 staff members to manage 51,600 registered orphans – an overwhelming case load of 629 orphans per staff member, which renders ongoing monitoring of registered orphans impossible.</li> <li>▪ <b>Insufficient psychosocial support:</b> Orphans frequently experience psychological distress, economic hardship, lack of parental nurturing, anxiety about safety, withdrawal from school, increased abuse and risk of HIV infection, malnutrition, illness, lack of love and attention, loss of inheritance, stigma, discrimination and isolation. However, as the burden of psychosocial support has shifted from the extended family to the state, orphans' psychosocial needs often remain unmet.</li> </ul>

<sup>45</sup> *Orphans and Vulnerable Children*. (n.d.). Retrieved from Government of Botswana: <http://www.gov.bw/en/Citizens/Sub-Audiences/Children--Youth1/Orphan-Care-Program/>

Programme# 10: in-kind transfer	Programme name	<b>Vulnerable Group Feeding Programme<sup>46</sup></b>
	Programme objective	<ul style="list-style-type: none"> <li>▪ To distribute meals and nutritional supplements to people who are vulnerable to malnutrition and to women of child-bearing age from poor or low-income households.</li> </ul>
	Programme components	<ul style="list-style-type: none"> <li>▪ The level and type of assistance depends on the nature of vulnerability.</li> <li>▪ <b>Children 4 to 18 months:</b> <ul style="list-style-type: none"> <li>○ Food commodity: tsbana and oil.</li> <li>○ Ration: 150g/day, i.e. 2.5kg x 2 every month; 25ml/day, i.e. 1 x 750ml bottle/month.</li> <li>○ Selection criteria: all children in this age group.</li> </ul> </li> <li>• <b>Children 19 to 366 months:</b> <ul style="list-style-type: none"> <li>○ Food commodity: tsbana and oil</li> <li>○ Ration: 200g/day, i.e. 2.5 kg x 3 every month; 25ml/day, i.e. 1 x 750ml bottle/month.</li> <li>○ Selection criteria: all children in this age group.</li> </ul> </li> <li>• <b>Children 37 to 60 months:</b> <ul style="list-style-type: none"> <li>○ Food commodity: enriched maize, meal, dried skim milk, beans, oil.</li> <li>○ Ration: 175g/day, i.e. 5kg per month; 30g/day, i.e. 1kg per month; 60g/day, i.e. 1.8kg per month; 25ml/day, i.e. 1 x 750ml bottle per month.</li> <li>○ Selection criteria: all children in this age group.</li> </ul> </li> <li>• <b>Pregnant and lactating mothers, TB and leprosy outpatients:</b> <ul style="list-style-type: none"> <li>○ Food commodity: enriched maize, meal, dried skim milk, beans, oil.</li> <li>○ Ration: 175g/day, i.e. 5kg per month; 30g/day, i.e. 1kg per month; 60g/day, i.e. 1.8kg per month; 25ml/day, i.e. 1 x 750ml bottle per month.</li> <li>○ Selection criteria: medically selected.</li> </ul> </li> <li>• School-based feeding programme: The objective of this programme is to provide prepared food to children to alleviate short-term hunger, thereby enhancing classroom learning.</li> </ul>
	Programme duration	<ul style="list-style-type: none"> <li>▪ Established in 1966.</li> </ul>
	Programme coverage	<ul style="list-style-type: none"> <li>▪ July 2005: 268,000 registered beneficiaries.</li> </ul>
	Beneficiary determination process	<ul style="list-style-type: none"> <li>▪ Beneficiaries: pregnant and lactating mothers, nutritionally at-risk under-fives and TB patients.</li> <li>▪ During drought years, supplementary feeding is provided to all children under five and lactating mothers receive food rations.</li> <li>▪ In non-drought years, supplementary feeding is based selectively on the weight progression of the child.</li> <li>▪ Children who seem underweight are given preference.</li> </ul>
	Administrative framework	<ul style="list-style-type: none"> <li>▪ The programme is implemented by the Ministry of Health and the Local Authorities.</li> </ul>

<sup>46</sup> Table drawn from Botswana Federation of Trade Unions (2007).

	<b>Programme barriers</b>	<ul style="list-style-type: none"> <li>▪ <b>HIV/AIDS:</b> The HIV/ AIDS pandemic is reported to be impacting negatively on the health and household food security of the beneficiaries.</li> </ul>
	<b>Socioeconomic impacts</b>	<ul style="list-style-type: none"> <li>▪ The prevalence of severe protein energy malnutrition decreased from 0.5% in 1991 to 0.3% in 1995.</li> <li>▪ In some remote rural areas, school feeding has considerably increased school attendance and retention.</li> <li>▪ Records indicate that there has been considerable improvement in the nutritional status of children, particularly the under fives.</li> </ul>

Programme# 11: social insurance	<b>Programme name</b>	<b>Sickness and Maternity<sup>47</sup></b>
	<b>Programme components</b>	<ul style="list-style-type: none"> <li>▪ <b>Paid sick leave:</b> Up to 14 days per year.</li> <li>▪ <b>Maternity benefit:</b> <ul style="list-style-type: none"> <li>○ At least 25% of wages or P0.50 (\$0.07 USD) for each day of absence, whichever is greater.</li> <li>○ Paid for 6 weeks before and after expected date of childbirth.</li> <li>○ Can be extended for 2 additional weeks if complications during pregnancy/childbirth.</li> </ul> </li> <li>▪ In designated areas, employers must provide certain medical services to employees and dependents, including transportation to nearest hospital.</li> </ul>
	<b>Legal framework</b>	<ul style="list-style-type: none"> <li>▪ 1982 Employment Act; amended 1984 Employment Order; amended 1982 Employment Act.</li> </ul>

Programme# 12: social insurance	<b>Programme name</b>	<b>Work Injury<sup>48</sup></b>
	<b>Programme components</b>	<ul style="list-style-type: none"> <li>▪ <b>Temporary disability benefits:</b> <ul style="list-style-type: none"> <li>○ 66% of the insured's earnings paid for up to 6 months.</li> <li>○ May be extended for additional 3-month periods, up to a total of 24 months, with approval of the Commissioner for Workmen's Compensation.</li> <li>○ Paid after a 7-day waiting period until full recovery or certification of permanent disability.</li> </ul> </li> <li>▪ <b>Partial temporary disability:</b> <ul style="list-style-type: none"> <li>○ Reduced benefit amounts are paid according to the assessed degree of disability.</li> </ul> </li> <li>▪ <b>Permanent disability pension:</b> <ul style="list-style-type: none"> <li>○ Lump sum, equal to 60 months of the insured's earnings minus the value of any temporary disability benefits paid previously to the insured.</li> <li>○ Minimum benefit: P16,000 (\$2,277.74 USD).</li> </ul> </li> </ul>

<sup>47</sup> Table drawn from ISSA. (2009, August). *Social Security Programs Throughout the World: Africa 2009*. Retrieved from International Social Security Administration: <http://www.socialsecurity.gov/policy/docs/progdesc/ssptw/2008-2009/africa/ssptw09africa.pdf>

<sup>48</sup> Table text from ISSA (2009).

		<ul style="list-style-type: none"> <li>Maximum benefit: P250,000 (\$35,589.8 USD).</li> <li>Constant-attendance supplement: If the insured requires the constant attendance of others to perform daily functions, up to 25% of the permanent disability benefit is paid.</li> </ul> <ul style="list-style-type: none"> <li><b>Partial permanent disability:</b> <ul style="list-style-type: none"> <li>A percentage of the full benefit is paid according to the assessed degree of disability, as determined by the schedule in law.</li> <li>Maximum: P200,000 (\$28,471.8 USD).</li> </ul> </li> <li><b>Workers' medical benefits:</b> <ul style="list-style-type: none"> <li>Employer provides medical and surgical care, hospitalisation and medicines, up to P75,000 (\$10,676.9 USD).</li> <li>Employer covers cost of prostheses up to P10,000 (\$1,423.59 USD).</li> <li>Employer covers transportation costs, up to P1,500 (\$213.54 USD).</li> </ul> </li> <li><b>Survivor benefit:</b> <ul style="list-style-type: none"> <li>A lump sum equal to 48 months of the insured's earnings is paid to dependent survivors minus the value of any temporary disability benefits previously paid to the deceased.</li> <li>Minimum benefit: P8,000 (\$1,138.87 USD).</li> <li>Maximum benefit: P20,000 (\$2,847.18 USD).</li> <li>Reduced benefit for survivors who were only partially dependent.</li> </ul> </li> <li><b>Funeral grant:</b> <ul style="list-style-type: none"> <li>A lump sum is paid up to 100 pula (\$14.24 USD), and deducted from the survivor benefit.</li> </ul> </li> </ul>
	<b>Programme coverage</b>	<ul style="list-style-type: none"> <li><b>Covers:</b> Employed persons, including government and local authority employees and armed forces personnel.</li> <li><b>Excludes:</b> Casual workers, family labour and self-employed persons.</li> </ul>
	<b>Beneficiary determination process</b>	<ul style="list-style-type: none"> <li>No minimum qualifying period.</li> </ul>
	<b>Finance</b>	<ul style="list-style-type: none"> <li>Cost is met through the direct provision of benefits or the payment of insurance premiums.</li> </ul>
	<b>Legal framework</b>	<ul style="list-style-type: none"> <li>1977, with 1980 and 1985 amendments; and 1998.</li> </ul>
	<b>Administrative framework</b>	<ul style="list-style-type: none"> <li>Department of Labour and Social Security.</li> <li>Employers may insure against liability with private insurance companies.</li> </ul>

<b>Programme# 13: social insurance</b>	<b>Programme name</b>	<b>Unemployment<sup>49</sup></b>
	<b>Programme components</b>	<ul style="list-style-type: none"> <li>Severance package.</li> <li>No statutory benefits are provided.</li> </ul>
	<b>Beneficiary determination process</b>	<ul style="list-style-type: none"> <li>Employees with 60 months of continuous employment.</li> </ul>
	<b>Finance</b>	<ul style="list-style-type: none"> <li>Employer.</li> </ul>
	<b>Legal Framework</b>	<ul style="list-style-type: none"> <li>Amended 1984 Employment Order.</li> </ul>

<sup>49</sup> Table drawn from ISSA (2009).

	<b>Administrative framework</b>	<ul style="list-style-type: none"> <li>▪ Department of Labour and Social Security enforces the law.</li> <li>▪ Commissioner of Labour and Social Security provides supervision.</li> </ul>
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<b>Programme# 14: public works</b>	<b>Programme name</b>	<b>District Roads Improvement and Maintenance Programme<sup>50</sup></b>
	<b>Programme overview</b>	<ul style="list-style-type: none"> <li>▪ Labour-intensive road construction public works programme.</li> </ul>
	<b>Programme duration</b>	<ul style="list-style-type: none"> <li>▪ Began in 1980s.</li> </ul>
	<b>Programme coverage</b>	<ul style="list-style-type: none"> <li>▪ Employed 3200 casual labourers in all 9 districts of Botswana.</li> </ul>
	<b>Finance</b>	<ul style="list-style-type: none"> <li>▪ Funding from different sources, including World Bank, Norwegian Agency for Development (NORAD) and Swedish International Development Co-operation Agency (SIDA).</li> </ul>

<b>Programme# 15: public works</b>	<b>Programme name</b>	<b>Labour-Based Roadworks<sup>51</sup></b>
	<b>Programme objective</b>	<ul style="list-style-type: none"> <li>▪ To contribute to poverty alleviation by creating employment.</li> <li>▪ To increase private-sector involvement in building the economy.</li> </ul>
	<b>Programme duration</b>	<ul style="list-style-type: none"> <li>▪ 1999-2002.</li> </ul>
	<b>Finance</b>	<ul style="list-style-type: none"> <li>▪ Funding from Norwegian Agency for Development (NORAD).</li> </ul>
	<b>Administrative framework</b>	<ul style="list-style-type: none"> <li>▪ Implemented by the Roads Department of the Ministry of Works, Transport and Communication.</li> </ul>
	<b>Socioeconomic impacts</b>	<ul style="list-style-type: none"> <li>▪ Although households were employed in blocks of time, and not continuously – meaning income was not continuous – earnings were high enough for people to meet basic needs and make other investments.</li> <li>▪ Income flowing into communities had a spin-on effect, often creating casual employment for other community members.</li> </ul>

<sup>50</sup> Table drawn from ILO (n.d.). *Botswana*. Retrieved from International Labour Organisation: <http://www.ilo.org/public/english/employment/recon/eiip/countries/africa/botswana.htm>

<sup>51</sup> Ibid.