

Republic of Botswana

Botswana National Social Protection Recovery Plan

Part 1: Analysis and Recommendations

Sustainable and Resilient Recovery towards High-Income Status

“A path that perpetuates the status quo will not provide the living standards that we expect and aspire to” (Vision 2036 Preamble)

30 June 2020



Preface

This is the main output of an exercise to assist the Ministry of Local Government and Rural Development (MLGRD), and its United Nations (UN) partners, to develop a National Social Protection Recovery Plan (NSPRP), to build back better after the challenges posed by the 2019 novel coronavirus (COVID-19). The plan was developed in close cooperation with MLGRD, in consultation with the University of Botswana and the Ministry for Presidential Affairs, Governance and Public Administration, and was supported and technically led by UNDP in partnership with UNICEF, ILO, FAO, UNFPA, RCO and the World Bank.

We are grateful for the opportunity to contribute to this important exercise. We are especially grateful to the many people in central and local government and in other organisations, plus the sample of beneficiaries of Botswana's social protection programmes, who have been so generous with their time and information.

We hope that this document will help to lay the foundations for a stronger, more flexible and more resilient social protection system for Botswana.

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ALMP	Active Labour Market Programme
BCC	Behaviour Change Communication
BIDPA	Botswana Institute for Development Policy Analysis
BSBA	Botswana Social Benefits Agency
CBO	Community-Based Organisation
CEDA	Citizen Entrepreneurial Development Agency
CHBC	Community Home-Based Care
COVID-19	Coronavirus Disease 2019
CSG	Child Support Grant
ECD	Early Childhood Development
EEP	Economic Empowerment Programme
EIIP	Employment-Intensive Investment Programmes
FAO	Food & Agriculture Organisation
GDP	Gross Domestic Product
GNI	Gross National Income
GoB	Government of Botswana
HATAB	Hospitality and Tourism Association of Botswana
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HGSF	Home Grown School Feeding
ICF	International Classification of Functioning, Disability and Health
ICT	Information and Communication Technology
ILO	International Labour Organisation
ISPAAD	Integrated Support Programme for Arable Agriculture Development
ISRP	Informal Sector Recovery Plan
KII	Key Informant Interviews
LIMID	Livestock Management and Infrastructure Development
LRBM	Local Resource Based Methods
M&E	Monitoring and Evaluation
MIS	Management Information System
MITI	Ministry of Investment, Trade and Industry
MLGRD	Ministry of Local Government & Rural Development
MoADFS	Ministry of Agricultural Development & Food Security
MoBE	Ministry of Basic Education
MoELPSD	Ministry of Employment, Labour Productivity and Skills Development
MoHW	Ministry of Health & Wellness
MoNIGA	Ministry of Nationality, Immigration & Gender Affairs
MoYESCD	Ministry of Youth Empowerment, Sport and Culture Development
NC	Needy Children
NDP	National Development Plan
NGO	Non-Governmental Organisation
NSPF	National Social Protection Framework
NSPRP	National Social Protection Recovery Plan
OAP	Old Age Pension
OVC	Orphans and Vulnerable Children
P	Pula
PDL	Poverty Datum Line

PEP	Poverty Eradication Programmes
PSFP	Primary School Feeding Programme
PSRP	Private Sector Recovery Plan
PWD	Person with Disability
RADP	Remote Area Development Programme
RHVP	Regional Hunger and Vulnerability Programme
S&CD	Social and Community Development
SDG	Sustainable Development Goal
SOBERS	Social Benefits Payment and Reconciliation System
TS&S	Tertiary Sponsorships and Scholarships
TSSG	Temporary Social Support Grant
UB	University of Botswana
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
USD	United States Dollar
VGFP	Vulnerable Groups Feeding Programme
WB	World Bank
WHO	World Health Organisation
WWVP	World War Veterans Pension
WFP	World Food Programme

Glossary

<i>botho</i>	a social contract of mutual respect, responsibility and accountability
<i>ipelegeng</i>	self-reliance
<i>kgotla</i>	a meeting place in a village for public assembly, community council or traditional law courts
<i>malutu</i>	fortified precooked sorghum soya meal
<i>Omang</i>	Botswana's national identity card
<i>poso</i>	Post Office money transfer service
<i>samp</i>	processed maize meal
<i>tsabana</i>	fortified weaning formula

Definitions

Cash transfer	Transfer made in the form of cash, either physical or electronic
Disability	A physical, mental, or psychological condition that limits a person's activities
Discretionary	Not a rights-based entitlement
Covariate shock	Shock affecting multiple households
Entitlement	A constitutional, justiciable right
Idiosyncratic shock	Shock affecting an individual or a household
In-kind transfer	Transfer made in the form of goods (food, household items) rather than cash
Social accountability	Holding duty-bearers and service providers to account for their performance
Social assistance	Assistance, usually in the form of transfers, provided from state revenue
Social insurance	Contributory programs to help households insure themselves against reductions in income
Social protection	Set of policies and programmes to reduce vulnerability and build resilience through people's lives, using social assistance, social insurance, social support and facilitation of access to labour
Social protection floor	Basic social security guarantees over the life cycle that all in need have access to essential health care and to basic income security
(Social) safety net	Social assistance (used by the World Bank)

Executive Summary

INTRODUCTION

This study is one of three to develop recovery plans to help Botswana to “build back better” after the ongoing COVID-19 crisis, by establishing a **National Social Protection Recovery Plan (NSPRP)**. It has been commissioned by the Ministry of Local Government and Rural Development (MLGRD), which is responsible for the coordination of social protection in Botswana. The other two studies are looking at recovery plans for the formal private sector and the informal sector.

SITUATION: What have been the impacts of COVID-19?

COVID-19 has created a multi-layered crisis across the world. Beyond its immediate health impacts, economies, food systems and access to nutritious foods, health care systems, income and employment, education and social life have all been compromised. These impacts are interrelated. For example, the lockdown imposed in many countries has reduced business activity and forced millions of breadwinners into temporary or long-term unemployment, generating increased social protection needs while simultaneously reducing the fiscal resources available for governments to address both the pandemic itself and its adverse economic and social side-effects.

Botswana’s government responded quickly and admirably to the **triple threat** – health, economic and social – posed by COVID-19. From the **health** perspective, it imposed a stringent lockdown from 2 April 2020, which means that Botswana has so far avoided a health crisis, though the threat is still high and the gains could prove fragile as the risk of transmission rises in the post-lockdown period. Worryingly, Botswana’s neighbouring countries, in particular South Africa, are experiencing increased incidence of COVID-19 since they relaxed their lockdowns. To counter the **economic** impacts of COVID-19, the Government introduced a COVID-19 Relief Fund on 2 April 2020 with an initial capitalisation of P2 billion for wage subsidies, waivers, loan guarantees and payment deferrals. Finally, and of most relevance to this study, the Government implemented a substantial national COVID-19 Food Relief programme to counter the negative **social** impacts of COVID-19 itself and of the measures necessary to contain it.

As in many other parts of the world, it is the **poorest and most vulnerable groups** in Botswana who are most at risk from COVID-19 and from the Government’s necessary, though drastic, responses to it. Those working in the Government and formal private sector have mostly continued to receive their salaries. But almost all others have seen their incomes reduced, in many cases to zero. This will particularly have affected those reliant on others, such as the elderly, those with disability or chronic illness, and those living in remote rural areas. But the crisis has also directly impacted many other groups, not normally considered so vulnerable, in particular those in the **informal sector** who tend to have limited savings and whose incomes depend on their own energy, dynamism and resourcefulness, plus of course members of their households.

ASSESSMENT: How have social protection systems responded?

Botswana is rare in sub-Saharan Africa in having a mature and domestically funded set of **social protection programmes**. Generally, the existing systems of social assistance have continued to function during the COVID-19 crisis, some with modifications, with only limited disruption and minor delays. This is greatly to Botswana’s credit. In cases where they were unable to function normally, such as School Feeding and *Ipelegeng*, successful measures have been taken to ensure that at least the most vulnerable are supported through substitute initiatives. In addition, recognising the widespread impacts of COVID-19 and the challenge to existing programmes to respond at that scale, the Government implemented a new temporary social assistance COVID-19 Food Relief programme that has provided food baskets to some two-thirds of all households nationally: a hugely significant achievement for which the Government should be congratulated.

Even as the response is ongoing, the Government is keen to **learn lessons** and to build a stronger and more responsive social protection system for the future. This study is intended to help that process. It looked at ten of the main social assistance programmes (including the new COVID-19 Food Relief response), plus –

albeit in less detail, because these were also being examined by the parallel private and informal sector recovery plans – three other key components of a social protection system: social insurance, labour market programmes and the social workforce. For each one, the Plan describes the programme, looks at the impact on it of COVID-19, considers the immediate implications and draws out emerging lessons.

LESSONS: What can be done to strengthen social protection in Botswana?

From this assessment of the components of the system, the Recovery Plan extracts key lessons that emerge from recent experience: most fundamentally, that the **need for social protection** in Botswana is much broader than previously recognised. Indeed, perhaps the most important revelation is that Botswana has been relying on a set of social assistance programmes that were established in the last century, when it was one of the poorest countries in Africa, and which are increasingly unsuited to its current status as one of the wealthiest, and in particular to its 21st-century aspiration to become a high-income country by 2036.

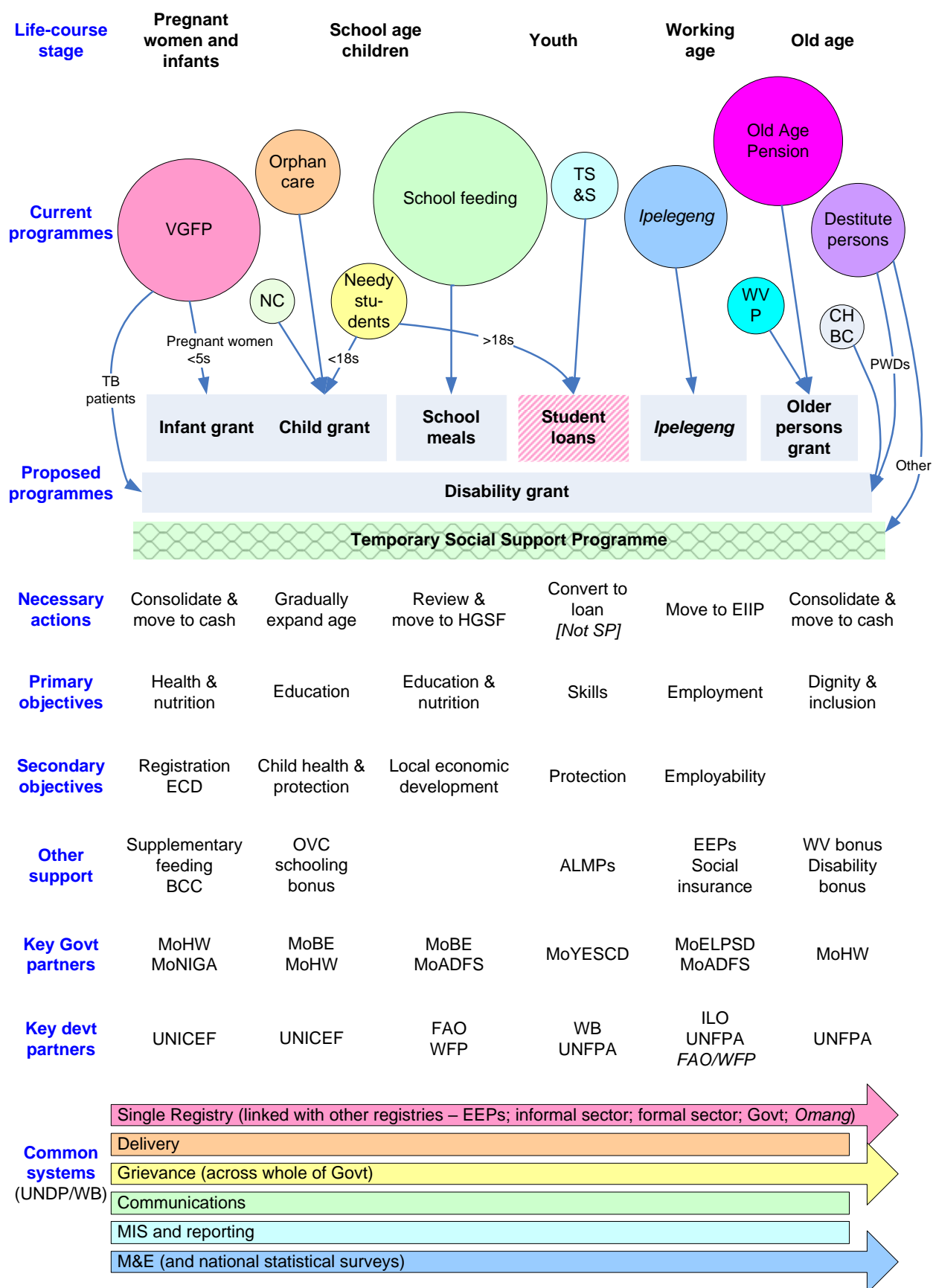
As COVID-19 has shown so clearly, Botswana now faces other challenges than drought, poverty and HIV/AIDS, which were at the origin of its current range of social protection programmes; it now needs social assistance that is appropriate to its status as a leading country in Africa in terms of both economic and social development. The **new paradigm** needs to go beyond poverty reduction: it needs instead to build resilience, to redistribute wealth, to invest in all Botswana so that they can contribute to and share in the benefits of growth, and to build a new social compact between the State and its citizens. In common with other upper-middle and high-income countries, Botswana needs to consolidate a social assistance system that reflects the vulnerabilities of individuals throughout their lives, and leaves no-one behind.

This is entirely consistent with the aspiration in the current draft of the **National Social Protection Framework** (NSPF) that it “will position the social protection system so that it can more effectively and efficiently respond to the varied risks and vulnerabilities faced by Botswana of all ages”. The system also needs to be shock-responsive, to be able to adjust quickly to unforeseen shocks such as COVID-19, and to be able to provide counter-cyclical support in times of challenge.

RECOMMENDATIONS: What is the way forward?

To reflect Botswana’s current and future status, now is the time to consolidate its suite of programmes to properly reflect the **life-course framework** in the NSPF, to underpin those programmes with robust systems that are common across programmes, and to put in place the necessary enabling environment. The recommendations below suggest having a single major social assistance programme for each of the life-course stages identified in the NSPF (eventually two for school-age children). These would be accompanied by additional measures for certain particularly vulnerable individuals within those categories, and by age-relevant linkages to other essential services which would be delivered by the appropriate Government partner. The approach is predicated upon a simpler, more intuitive set of basic social assistance grants, delivered as part of a more comprehensive package of services to achieve holistically, and in close partnership with others, the clearer objectives at each life-course stage. Figure 0 illustrates the proposals for rationalisation and consolidation, which are then described below under three headings: programmes, systems and enabling environment.

Figure 0: Proposals for rationalisation and consolidation of social protection in Botswana



Key: NC=Needy Children; TS&S=Tertiary Sponsorships & Scholarships; WVP=World War Veterans' Pension

PROGRAMMES

Figure 0 proposes the consolidation of the existing suite of programmes into five individual life-course programmes, supported by a residual household-based “safety net”, as follows:

Infant and Child Grant – This would initially continue to be delivered universally to all pregnant women and pre-school children up to the age of 6, as VGFP is now. But instead of food rations, it would provide cash-based social assistance, linked with strong messaging and appropriate health and nutrition interventions (and birth registration). Over time, the age of eligibility for the grant could be increased, to gradually introduce a Child Grant, thus replacing, or at least greatly reducing, the need for the Orphan Care programme and the Needy Children and Needy Student components.

School Meals – A rigorous reassessment of primary and secondary school feeding is recommended, following on from the recommendations of the 2019 UNICEF study (UNICEF, 2019d), which identified significant deficiencies and inefficiencies in the way it is currently managed. First, the objectives of providing school meals need to be clearly articulated. Second, a decision needs to be taken on how best they can be delivered, considering the comparative advantages of stimulating the private sector, and using alternative procurement models to support local economic development through a Home-Grown School Meals approach.

Ipelegeng – *Ipelegeng* should continue as a key intervention for the working age poor, and should adopt the numerous operational improvements suggested in the 2012 Evaluation of the programme, such as the inclusion of skills-building, entrepreneurship training and savings schemes (GoB, 2012). It should take any opportunities that arise from COVID-19 to expand the range of work options open to participants. And it should also be moved closer to the private sector, with the adoption of approaches such as Employment-Intensive Investment Programmes (EIIP) advocated by ILO, or offered as an employment guarantee scheme: MLGRD is already preparing proposals along these lines.

Older Persons Grant – The Old Age Pension should continue, renamed as the Older Persons Grant to reduce stigma, also assimilating the World War Veterans’ Pension, which would disappear through natural attrition in any case. The value of the combined Older Persons Grant should be re-evaluated and benchmarked against the poverty line or consumption needs, so that the transfer value would be automatically adjusted each year to retain or increase its purchasing power over time.

Disability Grant – This proposed new grant (consistent with Botswana’s new draft Disability Strategy) would incorporate beneficiaries from three current programmes: CHBC, the tuberculosis component of VGFP and the Disability Cash Transfer component of the Destitute Persons programme. All beneficiaries would receive their payments in cash, although some might require additional in-kind support, which would be provided through linkages to the Ministry of Health and appropriate NGOs, not as part of the social transfer. There would be an important role for the social workforce to administer appropriate support and linkages and referrals to the necessary support services.

Temporary Social Support Grant – Underpinning these life-course programmes would be a residual household-based safety net of last resort – essentially a time-bound transfer based on a much-reduced version of the current “temporary” component of the Destitute Persons programme. The purpose of this would be to provide discretionary support, through cash and food transfers, to households impacted by a serious shock. It would also provide the backbone of a “shock-responsive” scalable safety net any substantial covariate shock that might strike the country in the future, as COVID-19 has done.

Student Loans – The Recovery Plan recommends that the tertiary scholarships and sponsorships should not qualify as social protection, since their objectives are predominantly educational. The current approach should rather be converted to a student loan programme, and the resultant financial savings should be reallocated to genuine social assistance to younger children through the expansion of the proposed Child Grant, on the basis that investment at a younger age has a significantly higher return on investment.

Figure 0 also illustrates the many benefits of adopting a lifecycle approach. It allows a much greater clarity of primary and secondary **objectives** at each phase, which then makes it much clearer which links are necessary to maximise the impacts of social assistance, in terms of both other social protection components and complementary programmes. This in turn reduces the number of key partners (within Government and amongst development partners) who need to be coordinated around interventions at each life-course stage.

SYSTEMS

The operation of the suite of life-course programmes proposed above will be underpinned by a set of common systems: the existence of these shared, robust systems will greatly facilitate the expansion of social assistance support in the event of a major emergency (such as a repeat or resurgence of COVID-19). The need for stronger systems has long been recognised, and indeed MLGRD has taken these concerns fully on board in developing its Strategic Plan for 2018 to 2023 (GoB, 2018b). All the recommended improvements set out in the paragraphs that follow reflect priorities already identified in the Strategic Plan, under an overarching goal of “Reengineering and Integrating Processes”.

Registration and enrolment – The Strategic Plan 2018-2023 specifically targets the “Establishment of a single social registry”, a process that is already under way, but which needs to be accelerated. On the one hand, COVID-19 has made it clear that ideally the coverage of the registry should extend further than just the existing beneficiaries of social programmes (e.g. to include the formal and informal sectors, beneficiaries of livelihoods programmes and so on); on the other hand, the achievement of assessing two-thirds of all households in the country for COVID-19 Food Relief has also shown irrefutably that an integrated single registry is possible as well as essential.

Delivery – Consistent with the MLGRD Strategic Plan’s objective of “Optimizing Processes and Delivery through Technology”, all social assistance programmes should be progressively transitioned from in-kind to cash delivery, wherever possible, leveraging the clear cost effectiveness gains in delivering cash whilst also increasing respect for dignity, choice and human rights. This should be accompanied by effective communications and rigorous routine monitoring to minimise cash misuse and diversion (see below).

Communications – A rights-based emphasis on promoting social inclusion and equity should be at the heart of an advocacy and communication strategy for social protection, as identified in the MLGRD Strategic Priority of “Improving publicity, communication, branding”. With the advent of more inclusive programmes, more intuitive entitlements and more streamlined systems, the need for communications will be reduced. But information, education and communication campaigns remain important, especially during the transition period as consolidated programmes and improved technologies for registration and payment are introduced.

Grievance – MLGRD’s Strategic Plan has a significant focus on “Promoting Customer Engagement” and a proposed performance indicator on “Customer Satisfaction”. Whilst on paper, current systems for presenting, recording and processing grievances are broadly adequate, in practice there are reports that beneficiaries are reluctant to express complaints (a common phenomenon with discretionary programmes). Operationally the grievance system needs to be improved and made more accessible, a recommendation that could be considered across a “whole-of-Government” perspective.

Management information system – COVID-19 has highlighted, and MLGRD’s Strategic Plan accepts, the potential for improvement in the management of information within MLGRD, despite the improvements that has been achieved already, most notably the SOBERS payment system and development of a generic MIS. The introduction and expansion of the integrated single registry across programmes, and the moves to more cash payments, electronic delivery and common systems should significantly simplify the harmonisation of information management across programmes, but MLGRD nonetheless needs to prioritise this.

Monitoring and evaluation – The introduction of the integrated single registry and associated improvements to common management information systems across programmes will greatly facilitate routine monitoring, potentially with greater reliance on decentralised monitoring processes (as envisaged in the new

Decentralisation Policy). But the regular and rigorous evaluation of social protection programmes needs to be significantly improved to better inform policy choice.

System resilience – A resilient social protection system has four interrelated features: robust programmes, good systems, sound institutions and adequate finance. This Recovery Plan makes a number of recommendations in terms of programmes, systems and institutions. In terms of finance, being an upper middle-income country with a relatively small population, Botswana enjoys the fiscal space needed to invest in generous and comprehensive social protection programmes, and to have financial reserves in place for rapid scale-up of those programmes in the event of major shocks. A resilient social protection system in Botswana will also strengthen the resilience of vulnerable individuals, households and communities: a well-functioning system that delivers all entitlements to the right people in full and on time allows beneficiaries to budget their consumption spending and plan their livelihood investments; and a flexible, shock-responsive system smooths consumption and protects assets against future livelihood shocks and life-course risks.

ENABLING ENVIRONMENT

Rights-based – There is currently no constitutional right to social protection in Botswana, and no legislative framework to underpin the social protection systems in the country. As social protection evolves to the kind of inclusive life-course approach proposed in this Plan, however, it should become a justiciable right, meaning it is underpinned by constitutional provisions or laws that empower citizens to claim their right to social protection through the courts if necessary (as is the case in South Africa, for example).

Coordination – One major advantage of adopting a life-course approach, as discussed above, is that it helps in clarifying institutional roles and linkages. It is recommended that separate technical working groups should be established for each of the main life-course stages, comprising the key stakeholders for that stage. Above them, there will still be the need for an overall social protection steering committee, as recommended in the NSPF, to provide strategic guidance, ensure coherence across life-course transitions and oversee the introduction of common systems and institutional reform as envisaged in this Plan.

Decentralisation – In line with the new Decentralisation Policy, the implementation of social protection programmes requires close collaboration between national and sub-national levels, and clear lines of responsibility and communication. This can be facilitated by the integrated single registry and the associated MIS covering all programmes, to which MLGRD staff at all levels would have access. In the longer term, there is potential to have a single window for all social services at district level.

Longer term options – The Recovery Plan endorses that in the longer term, consideration be given to more fundamental institutional reform, including two that had been postulated in the 2010 Social Development Framework: the creation of a Ministry of Social Development and of a Botswana Social Benefits Agency.

CONCLUSION

This Plan sets out an ambitious programme for recovery. Top priority for the next five years should be focussed on consolidation of the existing programmes around the NSPF's life-course structure, on the improvement of the common systems underpinning these to increase the resilience of the system, and on the immediate institutional arrangement to bring this reform about.

As Botswana finalises its Economic Recovery and Transformation Plan, sub-titled "Sustainable and Resilient Recovery Towards High-Income Status", there is a clear need to recognise that a sustainable and resilient recovery requires well-functioning social protection, and that a coordinated and comprehensive social protection system is a *sine qua non* for all high-income countries. The recommendations for a new paradigm of social protection proposed by this NSPRP should be a centrepiece of Botswana's post-COVID-19 landscape.

1. Introduction

1.1. Background

This study is one of three to develop recovery plans to help Botswana to “build back better” after the ongoing COVID-19 crisis. It focusses on social protection, and has been commissioned by the Ministry of Local Government and Rural Development (MLGRD), which is responsible for the coordination of social protection in Botswana. The other two studies are looking at recovery plans for the formal private sector and the informal sector.

1.2. Purpose of the study

The purpose of the assignment is to develop a National Social Protection Recovery Plan (NSPRP) with its implementation plan and monitoring and evaluation plan for the Government of Botswana under the guidance and supervision of the MLGRD in collaboration with relevant sector ministries, departments and agencies, parastatals, the private sector, civil society, academia, and development partners with technical assistance from the United Nations (UN) system.

The full Terms of Reference for the study are in Annex 1.

1.3. Scope of the study

A social protection system usually has four components: non-contributory social assistance; contributory social insurance; labour market interventions; and basic social services. This NSPRP will focus on non-contributory social assistance and basic social services. The two parallel recovery plans are looking at the formal private sector (including issues of contributory social insurance) and at the informal private sector (including labour market interventions): their main recommendations on these components of social protection are reflected in this recovery plan.

Even within social assistance, it is important to be clear about what social protection itself can be expected to achieve. Social assistance is designed to help individuals (and their households) to overcome the vulnerabilities they face, and to enable them to access the other services that are necessary for them to do this effectively. Botswana’s social assistance programmes need to be considered in this light.

1.4. Approach and methods

The study adopted a qualitative research method, relying on the following approaches:

- **Document review:** to collect existing data on Botswana’s social protection system. These included published reports, unpublished documents, administrative data, programme policies, strategies, and guidelines. They provided background information, and helped in the understanding the history, evolution and current operations of the social protection programmes and the institutions that run them. The information in these documents also assisted the research team with the information needed to develop the beneficiaries and key informants’ data collection tools (formulation of questions for interviews and questionnaires).
- **Beneficiary interviews:** with both women and men who benefit from the different social assistance programmes, of different age groups, and across the different regions of the country in order to be as representative of the whole country as possible for such a time-constrained study: cities and towns; urban villages and rural areas. The aim of the interviews was to capture, through a structured interview protocol (see Annex 2), their views and perceptions on how COVID-19 has affected them, how they have benefitted from the different programmes, and how they think the whole system could be improved.

- **Key informant interviews (KII):** with key stakeholders through a semi-structured key informants' guide (see Annex 3). These included high level key informants like Directors of different Departments in MLGRD, Programme Coordinators/Implementers, social workers and other critical stakeholders. The aim of these interviews was to get insights from the people who have particularly informed perspectives, and first-hand knowledge about the social protection system and its constituent programmes, which assisted the researchers gain an understanding of the perspectives for the different programmes, allowing them to draw lessons and generate key short and long term recommendations.

This approach was used to generate qualitative information which in turn was assessed to gauge how much the social protection beneficiaries have been affected by COVID-19, to interrogate the constraints to the social protection systems being more responsive to shocks, and to formulate recommendations that will enable Botswana's social protection system to become more comprehensive, more robust, and better responsive to shocks such as COVID-19 in the future.

Table 1 and Table 2 summarise the interviews that were conducted; the documents consulted are listed in the References section at the end of the report.

Table 1: Summary of beneficiary interviews

Programme	Males	Females	Total
Orphan Care Programme	3	3	6
Destitute Persons Programme	2	2	4
World War Veterans	2	2	4
Old Age Pension	1	3	4
Needy Students	1	2	3
<i>Ipelegeng</i>	1	1	2
Rural Area Development	4	13	17
COVID-19 Food Basket	2	1	3
Poverty Eradication Programme	1	9	10
Community Health Based Care	2	3	5
TOTAL	19	39	58

Table 2: Summary of key informant interviews

Type of key informant	Males	Females	Total
Senior MLGRD staff	4	0	4
Programme directors/managers	3	4	7
Social workers	3	8	11
Care givers	2	2	4
University of Botswana	0	3	3
Other	1	1	2
TOTAL	13	18	31

It is worth pointing out that the remote method of working, combined with the prevailing circumstances in Botswana – the highly challenging times, the imperatives for MLGRD staff to be managing the COVID-19 Food Relief programme, the communications challenges posed by the lockdown and its immediate aftermath – made KIIs and direct primary data collection very difficult for this assignment. The study was forced to rely to a greater extent than anticipated on document review and secondary data. Fortunately, a number of

valuable reports do exist, and in general fully corroborate the recommendations emerging from this Recovery Plan.

1.5. Structure of the Recovery Plan

This NSPRP is structured as follows. After the Introduction, Chapter 2 looks at the situation created by COVID-19: its impacts, the Government's overall response and the people affected. Chapter 3 assesses the performance of Botswana's social assistance programmes in responding to COVID-19. Chapter 4 draws the lessons from this experience and considers the underlying issues that need to be tackled to strengthen social protection in the country. Chapter 5 sets out recommendations for a proposed recovery plan, over the short, medium and longer terms, structured around a consolidation of programmes, strengthening of systems and strengthening the enabling environment for social protection in Botswana.

2. Situation: what have been the impacts of COVID-19?

2.1. What has happened?

COVID-19 has created a multi-layered crisis across the world. Beyond its immediate health impacts, economies, food systems and access to nutritious foods, health care systems, income and employment, education and social life have all been compromised. These impacts are interrelated. For example, the lockdown imposed in many countries has reduced business activity and forced millions of breadwinners into temporary unemployment, generating increased needs for social protection while simultaneously reducing the fiscal resources available for governments to address both the pandemic itself and its adverse economic and social side-effects.

Although very few cases of COVID-19 had been recorded in Botswana by mid-June 2020, the economic shock is already severe, with exports reduced, mining and tourism badly affected, food systems disrupted by mobility restrictions, and a large number of citizens at risk if food prices rise significantly. Access to social services has also been disrupted. In the medium-term, poverty is likely to increase and deepen, especially among those sitting at home with 'no work, no pay' during the lockdown and with limited access to social assistance or social insurance.

2.2. How has the Government responded?

Botswana's Government responded quickly and admirably to the triple threat – health, economic and social – posed by COVID-19. From the **health** perspective, it imposed a stringent lockdown from 2 April 2020, which has not yet been fully relaxed. As of 7 June 2020, Botswana had only 40 confirmed cases of COVID-19, and one (1) confirmed COVID-19 death. This means that Botswana has so far avoided a health crisis, though the threat is still high and the gain could prove fragile as the risk of community transmission rises in the post lockdown period. Worryingly, Botswana's neighbouring countries, in particular South Africa, are experiencing increased incidence of COVID-19 since they relaxed their lockdowns.

To counter the **economic** impacts of COVID-19, the Government of Botswana introduced a COVID-19 relief fund on 2 April 2020 with an initial capitalisation of P2 billion (see <https://covid19portal.gov.bw/assistance-businesses>). It invited other partners to contribute to this fund, and to collaborate with Government, in order to assure the following set of interventions:

- Wage subsidies, to a value of 1 billion Pula, to keep jobs in formal employment safe
- A 24-month loan guarantee of up to P25 million for loans with commercial banks
- Waiver of training levy for six months
- Citizen Entrepreneurial Development Agency (CEDA) COVID-19 emergency response fund of 40 million Pula, as well as waiving the interest payment for other CEDA loans for 12 months
- Repayment holidays for commercial bank loans to be negotiated by Bank of Botswana
- Tax concessions to businesses in eligible sectors.
- Regular payment obligations including life insurance premium payment, retirement fund contributions and loan instalments will be restructured and rescheduled to offer relief for at least three months to COVID-19 affected people (subject to individual policies).

Finally, and of most relevance to this study, the Government implemented a substantial national COVID-19 Food Relief programme to counter the negative **social** impacts of COVID-19 itself and of the measures necessary to contain it (see 3.10 below). This has delivered a basket of food and other necessities to over 400,000 households identified as being in need, which represents some two-thirds of total households throughout the country. In addition, several existing social assistance programmes were either expanded or restructured, to provide additional support or ensure continuity of support to poor and vulnerable people (see section 3 below).

Even as this response is ongoing, the Government is keen to learn lessons and to build a stronger and more responsive social protection system for the future. This study is intended to help that process.

2.3. Who has been affected?

As in many other parts of the world, it is the poorest and most vulnerable groups in Botswana who are most at risk from COVID-19 and from the Government's necessary, though drastic, responses to it. One immediate manifestation of this was that many homeless persons, those with mental health or substance abuse issues, found themselves stranded and forced to congregate in public spaces such as shopping malls. Similarly, illegal migrants, non-citizens working in the informal sector and refugees were immediately cut off from support mechanisms. Other specifically affected groups included sex workers, recovered COVID-19 patients and workers in perceived high-risk environments such as Sir Ketumile Masire Hospital, where COVID-19 patients were admitted.

Those working in the Government and formal private sector continued to receive their salaries (the latter with support from the Government's rapidly instituted wage subsidies, paid to employers). But almost all others saw their incomes reduced, in many cases to zero. This will particularly have affected those who are reliant on others, such as the elderly, those with disabilities or chronic illness, and those in remote rural areas. It also directly impacted those in the informal sector (estimated by the Informal Sector Recovery Plan [ISRP] at nearly 200,000¹) who tend to have limited savings and whose incomes depend on their own energy, dynamism and resourcefulness, plus of course members of their households.

The Private Sector Recovery Plan (PSRP) suggests that the economically important tourism and mining sectors were particularly badly hit: formal employees in those sectors were largely protected, but the many with informal jobs around the fringes were not. About 550 companies with some 80,000 employees were affected. Bookings for transport and accommodation dropped by 90 percent within three weeks in Botswana (Hospitality and Tourism Association of Botswana (HATAB), 2020). Flights were cancelled as travel bans were imposed, and entertainment and leisure activities stopped as group gatherings with more than 10 people were banned. The Ministry of Investment, Trade and Industry (MITI) instituted a ban on the sale of alcohol for 30 days and ordered a shutdown of bars, gyms, clubs, and salons. This affected service providers to the industry, such as artists, photographers, musicians, decor and event managers, Masters of Ceremonies, severely impacting their livelihoods. The Investment, Trade and Industry sector accounts for 20 percent of GDP and as much as 30 percent of the P14 billion non-mineral revenue budgeted for by the government, meaning there is potentially a huge loss to government revenues given the period the lockdowns were instituted (Mphoeng Mphoeng, 2020).

Another sector that has been badly affected is the Small, Micro and Medium Enterprises that includes taxi and bus operations (Public Transport), cabs, car washes, hawkers and street vendors (vegetable, food, clothes, airtime sellers, etc.), salons and local stores and service providers. These businesses depend on foot traffic and when people are locked down, the businesses immediately cease. Many do not have savings, so loss of ability to work meant immediate unemployment or loss of income (Mmegi Newspaper, 2020; Mphoeng Mphoeng, 2020).

The mining sector has also been affected badly by COVID-19 and the subsequent lockdowns. As Botswana's most treasurable industry by value and GDP contribution, the sector employs about 10,000 people, and contributes about 16.3 percent to GDP (Statistics Botswana, 2018). A similar shock to the system in 2008-2009 caused by the financial crisis plunged the Botswana economy into the abyss. So the possible COVID-19 effects on the sector cannot be over-emphasised. The initial impact has been the postponement of diamond

¹ This is based on the definition used for the 2015 Multi-Topic Household Survey, which defined that an enterprise "qualified to be of an informal activity if it satisfied the following criteria: a) Not registered as a company; b) Not registered with professional association; c) Less than 5 employees; d) Informal accounts or none; e) Expenditure not easily distinguishable from household expenditure; f) Employees casually hired; g) Often temporary or mobile or in owner's home/plot".

sales by Diamond Trading Company Botswana due to travel restrictions. With the possible freeze of credit markets internationally, this may continue to hamper sales as banks stop lending to potential buyers. Thus the country could lose sales worth billions. Depending on the length of time needed for international travel to resume and for consumer confidence to return globally, the contraction in these sectors could last some years.

Farming may be protected to some extent, with the Government purchasing whatever commodities can be produced domestically, although there were some reports of increased stock theft, especially in border regions. COVID-19 has already caused a substantial shock to income and wealth in Botswana, the burden of which will leave very few households unaffected. As the 1st quarter 2020 Economic Review states: “this burden needs to be shared, and borne primarily by households and institutions that have some resilience, and the ability to survive the downturn and drive the eventual recovery, rather than those that do not” (Econsult, 2020: 5).

The UN’s own COVID-19 impact analysis estimates that “While Botswana has strong macroeconomic fundamentals, the economy is expected to contract by an estimated 13.1 percent due to COVID-19 impact on mining (-33.6 percent); trade, hotel and restaurants (-32.2 percent); manufacturing (-10 percent); social & personal services (-4.8 percent), and transport & communications (-4.1 percent)” (UN, 2020b). Significantly, it also recognises that: “Post-pandemic, a new social contract will be needed, featuring greatly reduced inequalities and strengthened resilience to shocks. The pandemic has exposed the vulnerabilities and inadequacies inherent in current systems...Social protection and investing in people, especially those left behind, needs to figure high on the agenda” (*Ibid.*).

3. Assessment: how have existing social protection programmes responded?

Social protection comprises a set of interventions whose objective is to reduce social and economic risk and vulnerability, and to alleviate extreme poverty and deprivation. It is thus an especially powerful tool because it has the potential to mitigate both the economic and social impacts of the COVID-19 pandemic. By getting cash into the hands of those who will use it for their immediate consumption, it acts as an automatic stabiliser and injects cash into the local economy. It can thereby increase food security which can improve long-term human development for children, and reduce the inter-generational transmission of poverty.

Botswana is rare in sub-Saharan Africa in having a mature and domestically funded set of social protection programmes. This section examines the extent to which these have been able to cope with the sudden onslaught of COVID-19 and the resultant disruption. Table 3 on page 21 summarises the characteristics of the main programmes reviewed in this study.

3.1. Vulnerable Groups Feeding Programme

Description: The Vulnerable Groups Feeding Programme (VGFP) follows on from programmes originally run by the World Food Programme (WFP) since the time of Independence, initiated as a response to drought, which were taken over by Government in 1997. Apart from the Primary School Feeding Programme (PSFP), discussed in section 3.3, the main components of VGFP are monthly food transfers, through clinics, to all under-5 children (or under-6 if not yet in school), to malnourished pregnant women and nursing mothers, and to tuberculosis patients. For the under-5s, there are separate ration packages for 6-18, 19-36 and 37-60 months, and all rations are doubled for severely malnourished children.

Impact of COVID-19: Because receipt of the food rations requires a visit to the clinic, provision was affected during lockdown. The clinics remained open, but the lockdown and – presumably – people’s understandable reticence to go to public places, in particular to health centres, reduced the number of mothers taking their infants and collecting their rations. There was an intention to replace the missing infant rations through variation in the composition of the COVID-19 Food Relief baskets, with the assessment questionnaire seeking to establish the number of infants of different ages in the household. But this proved to be too complicated to administer, given the urgency of the response, so many households temporarily lost access to the specialised rations for the nutrition of their infants, especially those that did not qualify for COVID-19 Food Relief².

Short-term considerations: The specific rations for under-5s need to be reinstated as soon as possible, either through a resumption of their delivery through clinics as lockdown restrictions are eased, or through incorporating them into the COVID-19 Food Relief baskets if and where that is not possible. Even a few months of poor nutrition for babies and infants can have damaging – and irremediable – consequences for their physical, emotional and cognitive development.

Emerging lessons: In the longer term, there are strong arguments for replacing the food rations for pregnant women, nursing mothers and pre-school children with a cash transfer. A 2019 Evaluation of VGFP made detailed recommendations on options for achieving this, having found that “The current system is highly ineffective and inefficient, with only around 14% of the...ration reaching the recipient - and even less in the case of oil and beans” (UNICEF, 2019d). This Recovery Plan fully endorses the third option proposed by the VGFP evaluation team (Option C), which involves “phasing out the current ration system entirely, except for crisis situations, and replacing it with stronger social protection policies, some of which would cover the entire population, and others of which would be targeted at the most vulnerable” (*ibid.*). Clearly the link with the clinics is essential and must be retained, but this could be achieved through the clinic authorising the release of the cash transfer. Conversion could also be achieved gradually, with an initial focus on the

² See section 3.10 for a description of the COVID-19 Food Relief response.

nutritionally vital first 1000 days (from conception to second birthday), and then a gradual expansion of the transfer to link up with the Child Grant proposed in section 5.1.1.

3.2. Orphan Care Programme (including Needy Students and Needy Children)

Description: The Orphan Care programme provides a monthly food basket, plus school uniform, clothing, transport and psychosocial support as appropriate to all orphans (and, more recently, some other vulnerable children), up to the age of 18 years. In Botswana, an orphan is defined as a child having neither of its biological parents alive. The Needy Student programme provides support to the children of beneficiaries of the Destitute Persons, RADP or CHBC programmes while they are in education. These children are assisted with toiletry, educational support, school uniform, bedding in the case of boarding, special dispensation to access tertiary education and exemption from paying school fees in basic education institutions. Needy Students also include graduated orphans (over 18 years) who are still attending school, up to a maximum age of 29 years. Needy Children are children with vulnerabilities such as ill health or malnutrition, neglected and abandoned children, or children whose parents or guardians are mentally or physically incapacitated to the extent of not being able to care for them. These children are assisted with a food basket, school uniforms, medical expenses, room and board, transportation, tuition exemptions, and help with other fees.

Impact of COVID-19: Food baskets continued to be delivered to beneficiaries, even during lockdown, albeit with some disruption and delay (in part because of competition for commodities with the COVID-19 Food Relief baskets). Coupons were also delivered by switch-card, though there were reports that some local grocery shops (where they have to be used) had restricted supplies. Needy Children continued to receive support; but Needy Students were mostly obliged to return to their families when schools closed (for which the programme provided financial support), meaning that they no longer received their benefits; though they did in most cases receive a supply of dry rations in lieu of the foregone school meals (see section 3.3).

Short-term considerations: As with the other food-based programmes, consideration could be given to replacing some or, preferably, all of the Orphan Care food transfer with the equivalent amount in cash. There are anecdotal reports that, since many orphans in the same household may receive the same food basket, those households sell a portion of the food (or that it goes to waste): especially in such circumstances, cash would provide much more flexibility. Furthermore, as an incentive to encourage a return to education once schools reopen, the Government might consider a one-off lump-sum payment to all Needy Students on their return to school. This could potentially be extended to all students, or at least to all secondary students, for whom the break from school may have been more disruptive, and their desire to return correspondingly lower.

Emerging lessons: The Government should consider whether the focus on double orphans is justified. As the 2013 Social Protection Assessment points out: “Finally, it is important to indicate that the incidence of poverty among orphans and other children is similar” (BIDPA & World Bank, 2013). Also, the number of such orphans is reducing: from a high of 60,000, to 24,000 now. With the current very restricted definition of orphan, and the lack of clarity over how to define “vulnerable children”, the time may be approaching when the Government should recognise that a Child Grant (perhaps affluence-tested like South Africa’s Child Support Grant) would represent an investment in the future that would generate very significant returns. This could be phased in by age group, starting with, say, the under-7s; and it would even be possible, during a phase-in, to continue to protect current beneficiaries through having a higher age limit (and additional support) for double orphans (so that the Child Grant could then also incorporate the Needy Children as well as Needy Students).

3.3. School Feeding Programme

Description: The Primary School Feeding Programme (PSFP) has been operational in Botswana since 1965, managed by WFP until 1995 and Government since 1996. Since 2019 it has provided breakfast and lunch to

all children in Government primary and secondary schools, with a third afternoon meal provided in schools in RADP areas.

Impact of COVID-19: All schools in Botswana were closed during April and May under the national lockdown. School feeding therefore stopped operating immediately as children stayed home. This had implications for the children themselves, but also for their parents and caregivers since it would have meant (a) increased expenditure on food and (b) potentially reduced opportunities for income generation. MLGRD decided to protect the nutrition status of two categories of particularly disadvantaged children – RADP children and Needy Children – who were provided with equivalent dry rations of food to meet their Recommended Daily Allowance for the estimated six weeks of the lockdown period: such as 5kg base meal, sorghum meal, *samp* (processed maize-meal), beans, 1 bottle cooking oil, 1 carton (12 pints) of milk, from food stores. [This response is aligned with World Food Programme guidelines for ‘school feeding at home’.³ Many other African governments implemented similar interventions to protect the food consumption of schoolchildren who lost access to school meals due to COVID-19 lockdowns. These countries include Cabo Verde, Congo, Liberia and Libya.⁴]

Short-term considerations: Two suggestions were made for improving Botswana’s ‘school feeding at home’ alternative to in-school feeding: (i) the amount of food provided as dry rations was not enough for six weeks, especially since it was most likely shared among family members, for whom there were often delays in the assessment and delivery of the larger COVID-19 Food Relief baskets; and (ii) the nutritional quality of the home-delivered dry rations was limited: only staples were provided - no meat, fruit or vegetables were included, even though these items are part of normal school meals. Since these more diverse food items are delivered to schools on a weekly basis during term-time, arrangements could have been made with suppliers to continue delivering the full menu of items every week, and this more nutritious food parcel could have been delivered to the schoolchildren’s homes each week. Schools in Botswana began re-opening on 2 June 2020, and – commendably – feeding resumed at schools immediately, in a manner that was fully COVID-compliant. But, if there were to be a second spike in COVID-19 (or other disruption which caused the closure of schools), then it would be necessary to consider providing at home rations to more than just the very most vulnerable households, either in the form of coupons or integrated into the COVID-19 Food Relief basket.

Emerging lessons: School feeding is expensive⁵ (absorbing a significant proportion of GoB social assistance spending) and, according to analysis in the 2013 Social Protection Assessment, is cost-ineffective compared to similar programmes in other countries (BIDPA & World Bank, 2013); and it is operationally challenging, facing occasional stock-outs of food items, mainly caused by administrative delays in procurement. It also suffers from mixed objectives, including education (higher school enrolment, attendance and retention), child nutrition (reduced hunger and malnutrition), and agriculture (stimulating domestic food production). Yet rates of child malnutrition in Botswana remain disproportionately high, with a stunting rate among children under 5 years old of over 31 per cent (see section 5.1.1), and – according to an earlier study, the budget that was used for the procurement of local produce in the 2011 cropping season was only 1 per cent of the total budget (BIDPA, 2012). If the main objective is other than purely educational, then there is a need for review: for improved nutrition, school feeding should be coordinated under the National Nutrition Strategy, which is due to be revised this year⁶; for improved local production, consideration should be given to moving to a Home-Grown School Meals model (see section 5.1.2).

³ <https://insight.wfp.org/school-feeding-at-home-95ff24a2c78> [accessed 20 May 2020].

⁴ <https://insight.wfp.org/school-feeding-at-home-95ff24a2c78> [accessed 20 May 2020].

⁵ The cost per student per year was calculated at USD109 in 2012, compared with a usual range of between USD28 and USD63 in other comparable countries.

⁶ The current National Nutrition Strategy covers the period 2015–2020.

3.4. Tertiary Scholarships and Sponsorships Programme

Description: Sponsorships (for domestic studies) and scholarships (for international studies) cover all students in tertiary education and are managed by the Ministry of Tertiary Education; such education support consumes nearly half of the total social assistance budget. The average annual cost per student studying in local institutions varies between P36,000 (Arts) and P63,000 (computing). For overseas studying, the annual cost varies between P479,000 and P547,000. The living allowance for those studying within the country is P1,420 per month (USD187) for 12 months, which is equivalent to twice the food poverty line or two minimum wages in manufacturing.

Impact of COVID-19: The living allowances for students receiving both sponsorships (in Botswana) and scholarships (abroad) continued uninterrupted, and in some cases did provide genuine social assistance during lockdown: we spoke to households for whom the living allowance (paid monthly direct into recipient bank accounts) became the only source of income for the whole family, and therefore provided an important buffer.

Short-term considerations: Nonetheless, this does not justify the classification of tertiary educational support as social assistance in normal circumstances. The classification of this programme as social assistance should be reviewed in future.

Emerging lessons: The 2013 Social Protection Assessment found that: “These programs are likely to be regressive, benefiting mostly rich and upper-middle income students. Their use results in a private benefit, with fewer positive externalities than in primary or secondary education. While these programs have multiple objectives to support skills development, there is a weak rationale for an across-the-board state intervention in this market from a public policy perspective” (BIDPA & World Bank, 2013). It is recommended that a separate review should examine this question, and consider whether the scholarships and sponsorships should be transitioned to soft student loans (as has been proposed in the past), and judged on the basis of their educational rather than social protection impacts. The funding freed up through such cost recovery could potentially be invested in children at a much younger age, where it could be expected to generate far greater returns, and much stronger impacts on lifelong learning.

3.5. Remote Area Development Programme

Description: The RADP was set up in the 1970s as the ‘Bushmen Development Programme’ and later became the ‘Basarwa Development Programme’ (see Table 4) in an effort to provide support to marginalised and excluded indigenous groups. RADP used to have a component that provided grants to individuals. But this has ceased. RADP is no longer a “programme” and is instead part of the Government’s “affirmative action framework”: it has no separate budget, and no longer a component aimed at individuals, only at community development. The only support to individuals in RADP areas is now through linking them to standard national programmes (e.g. Destitute Persons, Old Age Pension, *Ipelegeng*, as appropriate). Indeed, Goal 4 of the affirmative action framework is “To provide social and basic services” and includes – “Harmonisation of Social Welfare Programmes”, with an activity: “Easy access and relevant information on all poverty eradication and other economic empowerment initiatives to be provided to Remote Area Communities” (GoB, 2014).

Impact of COVID-19: Whilst in some ways shielding remote area dwellers from the direct health risks of COVID-19, the remoteness of RADP areas required some modification to existing social assistance programmes. For example, special support was provided to RADP school-children to replace the loss of in-school feeding (see section 3.3).

Short-term considerations: Social assistance programmes need to recognise that particular operational approaches may need to be adopted in such remote settings, such as a continuation of reliance on food rather than cash transfers, depending on the accessibility and reliability of local markets: the potential to

source foods locally may also improve shock-responsiveness in such areas, especially in situations where more extended supply chains may be disrupted.

Emerging lessons: RADP is not considered as social assistance by this study, rather as community development with links and referrals to other social assistance programmes. It has evolved through a number of iterations, and the time may now be right to review its objectives and approach: should it be focussed on rural development of remote geographical areas (as now), or at the empowerment of marginalised ethnic groups (as it was originally designed back in the 1970s)? From a social protection perspective, the particular needs of remote area dwellers may need to be studied, identified and reflected through specific modifications to the way programmes are implemented. But to the extent that the terminology “remote area dwellers” applies to specific marginalised ethnic minority groups, consideration should be given to formally incorporating such groups into the proposed social protection system. In any case, the move to more inclusive social protection, based on entitlement, and the introduction of more robust outreach, registration, communication and grievance systems for claiming that entitlement should help all citizens, however remote (or marginalised), to access their right to social assistance.

RADP, PEP and OAP: a beneficiary perspective

A 53-year-old woman living with her 86-year-old blind father, two teenage sons, two daughters in their teens, her 40-year-old sister who does not work but cares for the elderly and blind father, and her 5-year-old niece. The beneficiary lives in the remote areas in the Kgalagadi district and has benefitted from the PEP (has received a sewing machine in 2014), and had started a sewing workshop. The beneficiary had been making at least P7,500 per month before lockdown. During lockdown the business collapsed due to lack of her normal clients, who have been schools buying uniforms for the RADS students. However, she got some few individual's orders for sewing masks, and was able to raise about P1,000 for the months of April and May 2020. She was also concerned that her two sons that sometimes assist through earning some cash from Ipelegeng, could not work during lockdown, and if lockdown continued, the household would suffer. Though the household was significantly affected, she appreciated that her father continued to get his OAP benefits over the lockdown months. The family also benefited from two sets of baskets from the COVID-19 Food Relief, which she believes has assisted a lot. In general, the impact on the household, was minimal since they benefited from multiple programmes.

Verbatim: “...beside lockdown affecting our household, my two school going girls have suffered because they have not been able to go to school and one will be sitting for her Junior Certificate Examination this year...”

3.6. Ipelegeng Programme

Description: *Ipelegeng* is a national public works programme that provides a month of work at 6 hours per day, paying 567 pula/month. It began as a typical drought-relief public works programme in the 1980s, when drought was a dominant feature of the social protection landscape in Botswana, temporarily became a longer-term social support programme, and has recently resumed its role as short-term relief. It operates throughout the year and reaches over 70,000 beneficiaries per month. But these beneficiaries are typically cycled through the programme on a monthly basis (i.e. they work, and are paid, for only one month before being replaced by others), in order to reach as many applicants to the programme as possible.

Impact of COVID-19: By good fortune, the lockdown began at the very start of April, when beneficiaries for that month had already been selected. That meant that the programme could pay all March beneficiaries for the work they had completed, and all April beneficiaries, the majority without a work requirement (although some work continued, such as preparing schools for a return to education). During May, there was some limited employment to support essential services, but for a reduced number of beneficiaries (reportedly around 40,000); from June, it is expected that *Ipelegeng* will resume, but most likely at a smaller scale of coverage for some months ahead.

Short-term considerations: There may be opportunities to use *Ipelegeng* for a variety of labour-intensive COVID-19 response activities, such as rehabilitating schools and health centres to ensure compliance with COVID-19 precautions, restructuring markets and other areas of public assembly to respect social distancing, sanitising hotels, public transport vehicles and office premises, protecting water sources to make them COVID secure and so on. The opportunity might also be taken to formalise as proper jobs some of the tasks which are currently treated as temporary: such as the “Green Scorpions” (currently offered for a maximum of one year), and the wildlife volunteers (current maximum three months). In the longer term, *Ipelegeng* can be involved in decongesting high density residential areas, improving rural housing, access roads, health centres and schools, as well as in variety of agricultural infrastructure development and maintenance using employment intensive and climate resilient construction techniques.

Emerging lessons: More fundamentally, this divestment and diversification of activities may provide the opening to accelerate a discussion that was already taking place to move *Ipelegeng* more into the private sector, towards the kind of Employment-Intensive Investment Programme (EIIP) advocated by ILO⁷, with private contractors instead of local government authorities engaged in the delivery of the programme. The PSRP also recommended that “it is advisable to change the public works programme *Ipelegeng* to use Local Resource-Based Methods (LRBM) so that it maximises the use of local resources⁸ and allows the private sector to be part of the scheme while continuing to pursue its primary goal of poverty reduction”. An alternative would be to transform *Ipelegeng* into an “employment guarantee scheme”, which guarantees a specified number of days of employment per annum for every household to work on programmes at a predetermined wage rate (as in India and South Africa). In all cases, this could be combined with the implementation of the recommendations of the 2012 evaluation of *Ipelegeng* for building the skills of workers, introducing them to savings schemes, or linking them into informal sector contributory social insurance (UNICEF, 2012). This would then provide them a path to full employment, rather than just short-term discretionary cash support⁹.

Ipelegeng: a beneficiary perspective

A 28-year-old woman living with her two children aged 10 and 5. The 10-year-old is in Standard 4 in a Primary School while the younger one stays home. Prior to lockdown, she was living on piece jobs and Ipelegeng. She was part of the Ipelegeng beneficiaries hired in March, thus was paid her wages in April, which really assisted her during lockdown. The mother of two indicated that her family also received the COVID-19 Food Relief basket in the first phase, which had food items like yoghurt that was good for the young child. She indicated that the food basket was enough for her small family, since it helped her to save her Ipelegeng wages for the kids' warm clothing that she bought in May 2020. Regardless of the help that she received, she indicated that she had found a job as a Helper (House Maid) in Phakalane which she was to resume on 6th April, 2020, at a monthly wage of P1,400. Unfortunately, she couldn't start as she was home in Mochudi when lockdown was imposed, and was also scared to leave her children with relatives at this time full of uncertainties. In the process she lost the chance to have a stable job.

Verbatim: “...it was a good opportunity for me to work and take care of my kids, but I was very sceptical and was not sure if it's the right thing to do to leave my kids with my relatives during COVID-19 days...there was also too much confusion and fear in the community also...”

⁷ See <https://www.ilo.org/global/topics/employment-intensive-investment/lang--en/index.htm>.

⁸ As suggested in the PSRP, these local resources would include “local labour, local materials, local knowledge, skills and culture, local enterprises (usually small- and medium-scale), local institutions (including local government, training institutions, trade unions and employers' organizations, NGOs), locally produced tools and equipment and local social capital (traditional structures, solidarity and trust)”.

⁹ A proposal along these lines had already been prepared by MLGRD, but was not yet ready to be shared with the consultants.

3.7. Destitute Persons Programme

Description: The Destitute Persons programme began as an emergency drought relief programme in 1980. It has continued ever since, and has never been the subject of a rigorous evaluation. It is means-tested, but uses criteria that are substantially out-dated. It has served, and continues to serve, multiple social assistance objectives: it is a disability grant, in the absence of any kind of formal support to those with physical or mental disabilities; it is a way of providing temporary support to those suffering shocks; it is a potential “top-up” to other social assistance programmes with which it can be combined; and it is a residual safety net to extremely poor households. At various times in the past, attempts have been made to separate “temporary” from “permanent” destitute persons; to shift able-bodied households to *Ipelegeng* so that the Destitute Persons programme could concentrate on households without labour; more recently – and perhaps most promisingly – a so-called “Disability Cash Transfer” has been incorporated, demonstrating, finally, a recognition of the particular needs of persons with disabilities. A near-cash component has been added to what was originally just a food transfer, and this has recently been increased so that the standard value is now P500/month in food and P300/month in the form of a “coupon” to be spent in local grocery stores.

Impact of COVID-19: Recipients via smart-switch card continued to receive their transfers, uninterrupted, though there were reports of stock shortages in some local stores. The specific food baskets continued to be delivered to beneficiaries of the programme, again with some reports of disruption. In addition, the standard Destitute Persons food basket is generally smaller than COVID-19 Food Relief basket, so there were also some reports of resentment. The cash component continued to be collected at payment points, such as Post Offices and *kgotlas*, although with enforced measures to ensure social distancing that caused minor delays and disruption.

Short-term considerations: It is questionable whether it is really worth making the distinction between the Destitute Persons and COVID-19 Food Relief baskets in times of emergency. It might be preferable to simply make all Destitute Persons eligible for the (larger) standard COVID-19 Food Relief baskets.

Emerging lessons: It is time to separate the different functions and objectives of the Destitute Persons programme. Persons with a disability, either physical or mental, should automatically receive a grant (as recognised in the introduction of the Disability Cash Transfer component), based on a formal classification of their disability. This could, for example, be based on WHO's framework for health and disability, the International Classification of Functioning, Disability and Health, known more commonly as ICF, which provides a conceptual basis for the definition, measurement and policy formulations for health and disability. It is a universal classification of disability and health for use in health and health-related sectors.

In the 2017 Botswana Demographic Survey, a total of 90,945 individuals reported disabilities from 2.1 million surveyed, suggesting a prevalence rate of 4.2 percent, which suggests that the Disability Cash Transfer should have much higher coverage than the current 8,000 beneficiaries. The caseload for long-term “permanent” residual support would be much reduced through the introduction of a life-course suite of programmes (as proposed in chapter 4) that addressed the cumulative vulnerabilities of a household. This would mean that the core of the Destitute Persons programme could be retained (and renamed, to avoid the stigmatising implication of the current name) as a discretionary Temporary Social Support programme (see section 0).

3.8. Community Home-Based Care Programme

Description: CHBC began as a direct response to the HIV/AIDS pandemic in 1995, as health facilities became increasingly unable to cater for the number of AIDS patients needing support. It is fundamentally a health intervention, with an in-kind food transfer delivered by MLGRD. Beneficiaries are referred to the programme by the health services, and are means-tested using the same criteria as the Destitute Persons programme. They receive a monthly food basket – either conventional food or foods suitable for oral tube feeding, as advised by a government dietician, plus medical transport, counselling and rehabilitation as appropriate.

Impact of COVID-19: Food transfers for CHBC continued operating after the advent of COVID-19 and throughout the lockdown period, although there were some reports of disruption and delay in supply, and some substitution of specific products that were unobtainable.

Short-term considerations: Consideration could be given to supplementing, or replacing at least part of, the food basket with cash (as is happening with the Destitute Persons programme – see section 3.7); though delivery of specialised and medical products would need to continue to be delivered in kind. Cash would be much easier to distribute, for example through mobile money or direct to bank accounts, especially in times of emergency. It would also allow beneficiaries more choice, independence and dignity.

Emerging lessons: With Botswana's successes in overcoming the HIV/AIDS pandemic, there is a reducing need for CHBC, although coverage has been extended to include other chronically ill persons. Beneficiary numbers have fallen from a high of 14,000 to just over 1,200 now. Whilst the health components should continue as is (as the responsibility of the Ministry of Health & Wellness), the social assistance component delivered by MLGRD could be substantially converted to a cash transfer, perhaps combined with the tuberculosis component of VGFP and the disability cash transfer under the Destitute Persons programme (see section 5.1.6).

CHBC and Sponsorship: a beneficiary perspective

A single headed female household, of 7 members. The beneficiary is 45 years old living in Maun with her six children. Her 24-year-old daughter is studying her degree at Botswana University of Agriculture and Natural Resources (BUAN), and was home during the lockdown period. Another daughter (15 years old) is at lower secondary school, while two of her children are in primary school (14 and 10 year olds), while one is at pre-school (5 years). The last born is 3 years old. During lockdown she was able to access her CHBC benefit. In addition to her benefit, the beneficiary's cousin (who owns a shop) in Maun had in 2015 gave her a space in one of her buildings, and bought her a sewing machine, to help her uplift herself. This has really helped her and her 6 children before the lockdown as she was able to supplement nutritious food needed by her and her 3-year-old. Before lockdown, she would make about P12,000 per month which was sufficient for her and her kids. She made uniforms for school going children, church uniforms, and some linens for hotels and lodges around Maun. Before lockdown she had major orders from church members who were preparing to go for Good Friday celebrations, which were immediately cancelled after the country was locked down. Because she had already bought materials, she lost massively when the orders got cancelled. During lockdown she only made masks worth P800.00. She emphasised that due to stress she deteriorated a bit health-wise since she is living on ARV. She however appreciated that her daughter received her sponsorship allowance through her bank account which assisted the household a lot. However, she was worried that her under-malnourished three-year old was not able to go for her monthly child welfare clinic.

Verbatim: "...my three-year-old is a malnourished child because she was born a premature, and I am afraid the she might lose more weight is she doesn't get her nutritious ration, since I am now unable to provide for her due to lock down. I am also stressed that I do not have money to give my daughter to go back to University, since we used all her allowance..."

3.9. Old Age Pension (and World War Veterans' Pension)

Description: The Old Age Pension was started in 1996 and the World War Veterans' Pension two years later. The motivation is unclear, but it is likely to have been at least in part a response to the ravages of HIV/AIDS leaving older people in charge of "missing middle" families, as in the case of the pensions in Lesotho and Swaziland¹⁰. The Old Age Pension is a universal programme for all citizens over the age of 65 years (now numbering over 120,000), and pays a monthly transfer of P530/month; the World War Veterans' Pension (with only 1200 beneficiaries, and decreasing) pays a slightly higher P600/month to all those who fought in

¹⁰ The President at the time, Quett Masire, wrote in his 'Memoirs of an African Democrat', published a decade later, that the ruling Botswana Democratic Party was aware that 'traditional' support systems were withering.

either of the World Wars, to their surviving spouse and to any surviving under-age descendants until they reach 21 years of age.

Impact of COVID-19: The two pension programmes continued to be paid, through Post Office and *kgotla* pay-points, but in batches of 50 people per day during lockdown (instead of the normal 300 or so), with the necessary precautions and social distancing. There were reportedly some delays in payment, though generally the communications about the revised payment arrangements, through multiple channels, were felt to be very effective.

Short-term considerations: The method of direct payments to bank accounts worked best in the COVID-19 context, which argues for an acceleration in the shift to payment through banks and mobile money transfers wherever possible, making sure that safeguards are in place to ensure that such a shift does not jeopardise the access of women, remote or poorer populations.

Emerging lessons: The two pensions should continue, on a universal basis as now (although there might be scope to consider excluding those already receiving a Government or private sector pension). This Recovery Plan also recommends that the two pensions should be combined into a single programme called the Older Persons Grant (especially as the World War Veterans' Pension continues naturally to diminish in coverage over time).

Old Age Pension: a beneficiary perspective

A 77-year-old woman staying alone in Paje, Central District. She does not have children of her own (she had three but are all late). However, she has two grand-children who work in Gaborone. Before lockdown, she benefited fully from her grandchildren remittances that they monthly send through the post office. Normally, she also receives her OAP benefit from the same post office. However, during lockdown there was too much fear in the village and she did not go to the post office for the months of April and May to get her benefits. Her grandchildren also sent her money through the post office, which she did not collect as people were discouraged not to move around the village. She implicated that she was really affected, since she had nothing to eat, but relied solely on her neighbour, until she received the COVID-19 Food Relief Basket in May 2020. She felt that the food was enough for a family of one, but was concerned that she had to give most of the food to her neighbour since she could not eat them, due to her health conditions. The elderly acknowledged that she got her OAP benefits once the lockdown was eased and bought what she believed was healthy for her. She also wished there were other ways to access OAP benefits without queuing at the post office.

Verbatim: "...older people like me who stay alone should have been priority for the Department of Social Protection to consider, because we are significantly increased risk because of the health issues we have like blood pressure, and sugar diabetes...the social workers should also have asked me first on what my Doctor has told me to eat..."

3.10. COVID-19 Food Relief Programme

Description: One of the main immediate Government responses to COVID-19 was the distribution of food baskets to some two-thirds of the population (over 500,000 households at the time of writing). This was a massive and highly commendable reaction, which has doubtless saved many lives. It involved a rapid assessment of all households in the country, with the exception of those in Government service housing (on the assumption that these households would be continuing to receive their salaries), based on a questionnaire administered to each household to understand its degree of vulnerability, its composition and its needs.

Impact of COVID-19: COVID-19 was the direct trigger for the programme. There was a recognition that given the scale of the impact of the expected lockdown, a substantive response measure was needed. All households judged to be vulnerable received a food basket, whose size and ingredients were adjusted to the size band and composition of the household, irrespective of whether they were beneficiaries of another

social assistance programme. The only exception was in the case of households on the Destitute Persons programme who continued receiving the same, slightly smaller, basket as before (although there are anecdotal reports of the contents being adjusted upwards in cases of need).

Short-term considerations: The programme faced inevitable challenges, including reports of an absence of clear guidelines, difficulty with assessments, and breakdowns in the supply chain. But despite being a new programme, implemented at scale, after no preparation and with limitations imposed by the lockdown, the COVID-19 Food Relief baskets have been a remarkable success, and the expectation is that they will be needed for at least a few more months, even as the lockdown eases. Something similar may also be required again in the future, if some areas may suffer delayed health and economic impacts from the current COVID-19 crisis, or if there is a second wave of COVID-19, a future pandemic or another major covariate shock. A number of important lessons emerge:

- The pre-existence of a comprehensive integrated single registry would have helped significantly, obviating the need for the massive national household assessment process (and freeing up the social workforce to meet the additional demands for social support during lockdown, rather than diverting them to administration of the assessment and subsequent COVID-19 Food Relief logistics).
- Even in the absence of an integrated single registry, the process of enrolment into the new programmes could have been more efficiently achieved if there were already digital systems in place to capture household information. None of the social assistance programmes currently use such data capture tools, but introducing these would make the management of social protection programmes more efficient, more responsive and more resilient during any future emergencies.
- In terms of the benefit, the composition of the COVID-19 Food Relief basket is also a departure from most existing programmes. Unlike the PSFP, VGFP and CHBC programmes, which are designed around the needs of particular categories of individual, it is based on the assessed needs of an entire household, with varying quantities of ingredients depending on the size band of the household (1-2, 3-5, 6-8 or 9-10 people). It also contains additional non-food essential items, rather than only food.
- In terms of delivery, the COVID-19 Food Relief was provided in-kind, in the form of a quite complicated set of foodstuffs and household essentials. This may have been unavoidable given the COVID-19 lockdown rules; but it nonetheless highlights the fact that Botswana still relies too heavily on delivery of food rather than cash: its VGFP, CHBC, School Feeding and Destitute Persons programmes all rely substantially on food transfers. In the case of the COVID-19 Food Relief, there is the additional irony that many of the items were procured by MLGRD from local retailers, adding extra complexity and presumably additional cost. It might have been more efficient and cost-effective if an established system for electronic payment of cash transfers was already operating at scale, so that beneficiaries could make their own purchases from the same retailers.

Emerging lessons: Nonetheless, the COVID-19 Food Relief programme has been a hugely significant achievement: lessons should be learnt, which can be used both to respond to any similar emergency in future (for example a second spike of COVID-19), and to inform the future design of standard social assistance. For the latter, important lessons include:

- 1) All households in the country can be assessed (even in challenging circumstances) within the space of a few weeks. This bodes well for the implementation and maintenance of an integrated single registry.
- 2) Even if the actual data from these assessments cannot be incorporated directly into the integrated single registry, they can provide helpful indications of the kind of data required to rapidly expand social assistance in the event of an emergency.

- 3) The desirability of a shift to direct cash delivery, and away from food transfers in circumstances where this is possible (while recognising, as COVID-19 has demonstrated, that this may not always be the case).
- 4) In cases where food transfers continue to be necessary, ensure pre-existing arrangements are in place to procure locally, thus both supporting vulnerable farmers and providing more diverse foods to vulnerable households, reducing waste and improving the nutrition content of food baskets.

3.11. Social insurance

Description: Botswana currently has very limited social insurance: essentially limited to a non-contributory, defined benefit pension scheme for public officers (civil servants) financed directly from the State budget.

Impact of COVID-19: The absence of any other kind of social insurance than a civil service pension scheme has been brought into sharp relief by COVID-19. Without unemployment insurance, for example, workers who are laid off from their jobs have nothing except social assistance to fall back on.

Short-term considerations: There is little that can be done in the short term to remedy the deficiencies on social insurance. As the NSPF recognises, “filling the gap in social insurance will require a long-term planning horizon”. However, the PSRP has at least identified a much greater willingness among private sector players to move towards an improved system, and that “there is a broad private sector support for the establishment of an unemployment insurance fund”. Botswana needs to capitalise on this.

Emerging lessons: The NSPF takes a realistic perspective on introducing social insurance. It proposes that the objective to “Develop inclusive Social Insurance System” should be a key component of the second 5-year phase of the Framework. Such a system should then adopt the various social insurance recommendations of the ISRP and the PSRP, specifically under Recovery Recommendation 8 of the ISRP on “Consideration of a Social Insurance Plan for the Informal Sector” and the equivalent recommendation in the PSRP to “Establish a contributory unemployment insurance fund”. Meanwhile, the International Labour Organization (ILO) has been working with Ministry of Employment, Labour Productivity and Skills Development for three years on preparing for an unemployment insurance fund. These efforts should be expedited so that the groundwork is laid for acceptance among Government, employers, employees and informal sector representatives for the desirability of a comprehensive suite of social insurance benefits for the working age.

3.12. Labour market programmes

Description: Social protection can contribute directly to poverty reduction, especially when it links people to livelihood opportunities and labour market programmes. These may be either “passive” (such as unemployment benefits or labour legislation) or “active”, meaning that they try, rather than just providing support to the unemployed, to actively help individuals back into the labour market. Such active labour market programmes (ALMP) normally include three types of intervention: (i) employment services, such as job-centres; (ii) training, to equip individuals with appropriate skills; and (iii) employment subsidies to encourage employers to recruit. They do not normally include public works programmes, such as *Ipelegeng*, which are treated as social assistance, nor do they include livelihoods interventions, such as Botswana’s Poverty Eradication Programme (PEP), which encourages entrepreneurship, nor the Livestock Management and Infrastructure Development (LIMID) and Integrated Support Programme for Arable Agriculture Development (ISPAAD), with their focus more on agricultural livelihoods. These are important interventions, but their primary objective is economic empowerment, not social protection.

Impact of COVID-19: As reported in the ISRP, which looked in detail at ALMPs, the Government was quick to implement a wage subsidy for formally employed workers, providing 50% of formal employees’ monthly wages, based on a previous wage bill, within a range of P1000/month to P2500/month. This represented an effective use of ALMPs in response to COVID-19. Beyond that, it is important to be clear that other livelihoods

promotion approaches, such as PEP, LIMID and ISPAAD, are not an alternative to social assistance and should not be considered as such. COVID-19 has showed this in sharp relief. The sample of PEP households that the study team spoke to, for example, had seen the level of income from their diverse enterprises fall dramatically as a result of the lockdown, in some cases to zero. The fact that they had been beneficiaries of PEP gave them no automatic entitlement to the COVID-19 Food Relief baskets: if they failed – for whatever reason – to access those, they found themselves in a very precarious situation.

Short-term considerations: The rapid implementation of the wage subsidy demonstrates the importance of ALMPs to provide social protection to those in the formal sector. But COVID-19 has clearly highlighted the fact that livelihood interventions such as PEP, LIMID, ISPAAD need to be combined with access to similar social protection for the informal sector. Smaller individual shocks to the household can have the same dire consequences on a household as wider covariate crises such as COVID-19. Idiosyncratic shocks such as illness, invalidity or birth of a child to the main breadwinner, the loss or theft of assets, local floods or drought can all undermine the viability of a household, and therefore require the availability of robust social support: they are not a substitute, but rather should be viewed as complementary programmes to increase resilience. As such, for agricultural or livelihood programmes where participants qualify on the basis of poverty or vulnerability, automatic entitlements to social protection supports in the face of crises should be considered.

Emerging lessons: The ISRP makes a number of sensible recommendations around improving ALMPs and making them more accessible to the informal sector: e.g. “support structures must be developed to leverage gains from these ALMPs and other programs in their application to Informal Sector participants”; and “informal sector passive access points to well-tailored ALMPs for industrious female and youth entrepreneurs”. These are fully endorsed. The National Social Protection Framework (NSPF) also articulates a clear need for reform and consolidation of the various livelihoods interventions in Botswana: “assess labour market programmes to determine which have been effective in reducing dependence on welfare and which need upgrading and/or formulation”. This falls outside the remit of the Recovery Plan. Livelihoods programmes that are tailored to the needs, location and characteristics of households have an important role to play in Botswana’s development, and, as proposed in the ISRP, it is possible that the COVID-19 crisis will open new entrepreneurial possibilities, and a more conducive informal sector context to expand livelihood programmes: such as opportunities for import substitution, domestic production and processing, local manufacture of essential items. These are to be encouraged, as is the incorporation of beneficiaries of the ALMPs and livelihoods programmes into the integrated single registry. But, as COVID-19 has shown, the need for robust social protection remains paramount. Further, the effectiveness of investment in such productive programmes in the absence of access to social protection support may be severely compromised, as shown by the drastic economic impacts experienced under COVID-19. With adequate social protection entitlements, these investments in livelihoods may be more protected and readily recovered, rather than completely lost.

PEP: a beneficiary perspective

A 38-year-old man of Francistown, living with disability, and head of a household of 5 members. He stays with his girlfriend, brother, sister and cousin. He has been assisted through the PEP to access photo and video shooting equipment and has since established a video shooting company. Prior to the April and May lockdowns his business was very profitable, he made more than P10,000 per month. In his business he employed his brother as a camera-man (paid him P1,500 per month), his sister as an assistant (paid her P1,000 per month), and his cousin as a driver whom he paid P2,500 per month. His girlfriend works as a Security Guard and earned P2,300 per month before lockdown. During lockdown, the gentleman lost his clients because events were cancelled, thus his income dropped from above P10,000 per month to zero. He also had nothing to pay his three employees with, and his girlfriend's salary dropped to P1,800 because she started working on reduced shifts. The lockdown impact was huge on the household, since they solely depended on the one partial salary until they received the Food Relief basket, which he felt was not enough, and was not happy with since some food items were expired, for example, the instant porridge.

Verbatim: "...essential items like toilet paper were absent from the basket, and were brought after some time, due to lack of items in shops. Maybe it would have been better if we were given cash equivalent to the food basket, to have a choice and even get healthier food items..."

3.13. Social work

Although not a programme as such, the role of social workers in managing and implementing social assistance and delivering basic social services is so crucial that it deserves specific attention in this NSPRP.

Description: Botswana has a well-staffed social workforce, with a total establishment of around 500. These include Social Workers, Community Development Officers and Home Economics Officers in each district and sub-district, with the following responsibilities:

- Social Workers: social welfare including Destitute Persons, CHBC and Orphan Care
- Community Development: RADP, economic empowerment programmes and governance issues
- Home Economics: Rehabilitation of Destitute Persons, economic empowerment, skills development and early childhood development (ECD) programmes.

In 2018, the Government hired 450 Assistant Community Development Officers who are based in each village and kgotla to help with Government programme uptake by citizens.

Impact of COVID-19: The arrival of COVID-19 has put immense pressure on the existing social workforce. This is because it has been much in demand from two conflicting directions. On the one hand, the lockdown has imposed considerable new stresses on households: there is evidence of an increase in domestic and gender-based violence; tensions have arisen between parents and children; there has been increased manifestations of anxiety and stress; more problems caused by isolation; and so on. On the other hand, the social workers have been in enormous demand for the implementation of the COVID-19 Food Relief programme: playing a supervisory role in the household assessments, making (difficult) decisions around eligibility, resolving complaints, and contributing significantly to logistical arrangements and distribution of the food baskets.

Short-term considerations: To relieve the pressure on the social workforce, the Ministry has taken the positive step of encouraging retired social workers to return to work, and recruiting unemployed social work graduates (of whom there are apparently quite a number available), to assist with the management of the household questionnaires, and the management of the food baskets. This has provided some respite to the principal social workers, and has allowed them to concentrate on at least the most urgent cases requiring their intervention. But they still face logistical constraints, in terms of transport, fuel, communications, etc.

Emerging lessons: This pressure on the social workforce has highlighted an underlying problem, where, even in normal times, the social workers spend a substantial proportion of their time on administrative, procedural

and logistical tasks, which dramatically reduces the time they have available to undertake their intended tasks of social care and case management. As the 2013 Social Protection Assessment pointed out: “Many staff, particularly social workers, spend most of their time administering the delivery of food or food coupons or discharging other functions...instead of doing the work for which they were trained” (BIDPA & World Bank, 2013). Informal discussions with social workers suggested that – even on a fairly optimistic tally – the breakdown between administrative tasks and case management is in the region of 50:50. A recent mapping of the social workforce called for an “extensive overhaul”, and cited this as one of three key “macro issues”: “the problems mentioned above would be much less acute if qualified social workers had not been diverted into social safety-net programmes. The various social service workforce actors should be analysed to reassign these [administrative] duties” (Child Frontiers, 2020).

The recent recruitment of Assistant Community Development Officers will eventually help to reduce the administrative demands. These will be further reduced once programme eligibility relies less on the discretion of social workers (see recommendations below), and when modernised systems, such as the integrated single registry and improved cash delivery mechanisms, are developed to underpin social protection. The effectiveness of social workers will be further increased by the removal of the current administrative and logistical burdens. This will allow them to focus on case management (e.g. gender-based violence, child protection, social inclusion, mental health and substance abuse), on delivering services as required (e.g. for CHBC, pregnant and lactating women), and on ensuring links to other essential services at each life-course stage.

There is nonetheless a strong recommendation to further increase the size of the social workforce, by retaining and recruiting additional graduates, with social work or counselling degrees. This is supported by the conclusions of the recent mapping of the social workforce, which recommended: “given the demographics and geography of Botswana, the overall number of employed social workers, and other social service workers, is insufficient. While it is possible with proper planning and management to reconceptualise and reorganize the current cadre, it will be necessary to recruit significant numbers of personnel into the service based on population to service provider and geographic area ratios” (*ibid.*). Ideally, many unemployed social work graduates who were given temporary contracts to support the COVID-19 response will be given permanent contracts. Among other roles, they could usefully take responsibility for the refinement and updating of the integrated single registry (see section 5.2.1 below), which would give them frontline exposure to households and help them to start to develop their community relations and case management skills. And it would allow the more qualified social workers to concentrate on the more difficult cases.

Table 3: Social assistance programmes in Botswana

	Vulnerable Group Feeding	Orphan Care	School Meals	Ipelegeng	Destitute Persons		Old Age Pension	World War Veterans Pension	Community Home-Based Care	COVID-19 Relief Food Basket
					Destitute Persons	Disability Cash Transfer				
No. of beneficiaries (year) – individual or household	291,994 individuals	25,680 individuals	366,141 individuals	75,000 (per month rotating)	39, 142 individuals	7,744 individuals	121 720 individuals	1230 individuals	1237 individuals	428 984 households
Means-tested?	No	No	No	Yes	Yes		No	No	No	Yes
Rights-based?	No	No	No	No	No		No	No	No	No
Type of transfer	Food	Food	Food	Cash	Food and cash	Cash	Cash	Cash	Food and cash	Food
Value of transfer/ Benefits	<p>Infants aged 0-36 Months: Nutritious feeds worth P92.55 per month. Severely Malnourished aged 0-36 are given the same feeds but more worth P185.10/month.</p> <p>Infants children 37-60 Months: Nutritious feeds worth P111.34/month. Severely Malnourished aged 37-60 months are given the same feeds but more worth P222.68/month.</p> <p>TB Outpatients, pregnant and lactating mothers receive nutritious feeds worth P111.34/month</p>	Monthly food basket /coupon ranging from P500.00 to P850.00; School uniforms and other school needs	Two meals per day for pupils in non-Rural Area Dwellers places and 3 meals for pupils in primary schools located in RADs areas.	<p>Labourer: P567/month, plus P8/day meal allowance</p> <p>Supervisor: P651 per month</p>	<p>Food: P500-P1000/month</p> <p>Destitute Cash Allowance: P300/month</p>	P450 /month	OAP: P530 /month	WWII V: P600 /month	<p>Normal: P500</p> <p>Drip-feeding: P1200</p>	<p>Urban Village:</p> <p>1-3 HH: P900</p> <p>4-5 HH: P1200</p> <p>6-8 HH: P1500</p> <p>9+ HH: P1800</p> <p>City:</p> <p>1-5 HH: P1791</p> <p>6-10 HH: P1297.75</p> <p>Rural Village:</p> <p>1-5 HH: P876.00</p> <p>6-10 HH: P1597.15</p> <p>11+ HH: P1640.00</p>
Frequency of transfer	Monthly	Monthly	Daily on weekdays, during school terms	End-of-month	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly as required

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	Vulnerable Group Feeding	Orphan Care	School Meals	<i>Ipelegeng</i>	Destitute Persons		Old Age Pension	World War Veterans Pension	Community Home-Based Care	COVID-19 Relief Food Basket
					Destitute Persons	Disability Cash Transfer				
Delivery mechanism	Collection from health clinics	Smart-switch coupon that can be spent in local groceries, on restricted range of items.	In-school	Poso <i>Kgotla</i> (cash) Bank transfer Cheque at local Authority	Cash: Poso, <i>Kgotla</i> and Bank transfer. Food items from shops and Smart-switch card.	Poso, bank and <i>Kgotla</i>	Collect from Post Office: 97,026 beneficiaries. Collect from <i>Kgotla</i> : 16,234 beneficiaries 8,460 beneficiaries collect through bank transfer.	Poso: 1022 beneficiaries Bank: 60 beneficiaries <i>Kgotla</i> : 148 beneficiaries	Smart-switch, coupon system and food packages	Delivered to HH
GOB budget (latest year-2019/20)	P659,726,530.00 ¹¹	P255,368,200.00	[Included in VGFP]	P679,136,600.00	P94,662,000.00	P30,393,600.00	P620,753,160.00	P9,243,200.00	P15,000,000.00	
GOB expenditure latest year-2019/20)	P585,638,379.26	P238,794,577.45	[Included in VGFP]	P638,036,697.00	P135,079,936.00	P41,822,350.00	P736,310,080.00	P9,103,556.00	P14,485,368.00	P420,292,656.37 ¹²

Source: Implementing Departments, MLGRD, 2020)

¹¹ 2019/ 2020 Food Supplies Budget-----P659,726,530.00 [Primary schools and vulnerable groups)

Expenditure

Decentralised Food Items including breakfast (councils) P404,707,487.79

Centralised Food Items P161,998,367.72

Handstamping P18,932,523.75

Total P585,638,379.26

Decentralized Food Items: These are procured at the districts for primary schools, and include beans, *samp*, sorghum, bread, peanut butter, jam, bread, local produce (*letlhafula*), fruits, eggs and vegetables. Centralised Food Items are procured at Headquarters level. These food items are: UHT milk, stewed steak, vegetable oil, beans. From the same vote, the Department fumigate their warehouses, and purchase pallets, and others.

¹² Total expenditure to 26 June 2020.

4. Lessons: what can be done to strengthen social protection in Botswana?

4.1. A different paradigm

Generally, the existing systems of social assistance have continued to function, some with modifications, with only limited disruption and minor delays. This is greatly to Botswana's credit. In cases where they were unable to function normally, such as PSFP and *Ipelegeng*, successful measures have been taken to ensure that at least the most vulnerable are supported through substitute initiatives. In addition, recognising the widespread impacts of COVID-19 and the challenge to existing programmes to respond at that scale, the Government implemented a new temporary social assistance programme that has provided food relief to some two-thirds of all households nationally: a hugely significant achievement for which the Government should be congratulated.

Nonetheless, some key lessons emerge from this recent experience: most fundamentally, that the need for social protection in Botswana is much broader than previously recognised. Indeed, perhaps the most important revelation is that Botswana has been relying on a set of social assistance programmes that were established in the last century, when it was one of the poorest countries in Africa, and which are increasingly unsuited to its current status as one of the wealthiest countries in Africa and to its 21st-century aspiration to become a high-income country by 2036.

Table 4 shows the origins of Botswana's main social assistance programmes, making it clear that all were initiated in the past century, with some dating back to Independence, and almost all in response to particular identifiable crises: in particular drought (through to the 1980s) and the HIV/AIDS pandemic (in the 1990s).

Table 4: Social assistance programmes by start date

Programme	Start-date	Reason
Vulnerable Groups Feeding	1966	Drought relief
Primary School Feeding	1966	Malnutrition/education
RADP (formerly Bushmen Development Programme)	1974	Exclusion
Destitute Persons	1980	Drought relief
<i>Ipelegeng</i> (formerly drought relief public works)	1980s	Drought relief
Community Home-Based Care	1995	HIV/AIDS pandemic
Old Age Pension	1996	HIV/AIDS pandemic
World War Veterans' Pension	1998	Recognition of sacrifice
Orphan Care	1999	HIV/AIDS pandemic

VGFP and PSFP began at Independence in 1966; RADP had its genesis in the Bushmen Development Programme that was launched in 1974; the Destitute Persons programme dates from 1980; *Ipelegeng* is a direct descendent of drought relief public works programmes that began with the severe and extended drought of 1981-1986; CHBC began in 1995 and Orphan Care in 1999, both as a direct response to the HIV/AIDS pandemic; and the Old Age Pension dates from 1996, partly at least because of the recognition that older people were increasingly having to look after their orphaned grandchildren.

Importantly, these programmes are predicated on poverty reduction (a developmental function), rather than managing vulnerability and risk (the primary function of social protection); and they represent a mix of individual entitlements (e.g. Old Age Pension, School Feeding) and discretionary household approaches (e.g. Destitute Persons, RADP). This long track-record represents a strength, allowing the 2013 Social Protection Assessment to report that Botswana has a "mature and complex social protection system". But it is also becoming a weakness, given the radically changed situation that Botswana has created for itself: the social protection tools at its disposal are no longer appropriate for its advanced stage of development. In the

absence of social protection to manage risk and vulnerability (and to increase resilience), poverty reduction in a sustainable manner may remain elusive, thus compromising further development. Botswana is now at a stage where social protection should be seen as a foundational pre-requisite to further poverty reduction. As the new Decentralisation Policy articulates, “The Government also appreciates that social inclusion is central to eradication of poverty and social marginalization, as well as fostering shared prosperity”.

Botswana has the highest Human Development Index (HDI) and the third highest GDP per capita in mainland sub-Saharan Africa. Its Vision 2036 sets out its aspiration to become a high-income country, and envisages a nation that “will promote equal opportunities for all, and ensure that prosperity is widely shared” (GoB, 2016a). This requires among other things a substantial reconceptualisation of the role of social protection. Vision 2036 further recognises that “A path that perpetuates the status quo will not provide the living standards that we expect and aspire to” (GoB, 2016a). Fundamental change is needed.

Over the last decade or so, there have been repeated calls for review, consolidation and rationalisation of the social protection system. The 2010 Social Development Situation Analysis argued that “Botswana needs to confront, debate and take a stance on the challenges of structural poverty; citizens’ rights to or expectations of state welfare support; and the achievement of a compassionate, just and caring nation that will be a practical expression of *botho* long beyond 2016.” (GoB, 2010a). The 2013 Social Protection Assessment argued that “the country should have a clear vision and strategy for the development of the [social protection] system that is consistent with national goals and priorities and seeks to address the population’s major risks and vulnerabilities.” The 2018 draft of the National Social Protection Framework recognises “that provision of social protection is an investment in Botswana’s population and a key contributor to its sustainable development”, and identifies the need for “Consolidating a Life Cycle Social Protection System” (GoB, 2018a).

Yet very little in Botswana’s social protection landscape has changed over the past decade, to reflect the dramatically different circumstances that now prevail. Perhaps the shock of COVID-19 provides an opportunity to fundamentally change the perception and design of social assistance. It presents a chance to move on from the current set of emergency-derived programmes with their focus on reducing poverty, and consolidate them to reflect a more inclusive concept of social protection that helps all citizens to overcome the vulnerabilities they face throughout their lives and allows them to contribute fully to the development of the prosperous country that Vision 2036 proposes.

4.2. A revised policy framework

Botswana has no national social protection policy or strategy. Its NSPF has been under development since 2017, and is in its second draft stage. But it has not yet been approved by Cabinet. Some individual programmes are supported by a policy, but these are a minority; most are implemented on the basis of guidelines alone¹³. Very few programmes have been rigorously reviewed, even in terms of their implementation and processes; and still fewer have had their impacts evaluated, especially with the necessary degree of regularity¹⁴. Social protection currently operates in something of a policy vacuum, informed more by precedence than by evidence. Finally, there is almost no rigorous evidence on what impact existing programmes are having on the consumption and poverty status of those whom they are intended to benefit, making it difficult for policymakers to determine which represent the most cost-effective options for scaling up.

¹³ The 2010 Social Development Situation Analysis found that only three programmes were supported by a policy: Orphan Care, Destitute Persons and RADP (GoB, 2010).

¹⁴ The same Situation Analysis also reported “that only four of the ten key state social protection programmes have been evaluated”: Orphan Care (2006), Destitute Persons (2008), RADP (2010) and secondary school feeding (undated) (*ibid.*). In the decade since, it appears that only *Ipelegeng* (2012) and the overall VGFP (2019) have been evaluated.

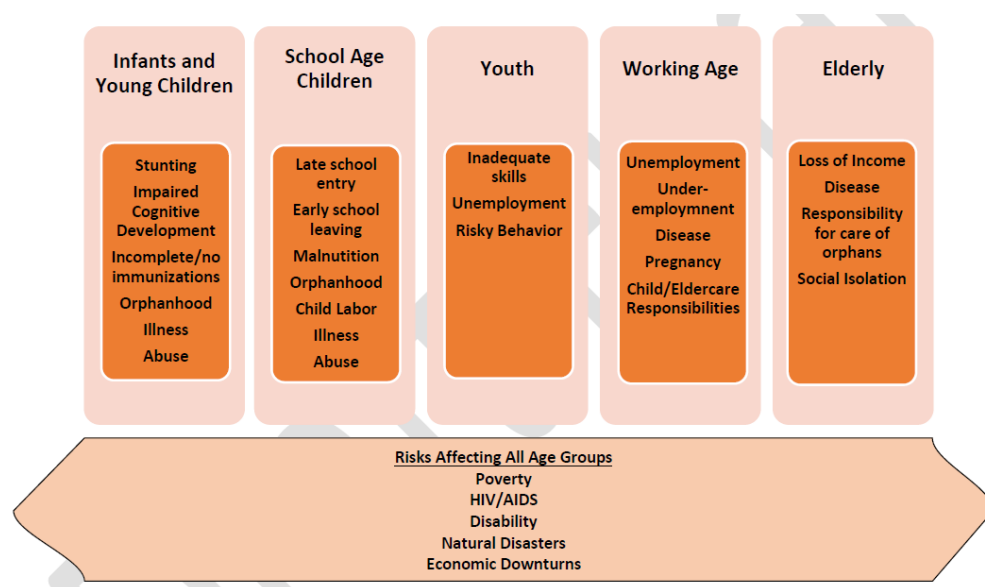
COVID-19 may present a timely opportunity. The fact that the NSPF has not yet been finally approved presents a chance to openly debate and definitively agree the desired direction for social protection in Botswana, informed by the ongoing lesson-learning from COVID-19. These have shed light on the strengths and weaknesses of the system (many of which were known already), and make it imperative to discuss some fundamental conceptual decisions which have remained ambiguous, even in the current draft of the NSPF.

In particular, the definition of social protection used in the NSPF is very broad indeed: “Social protection is defined as programmes that employ public and private¹⁵ initiatives, guided by state policies, to prevent, address, and reduce the risks of poverty and vulnerability for households and communities in Botswana”. In addition to the more common components of a social protection system, this definition could reasonably encompass interventions in a wide range of sectors. Education, health, agriculture, infrastructure, civil defence, trade, policing, employment and so on are all “initiatives, guided by state policies, to prevent, address and reduce the risks of poverty and vulnerability...”. It might be helpful, at least as an initial step, to focus the social protection framework on programmes “**whose primary objective is...**to prevent, address and reduce the risks of poverty...” Each of the 29 programmes that are currently included as possible elements of the NSPF could be assessed based on this definition: as argued elsewhere in this Plan this would recognise, for example, that the primary objective of Tertiary Scholarships is educational, and that the primary objective of the various livelihoods interventions is economic empowerment. Narrowing the scope of the NSPF, at least during the recovery phase, would clarify objectives, simplify coordination and build a stronger social compact, as argued in the following sections.

4.3. A focus on the life-course

In particular, there is a lingering uncertainty in Botswana’s aspirations for social protection, around the issue of whether social protection should be targeted at the household or the individual. This is evident, for example, in the NSPF, which is explicitly oriented to a life-course approach: “Social protection needs to be responsive to the different risks and vulnerabilities that citizens face throughout the course of their lives”, as presented in its diagram (Figure 1).

Figure 1: Risks faced by Botswana through the life-course



¹⁵ By explicitly including “private initiatives”, the NSPF fully, and sensibly, recognises that non-state actors have a major role to play in providing social protection: NGOs, faith-based organisation, disabled persons’ organisations. Unfortunately, because of the circumstances and timeframe for developing this Recovery Plan, it was not possible to pay adequate attention to this important aspect. The Plan does however suggest broader consultation with such stakeholders around the proposed recommendations.

Source: National Social Protection Framework, Draft 2 (GoB, 2018a)

Yet the NSPF also advocates that “for poverty targeted programmes the social protection system will move away from targeting individuals to targeting households”. So far, this is a feasible approach: many countries evolve towards having a set of life-course programmes based on the vulnerability of individuals, but retain a household-based safety net “of last resort” (as it is referred to in Botswana’s 2013 Social Protection Assessment). Where the incoherence magnifies is in the proposal that “Underlying the NSPF life cycle approach to social protection are the following basic tenets: A shift from programmes targeted to individuals to a household targeting approach”. Yet a life-course approach requires selection based on the individual, rather than on the household.

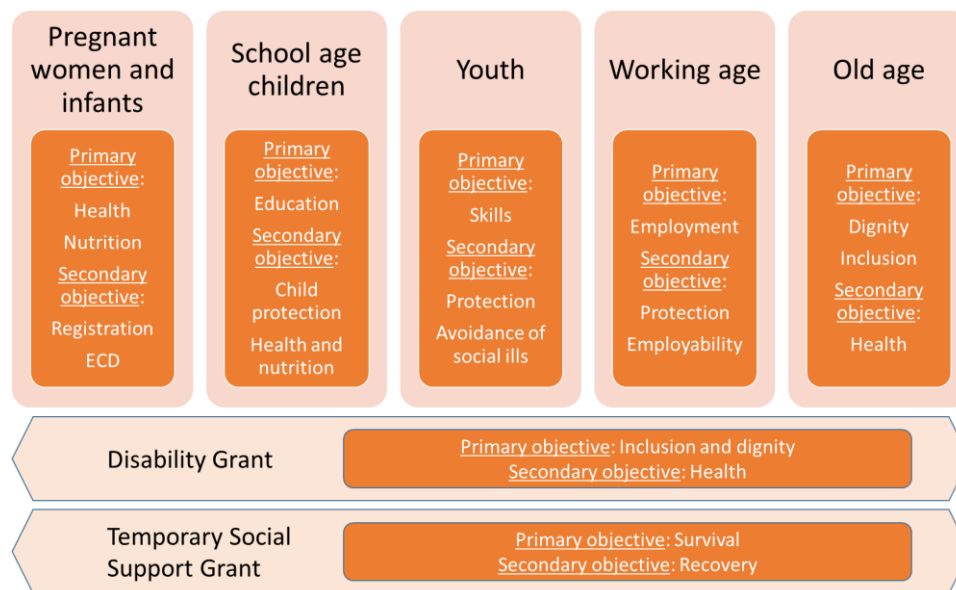
Most high-income countries tend to evolve towards a life-course approach to social protection, with programmes targeting individuals at different life-stages complemented by programmes that target households. The advantage of this approach is that it recognises that an individual faces different challenges at each stage of their life, and social protection programmes can therefore be put in place that have different primary objectives depending on the challenges faced: better nutrition for babies and infants; education for children; skills for adolescents; employment for the working age; income security for older persons; inclusion and dignity for persons with disabilities. The NSPF is trying to achieve all of the following: “A renewed emphasis on self-reliance with a systematic focus on employment and self-employment; Mainstreaming nutrition into all aspects of social protection; Increased attention to the critical first 1,000 days of life; and Increased attention to the social care requirements of the elderly”. These are all laudable, and achievable, ambitions for social protection, and most are best tackled through individualised support.

A social protection system that disaggregates programmes by stages of the life-course approach can follow one of two approaches. Some countries deliver “universal” benefits such as child grants to all children or older person grants to all older persons. Other countries add a “means test” to try to target only poor members of each category (i.e. poor children and older persons living in poverty). But there are many problems with poverty targeting, including inevitable exclusion errors that violate the Agenda 2030 principle of Leave No-one Behind. As an aspiring high-income country, Botswana already has a number of universal programmes. This study strongly recommends a continuation of this approach or, alternatively, of affluence-testing to exclude only the wealthiest (e.g. older persons who already have government or private pensions).

A final important argument in favour of more inclusive life-course social protection is that it would be redistributive. As highlighted in the PSRP, citing the World Bank’s 2015 Poverty Assessment, inequality is as important as economic growth for poverty eradication in Botswana. The PSRP argues that poverty could be halved in four years if the Gini coefficient fell by two points. Conversely, poverty will not fall, even with 30 percent cumulative economic growth, if inequality increases by 2 percentage points. First, the eradication of poverty in Botswana requires effective human capital development, leading to decent employment for all working age people. Second, the eradication of poverty will be difficult unless there is progress against inequality. Botswana is one of the most unequal countries in the world, with a Gini Coefficient of 0.61 in 2009/10 (based on income data) and of 0.52 in 2015/16 (based on consumption data). According to the World Inequality database the top one percent of Botswana’s income earners accounted for 22.6 percent of Botswana’s Gross National Income (GNI) in 2017 whilst the top 10 percent accounted for 58.9 percent of GNI and the bottom 50 percent shared only 8.7 percent between themselves. Progressive and redistributive social protection could significantly reduce inequality.

4.4. A new clarity on objectives

A life-course approach would allow a clear set of objectives – both primary and secondary – to be established for each life-course stage, against which progress of the programmes could be measured (see Figure 2).

Figure 2: Objectives across a life-course approach

Such a focus on objectives should dramatically decrease concerns about “dependency”, which refers to the possibility that working age recipients of cash transfers will have less incentive to work and might choose to work less than before. In reality, concerns about dependency on cash transfers have been refuted by international evidence. Evaluations of cash transfer projects in seven African countries found “no systematic evidence that transfers lead to dependency” (Peterman, Yablonski and Daidone, 2017: 3); on the contrary, in three cases cash transfers allowed increased investments and more labour allocation to farming and business activities. Another review of seven programmes in Asia and Latin America found “no systematic evidence of the cash transfer programs on either the propensity to work or the overall number of hours worked” (Banerjee et al., 2017: 157).

Nonetheless, this has been a lingering concern in Botswana. In 2003, a Government evaluation of RADP found that “Social welfare, together with the Old Age Pension scheme, is the dominant source of income for most people in the remote settlements. This is clearly neither desirable nor sustainable” (BIDPA, 2003). A 2011 report found that “concerns about ‘dependency syndrome’ remain high among politicians and sections of the public in Botswana, just as in many developed welfare states” (White & Devereux, 2011). The NSPF itself is partially a response to the fact that “there is increasing concern about ‘welfare dependency’” (GoB, 2018a). It is therefore important to tackle such concerns head-on.

By clearly defining objectives of the separate life-course programmes, there can be no rational argument that any other than support to the working age poses any threat of creating dependency: support to improved nutrition for pregnant women and young infants, to better education and nutrition for children, and to appropriate skills for youth should rather be viewed as a sound investment in the nation’s future; while support to the elderly, and to those with disabilities and chronic illness, is a recognition of the challenges they face and the extra costs they incur in living their lives in dignity as members of society. As the same 2011 report states “Many social assistance programmes in Botswana – school feeding for children, pensions for older persons, CHBC – are targeted at vulnerable individuals who are ‘dependent’ by definition”.

Even in the case of support to those of working age, it is likely that dependency concerns are overblown in Botswana. As the 2010 Social Development Policy Situation Analysis points out, coverage of such programmes aimed at the working age poor is extremely limited, reaching far below 5 percent of the population. The review concludes “Like every society offering state social protection, Botswana undoubtedly has some people who take advantage of the system rather than struggle for themselves. But the numbers

just quoted suggest that any emerging dependency can only be on a tiny scale. What does exist, on a large scale, is poverty” (GoB, 2010a).

In addition, the global evidence overwhelmingly suggests that social transfers contribute to lower dependency on the state rather than increased dependency. Much of the concern about ‘dependency syndrome’ – beneficiaries becoming lazy and surviving on cash transfers from the government – derives from Western welfare states, where benefits are relatively generous and there is often a negative attitude towards the ‘poor’ (Shepherd *et al.*, 2011). In Africa, very few social assistance programmes give enough resources for recipients to live on, but they do play an important role at community level, in reducing the dependency of poor people on their equally poor relatives and neighbours.

Furthermore, social transfers can be expected to have significant multiplier effects in the local economy, further reducing dependence on the state. A methodology called ‘Local Economy-wide Impact Evaluation’, developed for the FAO project ‘From Protection to Production’, found that cash transfer programmes in six African countries generated nominal income multipliers ranging from 1.3 in Kenya to 2.5 in Ethiopia (Kagin *et al.*, 2014). Unlike food aid, cash transfers are an investment in local economic growth and can contribute to poverty reduction.

Linked with concerns about dependency are concerns about “double-dipping”, the possibility that some households are receiving multiple transfers while others with similar needs receive none. The NSPF argues for “the need to strengthen administrative systems and to reduce abuse of the system and ‘double-dipping’ by some clients”. The simplified social protection system proposed in this Plan should reduce both the risk and the perception of double-dipping in Botswana. At present, households can benefit from programmes that are categorically targeted (Old Age Pension), poverty-targeted (Destitute Persons programme), self-targeted (*Ipelegeng*) and geographically targeted (RADP). But life-course programmes target individuals mainly on their demographic characteristics (especially age) and recognise that vulnerability is cumulative: a household containing two under-5s, three school age children (one of whom has a disability) and an elderly person faces higher challenges and costs, and therefore merits a level of support that will enable it to overcome these multiple vulnerabilities (the accumulation of which is referred to as a “syndemic” by the University of Botswana). The receipt of mutually reinforcing multiple social transfers becomes a strength of the system, not a concern to be discouraged. Moreover, categorical targeting is easier to communicate to the public and more likely to gain broad social acceptability than poverty targeting, which is always controversial and inevitably creates inclusion and exclusion errors.

4.5. A stronger social compact

A rights-based approach to social protection, where citizens know their entitlements based on clear eligibility criteria and can claim their entitlements from the state, is the foundation of a social compact between the state as duty-bearer and citizens as rights-holders. The right to social protection or social security is not enshrined in Botswana’s Constitution. However, Botswana has ratified the Convention on the Rights of the Child (Article 26: “States Parties shall recognise for every child the right to benefit from social security”), and voted to adopt the Recommendation on Social Protection Floors – which disaggregates social protection needs by life-course stages – at the International Labour Conference in 2012 (states “should ensure that, over the life cycle, all in need have access to essential health care and to basic income security” [ILO, 2012]). Botswana is also monitoring its progress towards the Sustainable Development Goals (SDGs), and the national Vision 2036 and National Development Plan 11: 2017-23 (NDP11) are aligned with the SDGs. Several SDGs mention social protection, notably 1.3: to implement “social protection systems and measures for all...and by 2030 achieve substantial coverage of the poor and the vulnerable”. Table 5 shows the coherence and alignment of the recommendations of this NSPRP with the SDGs, with Vision 2036 and with NDP11.

Instead of a series of uncoordinated programmes run in silos with different modalities on a discretionary basis, a coherent social protection system in Botswana would be rights-based and organised around the

objectives set out in international ‘soft law’, namely to guarantee income security for all throughout the life-course. Evidence shows that comprehensive social protection that is rights-based and inclusive of all vulnerable groups builds public support and social cohesion better than programmes that selectively target some groups but exclude others (Pavanello *et al.*, 2017).

Also important for strengthening the social compact is to install bottom-up systems of social accountability, through mechanisms that encourage beneficiary participation and give space for valid grievances – e.g. about targeting errors – to be independently heard (see 5.2.4 below) (Hickey & King, 2017).

Table 5: Policy coherence of NSPRP recommendations

Sustainable Development Goals	
Goal 1: No Poverty	Target 1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
Goal 2: Zero Hunger	Target 2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
Goal 3: Good Health and Well-being	Target 3.D Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks
Goal 4: Quality Education	Target 4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations
Goal 5: Gender Equality	Target 5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
Goal 8: Decent Work and Economic Growth	Target 8.4 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value
Goal 10, Reduced Inequalities	Target 10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality
Vision 2036	
Pillar 1 Sustainable Economic Development	Our country will have developed an internationally competitive workforce that is productive, creative and has international exposure
Pillar 2 Human and Social Development	Marginalised population groups will be empowered to positively contribute to the country’s development
	People living with disabilities and the elderly people will have equal access to services and socio-economic opportunities
	Social protection will continue to be provided to support the most vulnerable members of society.
	Botswana will have a safe and enabling environment for children to grow to reach their full potential
Pillar 4 Governance, Peace and Security	By 2036, Botswana will be a land of peace, freedom and progressive governance
	Botswana will live in full enjoyment of their constitutionally guaranteed rights
National Development Plan 11	
Key strategies	Empowerment of People with Disabilities
	Gender Equality and Women’s Empowerment
	Youth Empowerment
	Adequate Provision of Nutrition and Ensuring Food Security
	Harmonisation of Social Protection Programmes

5. Recommendations: what is the way forward?

This section sets out a potential recovery plan for social protection in Botswana, to build back better. As COVID-19 has shown so clearly, Botswana now faces other challenges than drought, poverty and HIV/AIDS, and it needs social assistance that is appropriate to its status as a leading country in Africa in terms of both economic and social development. The primary function of social protection is, as the term implies, to ensure that all people are adequately protected against the risks and consequences of poverty. It does this partly by delivering social transfers that enable people to meet their basic needs, but also by building resilience and linking citizens to essential social services. A sustainable and resilient recovery requires well-functioning social protection, and a coordinated and comprehensive social protection system is a *sine qua non* for all high-income countries. As Vision 2036 cautions: “The transition to high-income status requires us to introspect and be bold in charting our way forward”.

The new approach needs to go beyond poverty reduction: it needs instead to build resilience, to redistribute wealth, to invest in all Botswana so that they can contribute to and share in the benefits of growth, and to build a new social compact between the State and its citizens. In common with other upper-middle and high-income countries, Botswana needs to consolidate a social assistance system that reflects the vulnerabilities of individuals throughout their lives, and leaves no-one behind. This is entirely consistent with the aspiration in the NSPF that it “will position the social protection system so that it can more effectively and efficiently respond to the varied risks and vulnerabilities faced by Botswana of all ages”. The system also needs to be shock-responsive, to be able to adjust quickly to unforeseen shocks such as COVID-19, and to be able to provide counter-cyclical support in times of challenge.

The NSPRP vision is aligned with Agenda 2030 and the “Leave No-one Behind” principles: applying a human rights-based approach to ensure that every person is included in the development process, “focusing on reducing inequalities, marginalisation, exclusion and vulnerability...to build resilience and reduce vulnerability to shocks”.¹⁶ This is important because it broadens the ambition of social protection beyond eradicating income poverty and highlights its social objectives. Vulnerability is not only economic, it has to do with people’s multiple and overlapping identities (gender, disability, geography, age, etc.).

The vision of the NSPRP also echoes that of the NSPF, namely “To establish a comprehensive and well-coordinated social protection system that is efficient, effective and sustainable”. The Recovery Plan adheres to the same set of underlying principles as the NSPF, in terms of ensuring that social protection in Botswana is: equitable, transparent, accountable, evidence-based, accessible, participatory and efficient. Indeed, if the recommendations set out in this chapter are followed, the resulting system will result in improvements over the current system in all seven dimensions.

The recommendations are presented under three headings: programmes, systems and the enabling environment.

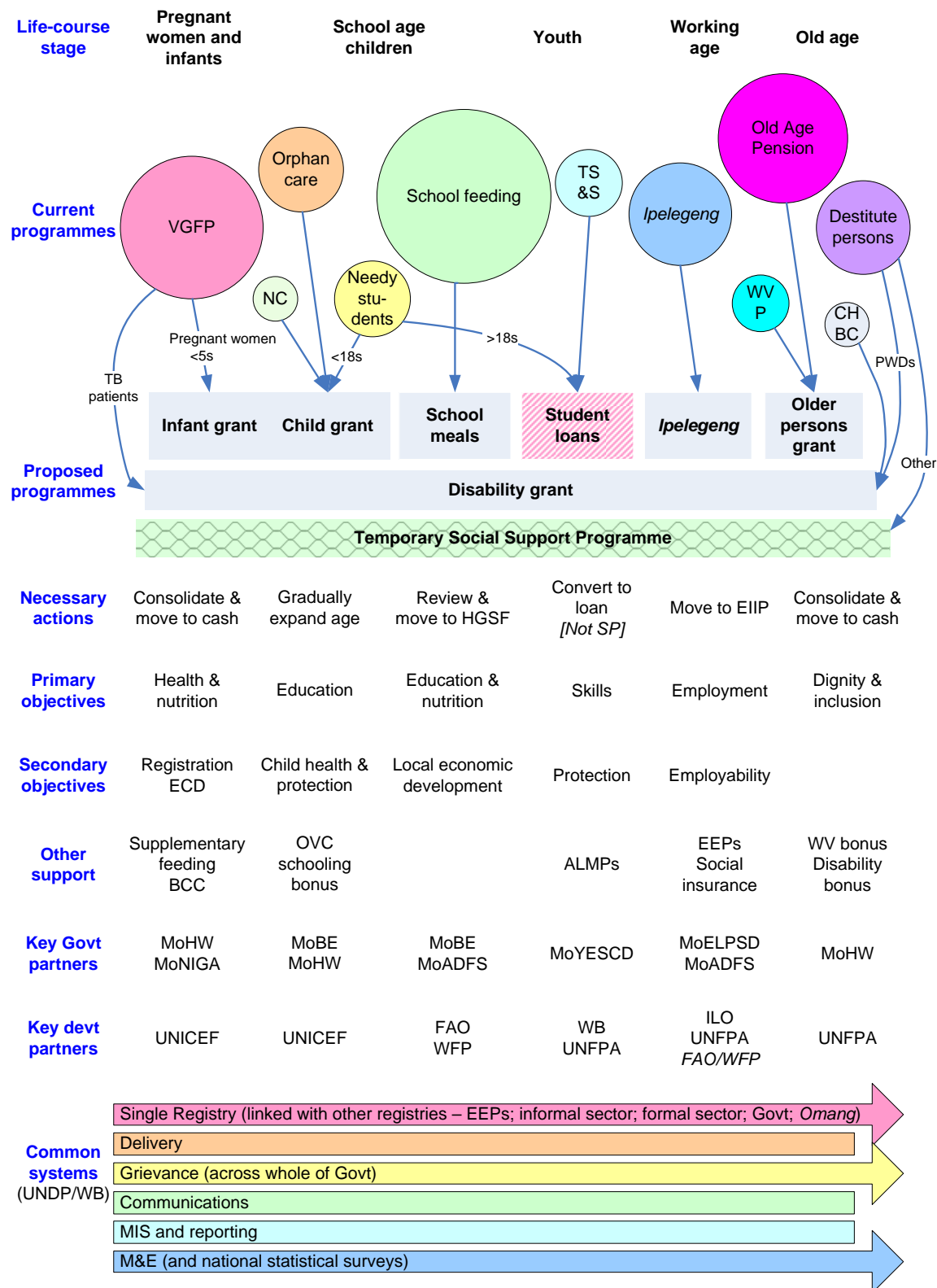
5.1. Programmes

To reflect Botswana’s upper middle-income status, now is the time that consideration could be given to consolidating its suite of programmes to properly reflect the life-course stages in the NSPF. The recommendations below suggest having a single major social assistance programme for each of the life-course stages identified in the NSPF (eventually two for school age children). These would be accompanied by additional measures for certain particularly vulnerable individuals within those categories, and by age-relevant linkages to other essential services which would be delivered by the appropriate Government partner. The approach is predicated upon a simpler, more intuitive set of basic social assistance grants,

¹⁶ LNOB Conference Outcome Document, International Conference: ‘Leave No One Behind in the Fight Against Poverty, Exclusion and Inequality’, 20-21 March 2018, Gaborone International Conference Centre, Gaborone.

delivered as part of a more comprehensive package of services to achieve holistically, and in close partnership with others, the clearer objectives at each life-course stage. Figure 3 summarises the proposals for rationalisation and consolidation.

Figure 3: Proposals for rationalisation and consolidation of social assistance in Botswana



Key: NC=Needy Children; TS&S=Tertiary Sponsorships & Scholarships; WVP=World War Veterans' Pension

The proposed new programmes making up this life-course suite are discussed separately below.

5.1.1. Infant and Child Grant

Description: This would initially continue to be delivered universally to all pregnant women and pre-school children up to the age of 6, as VGFP is now. But instead of food rations, it would provide cash-based social assistance, linked with strong messaging and appropriate health and nutrition interventions (and birth registration). This recommendation is fully consistent with the conclusion of the 2019 Evaluation of VGFP that “In the medium term, therefore, the VGFP should be phased out. Its young child nutrition function should be taken over by appropriately designed young child nutrition elements in a multisectoral nutrition programme.... Its social protection function – helping to ensure food security for the poor and vulnerable – should be absorbed into the relevant components of the expanded social protection system that the GoB should develop on the basis of the new National Social Protection Framework” (UNICEF, 2019a). This suggestion also underlines the fact that a cash transfer would need to be an integral part of a much broader multisectoral nutrition programme: global evidence shows that cash transfers to infants have greater impact when they are combined with social behaviour change communication, social work, health measures, growth monitoring, family planning, women’s empowerment, and so on.

A universal approach is justified, because of the dire malnutrition rates for under-5s in Botswana. “The chronic under-nutrition (height for age) rate is 31.4 percent for children under 5, higher than in Botswana’s higher-middle income neighbours and about six times the level of its Latin American peers of Costa Rica and Jamaica” (BIDPA & World Bank, 2013). The stunting rate in the wealthiest two quintiles is 25.3 percent and 17.6 percent respectively – which means that malnutrition even among the very wealthiest 40 percent of Botswana is respectively four and three times worse than the overall average in upper middle-income countries. Early support, combined with supply side improvements and clear messaging, could also boost early childhood development and pre-schooling, which is currently very low in Botswana. As the 2013 Social Protection Assessment found: “Gross pre-primary enrollment was estimated at 18.9 percent in 2010/11” (*ibid.*).

Improved nutrition in young children, especially during the first 1000 days from conception, represents a sound financial investment. As argued in the recent Investment Case for Nutrition in Botswana, a stunted child faces a higher risk of dying from infectious disease (1.9 to 6.5 times more likely to die, with this risk rising significantly in cases where there is a concurrence of both stunting and wasting) and the child is likely to perform less well in school (equivalent to two to three years’ loss of education) (UNICEF, 2019b). Stunting is associated with impaired brain development, meaning lasting, diminished mental functioning. This, in turn, leads to significantly reduced learning. Adults stunted as children earn a lower income in life (globally, on average, 22 per cent less), which further exacerbates deprivation (*ibid.*). Overall, a 2014 WFP-UNICEF study estimates the net effect of improving nutrition on a country’s GDP to be in the region of 2-3 percent, which in the case of Botswana is equivalent to approximately P5.25 billion per year. And a further analysis by the World Bank argues that “the per capita income penalty a country incurs for not having eliminated stunting when today’s workers were children...is around 7%. Africa and South Asia incur larger penalties – around 9-10% of GDP per capita” (Galasso & Wagstaff, 2017).

Over time, the age of eligibility for the grant could be increased, to gradually introduce a Child Grant, thus replacing or at least greatly reducing the need for the Orphan Care programme and the Needy Student and Needy Children components. Like South Africa’s, the grant could be affluence-tested, by excluding wealthier members of society, or it could be universal, but it would be a recognition of the reality that “Poverty in Botswana is highest among families raising children” (BIDPA & World Bank, 2013). UNICEF’s 2015 Child Poverty Analysis found: “While 19 percent of the population are poor in monetary terms based on the national poverty datum line (PDL), the monetary poverty rate amongst children under 18 stands significantly higher at 26 percent. The situation of non-monetary aspects of poverty amongst children is even worse. 63 percent of children under 18 live in multidimensional poverty in Botswana, defined as being deprived in at

least two dimensions simultaneously. 44 percent of children live in severe multidimensional poverty, defined as being deprived in at least half of the total applicable dimensions simultaneously. A significant number of children, 42.6 percent of the total, are deprived in two or more dimensions yet live in households that are above the poverty line” (UNICEF, 2015).

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Sign Memorandum of Understanding with MoHW (and Nutrition Council?) for a comprehensive nutrition-sensitive approach	>		
Sign Memorandum of Understanding with MoBE for comprehensive Early Childhood Development	>		
Include all under-6 children in the integrated single registry (linked to health information and birth registration systems)	>>>>>	>>>>>	
Convert all transfers to cash, linked with continued clinic attendance, and increase the value of the transfer		>>>>>	>>>>>
Design common Behaviour Change Communication around health and nutrition issues for children under-6	>>>>>		
Implement Behaviour Change Communication around health and nutrition issues for children under-6		>>>>>	>>>>>
Gradually expand age of eligibility (e.g. as current beneficiaries reach the age of 6)			>>>>>
Continue to provide supplementary feeding to severely malnourished mothers and children under-6	>>>>>	>>>>>	>>>>>
Review the implementation and evaluate the impacts of the Infant and Child Grant		>	
Review the continuing need for separate Orphan Care, Needy Student and Needy Children programmes, and modify as necessary			>

5.1.2. School Meals

A rigorous re-assessment of primary and secondary school feeding is recommended, following on from the recommendations of the 2019 UNICEF study (UNICEF, 2019d), which identified significant deficiencies and inefficiencies in the way it is currently managed.

First, the objectives of providing school meals need to be clearly articulated. There is a tendency to assume that because school meals have so many possible objectives (school attendance, completion, learning, health, nutrition, social transfers, gender equality, local economic development, and so on), they must be a good thing. However, a clear focus on objectives allows a better evaluation of whether they are realistic and whether other approaches might achieve those same objectives more efficiently and cost-effectively. This calls for a wider debate about national priorities within Botswana, and might also require rethinking this intervention. For instance, if school meals aim primarily to address the high rates of child malnutrition, they need to be redesigned with a sharper focus on nutrition, and they need to be part of a more comprehensive approach, integrated with other nutrition policies such as food gardens and nutrition education in schools.

Second, a decision needs to be taken on how best school meals can be delivered. This needs to consider the comparative advantages of stimulating the private sector (both formal and informal), and of using alternative procurement models in support of local economic development (for example through a Home-Grown School Meals approach that has been successfully implemented in Brazil, Kenya and elsewhere) and possibly using (semi-) decentralised management (such as using small private sector catering companies, as in Ghana).

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Widely discuss and agree on recommendations emerging from the 2019 Evaluation of VGFP, as they relate to School Feeding	>		
Clearly define objective(s) of providing school meals, and establish indicators against which success can be measured	>		
Establish roles for the private sector (formal and informal)	>		
Review scope for local procurement and preparation	>		
Sign Memorandum of Understanding with MoBE to provide school meals	>		
Pilot new approaches	>>		
Implement new approach nationally		>>>>>	>>>>>
Monitor achievement of agreed objectives			>

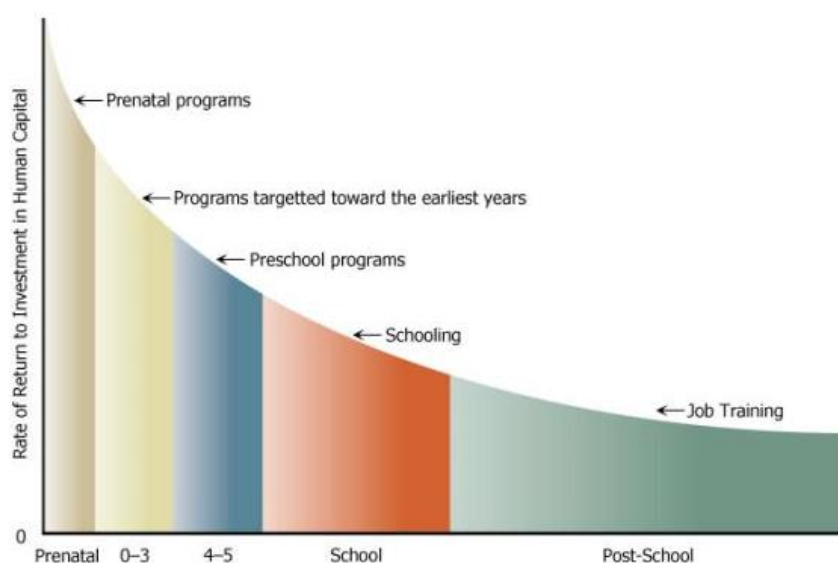
5.1.3. Student Loans

This study argues that the current tertiary scholarships and sponsorships should not qualify as social protection. Their objectives are predominantly educational.

It is also possible that one global consequence of COVID-19 will be a shift in the way that tertiary education is delivered, so that a much higher proportion will be done remotely using on-line tools. This would be likely to significantly reduce the costs of tertiary study, thus making the option of a student loan more acceptable (and reducing the likelihood of non-return from studying overseas).

Whilst probably beyond the strict mandate of this Recovery Plan, the recommendation here is that the current approach should be converted to a student loan programme, and that the financial savings (once they have worked their way through the system), should be re-allocated to genuine social assistance to younger children, on the basis that investment at a younger age has a significantly higher return on investment, as illustrated in “Heckman’s Curve” (see Figure 4). It would also be possible to assimilate the Needy Student support into this loan package, but perhaps offering them more favourable cost recovery terms, at least during the transition period.

Figure 4: Rate of return to human capital investment at different ages



Source: James Heckman, Nobel Laureate in Economics (www.heckmanequation.org)

In addition, as recommended in both the PSRP and ISRP, there is scope to review and reorient the current active labour market programmes and job training schemes (see recommendations in sections 3.11 and 3.12).

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Work with the Ministry of Tertiary Education to reform the scholarship and sponsorship programmes to become student loans	>>>>>		
Reallocate current expenditure to social assistance to younger children through an expansion of the age of eligibility of the Child Grant			>>>>>
Review and restructure active labour market programmes and job training schemes – see PSRP and ISRP	>>>>>	>>>>>	>>>>>

5.1.4. *Ipelegeng*

The recommendation is that *Ipelegeng* should continue, but that it should adopt the numerous operational improvements suggested in the 2012 Evaluation of the programme, such as the inclusion of skills-building, entrepreneurship training and savings schemes (GoB, 2012).

Ipelegeng should take any opportunities that arise from COVID-19 to expand the range of work options open to participants. There is likely to be an ongoing need for new low-skilled work in areas such as cleaning, sanitising and maintenance; and opportunities to expand and modify public spaces such as schools, health centres, markets and bus stations.

But *Ipelegeng* should also be moved much closer to the private sector, with the adoption of approaches such as Employment-Intensive Investment Programmes (EIIP) advocated by ILO¹⁷ or an employment guarantee scheme. This could also be linked with decentralisation, through devolving more control and responsibility to district councils to use Local Resource-Based Materials (LRBM), as proposed in the PSRP.

Finally, through the kind of capacity building proposed in the 2012 Evaluation (*ibid.*), and combined with savings (which could also be matched by Government), *Ipelegeng* beneficiaries should be linked to poverty eradication programmes, agricultural livelihood interventions such as ISPAAD and LIMID, and community development initiatives such as RADP. This would ensure that *Ipelegeng* is not just a temporary stopgap, but rather a pathway towards Decent Work and sustainable and more resilient livelihoods, in parallel delivering improvements in access to basic physical, social and economic infrastructure, particularly targeted at the most vulnerable people.

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Review the operation and opportunities for <i>Ipelegeng</i> in the light of previous recommendations and of the current COVID-19 situation	>		
Hold a consultation on options for greater involvement of the private sector in <i>Ipelegeng</i> , through EIIP and LRBM approaches	>		
Develop and roll out comprehensive capacity development plan for <i>Ipelegeng</i> management, local entrepreneurs and community groups	>	>>	

¹⁷ See <https://www.ilo.org/global/topics/employment-intensive-investment/lang--en/index.htm>.

Consider the introduction of a matched savings component on <i>Ipelegeng</i> , and strengthen links with livelihood programmes		>>>>>	
Devolve greater responsibility to district councils to use <i>Ipelegeng</i> as a tool for local economic development, and for providing social services			>>>>>
Implement a comprehensive social insurance system, as per the NSPF			>>>>>

5.1.5. Older Persons Grant

The current Old Age Pension would continue, but it is suggested that it might be renamed Older Persons Grant, both for consistency with the other proposed life-course programmes, and – as in many other countries – to remove the implication that a person aged 65 is “an old person”. It would also assimilate the World War Veterans’ Pension, which will disappear through natural attrition over time. The value of the combined Older Persons Grant should be re-evaluated, and clearly benchmarked to the poverty line or to consumption, for example, so that the transfer value could be automatically adjusted each year. If it was felt necessary to maintain, during the transitional period, the higher value of the transfer for the War Veteran’s Pension, this could be done through a temporary bonus payment. Other countries have also used such bonus payments to give a substantial premium to, for example, those over 90 years of age, which aligns the incentives of households to care for their elderly.

This consolidation would provide an opportunity to clean the databases and remove duplicate entries across the various programmes.

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Include the existing Pension beneficiary lists into the integrated single registry	>>>>>		
Clean the combined beneficiary lists, and remove duplication	>		
Convert all transfers to cash, and align the value of the transfer, with any transitional bonus as necessary		>>>>>	>>>>>
Evaluate the operation and impacts of the Older Persons Grant			>
Continue to provide health care alongside the Older Persons Grant	>>>>>	>>>>>	>>>>>

5.1.6. Disability Grant

This proposed new grant would incorporate beneficiaries from three current programmes, namely CHBC, the TB component of VGFP and the Disability Cash Transfer component of the Destitute Persons programme. This is consistent with the ICF approach (described in section 3.7), the domains of which are classified from body, individual and societal perspectives by means of two lists: a list of body functions and structure, and a list of domains of activity and participation. In ICF, the term functioning refers to all body functions, activities and participation, while disability is similarly an umbrella term for impairments, activity limitations and participation restrictions.

It is also coherent with Botswana’s new draft Disability Strategy, which includes an activity under Goal 4 to “conduct a review of social protection schemes and disability insurance schemes and roll out reforms to improve access to appropriate social safety nets for PWDs and their carers”. All beneficiaries of the Disability Grant would receive their payments in cash, although some might require additional in-kind support on top (or in cases where remoteness made the use of cash inappropriate): for example specialised foods for drip-feeding in the case of the chronically ill, disability aids for those with physical disabilities, psychosocial care and counselling for those with mental illness. But these would be provided through linkages to the Ministry of Health and appropriate NGOs, not as part of the social transfer. There would be an important role for the

social workforce to administer appropriate support and linkages and referrals to the necessary support services.

Ideally, transfer values would be aligned with the Older Persons Grant, so that administration of the two programmes could be combined; and again should be benchmarked to consumption, for example, so that the transfer value could be automatically adjusted each year. It would also be possible to include bonus payments for particular categories, for example to reflect the additional costs associated with having a disability.

This consolidation (and integration with the Older Persons Grant) would provide an opportunity to clean the databases and remove duplicate entries across the various programmes.

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Sign Memorandum of Understanding with MoHW for linkages with medical care for persons with disabilities and the chronically ill	>		
Develop a system of classification of disability, both physical and mental, to determine eligibility (and potentially transfer values in future)	>>>		
Provide training at district level in certification of disability and chronic illness	>>>		
Include the beneficiary lists of all three existing programmes into the integrated single registry	>>>>>		
Clean the combined beneficiary lists, and remove duplication	>		
Convert all transfers to cash, and align the value of the transfer, with any transitional bonuses as necessary		>>>>>	>>>>>
Evaluate the operation and impacts of the Disability Grant			>
Continue to provide health care and psychosocial support alongside the Disability Grant	>>>>>	>>>>>	>>>>>

5.1.7. Temporary Social Support Grant

Underpinning these life-course programmes would be a residual household-based safety net “of last resort” (as it is referred to in the 2013 Social Protection Assessment) – essentially a time-bound transfer based on a much-reduced version of the current “temporary” component of the Destitute Persons programme. The purpose of this would be to be able to provide discretionary support, through cash and food transfers, to households impacted by a serious shock which might cause them to fall, temporarily, through any gaps in the life-course coverage.

The Temporary Social Support Grant (TSSG) would also provide the backbone for any more substantial covariate shock that might strike the country in the future, in just the same way that COVID-19 has recently done. In effect, this grant would serve as a shock-responsive safety net that expands and contracts as and when needed. This is similar to the PSNP contingency fund in Ethiopia that is triggered by shocks such as a drought, to protect poor households against loss of income and food, and the Social Relief of Distress Grant in South Africa, which has been adapted to become the Special COVID-19 Social Relief of Distress Grant. The TSSG could expand either vertically (providing increased transfers for the duration of the shock) and/or horizontally (enrolling new beneficiaries temporarily until the crisis passes).

One of the arguments for providing Temporary Social Support through a combination of cash and food is to have operational systems in place for both modalities. There may be occasions in future (e.g. if there were to be a second COVID-19 spike) where a food response was again to be preferred to cash.

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Capture all present (and past where possible) beneficiaries of the existing Destitute Persons programme into the integrated single registry	>		
Transition all Destitute Persons with a disability or chronic illness to the Disability Grant	>		
Ensure that other Destitute Persons are receiving the life-course transfers to which their households are entitled	>>>		
Establish criteria for the selection and enrolment of new beneficiaries to the Temporary Social Support grant, to be done at district level	>>>		
Apply these criteria to the remaining existing beneficiaries	>>		
Make temporary transfers to all eligible (existing and new) beneficiaries under the Temporary Social Support Grant, in a combination of food and cash		>>>>>	>>>>>
Review the impacts of the Temporary Social Support Grant			>
Continue to provide linkages and referrals to other services and life-course social assistance for beneficiaries of the Temporary Social Support Grant		>>>>>	>>>>>

5.2. Systems

The operation of the suite of life-course programmes proposed above will be underpinned by a set of common systems for: registration and enrolment; delivery; grievance; communications; MIS; and M&E. The existence of these shared, robust systems will greatly facilitate the expansion of social assistance support in the event of a major emergency (such as a repeat or resurgence of COVID-19).

The need for stronger systems has long been recognised. The 2010 Social Development Situation Analysis summarised that “Several changes are proposed to the way social development programmes are delivered in Botswana, and there is an urgent need to introduce regular monitoring and evaluation” (GoB, 2010a). RHVP’s 2011 Brief identified that “Information management, monitoring and evaluation are major areas of deficiency”, and called for “an integrated system covering all social transfers and comprising a central single registry, multipurpose biometric smart card, flexible delivery channels and a standardised reporting system” (White & Devereux, 2011). The 2013 Social Protection Assessment endorsed the call for “improving the administrative systems and tools that underpin service delivery across key programs”.

MLGRD took these concerns fully on board in developing its Strategic Plan for 2018 to 2023 (GoB, 2018b). All the recommended improvements set out in the sections that follow reflect priorities already identified in the Strategic Plan, under an overarching goal of “Reengineering and Integrating Processes”.

5.2.1. Registration and enrolment

The Strategic Plan 2018-2023 specifically targets the “Establishment of a single social registry”, a process that is already under way, but which needs to be accelerated. On the one hand, COVID-19 has made it clear that ideally the coverage of the registry should extend further than just the existing beneficiaries of social programmes¹⁸ (which is why this Plan uses the term “integrated single registry” in preference to “single social registry”). As also recommended in the ISRP, the registry should be combined with the registries of both

¹⁸ The intention was already to include beneficiaries of the Poverty Eradication Programme, an economic empowerment rather than a social programme, in the Single Social Registry. Furthermore the NSPF makes it clear that “Over time, all labour market and livelihoods programmes will be brought into the Social Registry”.

formal and informal sector workers, so that – ideally – every household in the country can be accessed through a single interface.

On the other hand, COVID-19 has also shown irrefutably that an integrated single registry is possible as well as essential: the impressive achievement of having assessed two-thirds of households in the country within the space of a few weeks demonstrates clearly how feasible it would be to create and maintain a national integrated single registry. The MLGRD is currently following a phased approach in the implementation of the single social registry pilot. In Phase 1 of the pilot, the single social registry is being introduced in four districts (Gaborone, Kweneng, Kgatleng and South East). The pilot involves uploading programme beneficiary data on a monthly basis. Currently, data from the Destitute Persons, Orphan Care, Poverty Eradication and CHBC programmes have been uploaded in the production environment of the registry. Experience from this pilot will inform Phase II, which will include data from Selebi Phikwe, Francistown and Central District.

But it is clear that this process could be accelerated and expanded. The data collected during the COVID-19 Food Relief assessments is currently being entered into computers at district council level, and will then be consolidated at MLGRD. This is a valuable resource for populating a national integrated single registry, that could extend beyond its use for social assistance programming, to include active labour market programmes and informal sector registration, and eventually for all other agricultural and livelihood interventions. Combined with existing datasets that already exist for households in the Government and formal sectors, this would essentially provide the Government with a fully comprehensive national integrated single registry, linked to the national identity system.

The data from the household assessments will need to be validated, and additional information may be required. For example, it seems that only the ID of the head of household was recorded, whereas a unique identifier would be needed for every household member, since most social assistance programmes target individuals, not households. This would allow the database to be used as a single registry for all programmes, and for it to be linked to the national identity system. But this would be a relatively straightforward task, now that the basic information exists and is being digitised. It has also been effectively demonstrated that a national sweep of all households could be achieved every two or three years to update the registry, though it would also be desirable to establish systems, at local council level, for on-demand updating of the registry, especially in the case of transient populations, migrants, the mentally ill, the homeless and those in very remote areas.

The introduction and expansion to national coverage of such an integrated single registry will greatly facilitate improvements in management information for the social protection (and other) programmes (see section 5.2.5).

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Sign Memorandum of Understanding with MoNIGA for establishment of a national integrated single registry of individuals linked to the national identity system	>		
Accelerate piloting of the current single social registry, with a view to have it operational so that it can be part of to a national integrated single registry	>>>>>		
Design and develop the necessary ICT infrastructure and interfaces to integrate multiple registries (Govt, private, informal, and social programmes)	>>>>>		
Develop the necessary protocols for data management, confidentiality and security	>>>>>		
Implement the national integrated single registry		>>>>>	>>>>>

5.2.2. Delivery

Consistent with the Strategic Plan's objective of "Optimizing Processes and Delivery through Technology", all social assistance programmes should be progressively transitioned from in-kind to cash delivery, wherever possible, using bank transfers, smart-switch cards ("coupons") and mobile money (e.g. Orange Money, Myzaka, Be Mobile), as appropriate. There are clear cost effectiveness gains in delivering cash (especially where this can be done electronically) instead of in-kind transfers, in addition to the strong arguments in terms of dignity, choice, and respect for human rights mentioned earlier. [The logistical costs associated with delivering food transfers – procurement, transport, storage, handling, spoilage – tend to be higher than for cash transfers \(Gentilini, 2016\). Switching to cash can therefore achieve substantial cost savings.](#)

The PSRP also endorsed such a shift, from the perspective of helping to support the private sector: "A move away from in-kind transfers to cash transfers on some social assistance programmes such as for example the Vulnerable Groups Feeding Programme (VGFP), which could support the private sector would be further recommendable to bolster economic activity, in particular as it increases consumer purchasing power".

The Government has expressed some concerns about switching from food deliveries to cash. It is true that cash can be spent on a range of goods, and there will doubtless be some instances of it being used for purposes other than those intended. But international evidence show that misuse is extremely unusual. And it is worth remembering that food deliveries can also be abused: there are reports, in Botswana as elsewhere, of beneficiaries selling food transfers to raise cash, which represents an inefficient mechanism for making cash transfers; and the 2019 report on VGFP procurement found that only 14 percent of food for infants actually reached the intended beneficiaries (and below 10 percent in the case of oil and beans) (UNICEF, 2019c). Even in the case of the COVID-19 Food Relief, there were unquestionably inefficiencies and additional costs involved in delivering food baskets rather than cash, especially since in many instances the Government was forced to procure some items from the same local wholesalers and retailers that beneficiaries would have frequented, had the transfer been made in cash. Of course there are circumstances where beneficiaries are not able to travel to shops, or where there is no food available in local markets, but in most circumstances cash transfers should increasingly be seen as the preferred default. Furthermore, cash misuse and diversion can be minimised through effective communications, and rigorous routine monitoring.

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Sign Memoranda of Understanding with banks, mobile money and other financial service providers to establish a multi-channel cash delivery system	>>		
Link all payment systems to the integrated single registry and in-house payment processes (e.g. SOBERS)	>>>>		
Gradually transition social assistance programmes from food to cash, as discussed under each proposed programme		>>>>>	
Monitor use of cash transfers through periodic surveys and spot checks		>>>>>	>>>>>

5.2.3. Communications

A rights-based emphasis on promoting social inclusion and equity should be at the heart of an advocacy and communication strategy for social protection, as identified in the MLGRD Strategic Priority of "Improving publicity, communication, branding". As argued in section 5.3.1 below, this means a careful assessment and confirmation of what Botswana citizens' rights are in this regard, based upon international and domestic legal commitments and on evolving social consensus.

Within this broad framework, there are several clear fields of advocacy, most of them already being addressed to some extent by the responsible agencies, such as the rights, protection, care and inclusion of: children; youth; women; workers in formal and informal employment; older persons; people living with HIV and AIDS; people with disabilities. The move towards an inclusive life-course approach, largely corresponding to these groups, is associated with moving social assistance from the basis of discretion to being an entitlement, in conformity with a rights-based approach.

The main social protection programmes are well known to the general public, but in the past the complex overlaps, conflicting eligibility criteria and unclear complaints procedures have called for more comprehensive communication strategy than has always been delivered. With the advent of more inclusive programmes, more intuitive entitlements and more streamlined systems, the need for communications will be reduced. But especially during the transition period, the need for education and communication campaigns is particularly important, for example as new registration and payment technologies are being introduced, as will often be the case in the coming years if these recommendations are followed.

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Develop a comprehensive communication strategy for change management	>		
Clearly communicate the broad lines for proposed reform to social assistance, to all stakeholders at different levels	>>>>		
Communicate detailed information about changes to specific programmes to all current and potential beneficiaries	>>>>		
Maintain communications, especially during periods of significant change		>>>>>	>>>>>

5.2.4. Grievance

MLGRD's Strategic Plan has a significant focus on "Promoting Customer Engagement" and a proposed performance indicator on "Customer Satisfaction".

On paper, current systems for presenting, recording and processing grievances with regard to social protection are broadly adequate. Where these concern cash transfers (pensions and Destitute Persons' cash allowances), S&CD staff and Village Pension Committees provide the first points of liaison for those with complaints. Grievances can be presented more formally to Pensions Officers. If satisfaction is still not obtained, appeal may be made to the District Commissioner or, ultimately, to the Commissioner of Social Benefits. Grievances with regard to other modes of social protection, e.g. Orphan Care, are presented to S&CD staff or the Head of the S&CD Department in the Local Authority. Higher appeal may be made to the Chief Executive Officer of the Council, or above him/her to the Council's Education, Health and Social Services Committee. In Botswana's relatively open democracy, aggrieved citizens sometimes also appeal through their Members of Parliament, or directly to MLGRD, who then requires direct action from the Commissioner of Social Benefits or the local authority in question. Grievances can also be presented to the Ombudsman, who then takes them up with the responsible authority in central or local government.

In practice, however, there are reports that beneficiaries, especially of discretionary programmes (such as Destitute Persons or *Ipelegeng*), or where they lack agency (such as in CHBC or PSFP), are reluctant to express complaints. This means that operationally the grievance system needs to be improved and made more accessible. Performance of the system should be assessed through routine M&E. It is important that all citizens feel they have the right to articulate concerns, know which channels are available to them to do so, and can expect their concerns to be addressed in a timely manner. Such procedures need not be restricted to social assistance: they could be considered across a "whole-of-Government" perspective.

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Formalise a common grievance procedure for all social assistance programmes (or beyond)	>		
Communicate the procedures to all beneficiaries and to stakeholders at different levels	>		
Include a module in the MIS to record, track and monitor resolution of all grievances	>>>>		
Maintain key indicators, to monitor resolution of grievances and to learn lessons to improve programme design and implementation		>>>>	>>>>

5.2.5. Management information system

COVID-19 has highlighted the considerable potential for improvement in the management of information within MLGRD. This is an aspect that has recurred in assessments over the years. The 2010 Social Development Situation Analysis identified “a number of programmes which suffer from often poor manual record-keeping and where information which may be maintained at sub-national level is not properly communicated to national levels”. The 2011 RHVP Brief confirmed that programmes “suffer from poor manual record-keeping and incomplete information transfer from sub-national to national levels”. The 2013 Social Protection Assessment found that “the Government cannot receive regular updates on how many beneficiaries are receiving benefits, and there is no mechanism for tracking payment delays or complaints and grievances”. And the comprehensive 2019 Evaluation of VGFP stated that “Lack of basic cost data on the VGFP has limited our ability to provide a quantified cost analysis of the current system, and also raises questions about the capacity of relevant ministries to oversee social protection programmes”. Even this study faced difficulties in assembling basic programme information, some of which is only held at district level.

Considerable improvement has been achieved already. MLGRD has already developed a generic MIS, and has finished its customisation for *Ipelegeng*, administratively the most challenging programme due to the frequent change in beneficiary list. But the Strategic Plan recognises there is a need for acceleration, and has placed a priority on “Improving information management”. The introduction and expansion of the integrated single registry across programmes, and the moves to more cash payments, electronic delivery and common systems should significantly simplify harmonisation of information management across programmes, but MLGRD needs to prioritise this aspect for all social assistance programmes. It is suggested that – as with the recent COVID-19 household assessments – data entry is decentralised to district level as far as possible, but with real-time updating and consolidation of national databases.

Once the MIS is robust and fully tested for internal management and reporting purposes, the Government should facilitate the increased frequency and utilization of administrative and survey data for evidence-based policy making, by promoting an open access policy to programme data, following for instance the examples of Kenya’s single registry (<http://mis.socialprotection.go.ke:20307/>) or Cambodia’s IDPoor database (<https://mop.idpoor.gov.kh/>).

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Undertake a full systems analysis to plan the progressive inclusion of all social assistance programmes in the MIS and SOBERS	>		
Assure the integration of the MIS with the SOBERS payment system and with the national integrated single registry	>		

Introduce a module in the MIS for management of grievances	>>>>		
Establish ICT systems and supporting procedures for connectivity for data exchange between district and national levels	>>>>		
Make the programme information available through an open access interface		>>>>>	>>>>>

5.2.6. Monitoring and evaluation

The introduction of the integrated single registry and associated improvements to common management information systems across programmes will greatly facilitate routine monitoring. It will be important to establish a limited set of key performance indicators to be collected for all programmes, which should include both process and results-oriented indicators.

There is longstanding recognition that the evaluation of programmes needs to be improved. Just as one example, the first full evaluation of VGFP was undertaken in 2019, more than half a century after it began. The 2010 Social Development Situation Analysis found that “for current social protection programmes in Botswana, systems for M&E are relatively weak” (GoB, 2010a). And a recent study concluded, “A close analysis of the rolling out of the social protection system in Botswana seems to suggest that one missing cog is a culture of deliberate efforts aimed at regular monitoring and evaluation of the social protection programmes, with a view to ensuring both efficiency and effectiveness” (Maundeni & Mupedziswa, 2017).

The 2010 Social Development Situation Analysis suggested the following criteria for an M&E system in Botswana: that it should be unified, flexible, operational, client-based, cost-efficient, intelligible and accountable. In practice this means that it should comprise a number of different components:

- Standard format regular monitoring and reporting on expenditure, outputs and process against a clearly defined schedule of deliverables, automatically generated from the MIS
- Operational baseline to impact surveys, aimed at measuring indicators of process and outcome level performance and unintended market and other impacts
- Research-based baseline and impact studies, including panel data collection
- Risk assessment, project audits and spot checks on operational procedures, fiduciary risks and unintended consequences
- Client relations and complaints/appeals monitoring, linked to the grievance module of the MIS

The new Decentralisation Policy envisages greater responsibility for decentralised monitoring processes, for example through initiatives to “promote the use of social auditing techniques at local level to increase participation” and to “develop the institutional capacity and skills of local entities in interfacing with citizens and collecting administrative data essential for decentralised service delivery monitoring”. In designing such an M&E system, the fundamental design principle should be of “optimal ignorance”: in other words, getting only the information that is really needed and no more.

It is recommended that the budgets for all the proposed life-course programmes should include provision for regular evaluations. More generally, in support of understanding higher level impacts of social protection (and other interventions), it will be important to conduct more regular national surveys, at least on a five-yearly basis. The fact, for example, that Botswana is still relying on malnutrition statistics from 2007 makes it very difficult to assess the impacts of programmes that aim to improve nutrition status, such as VGFP.

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Consult with programme managers, policy-makers and key stakeholders on their monitoring requirements and key performance indicators	>		
Design a comprehensive system-wide framework for M&E that responds to those requirements with cross cutting indicators	>		
Integrate the necessary modules for M&E with the integrated single registry, the MIS and the grievance process	>>>		
Ensure that all programmes are evaluated on a 5-yearly basis			
Conduct national statistical surveys on a 5-yearly basis		>	>

5.2.7. System resilience

A resilient social protection system has four interrelated features: robust **programmes**, good **systems**, adequate **finance** and sound **institutions**¹⁹. If these four elements are in place this will greatly enhance the capacity of social protection to respond to future shocks such as COVID-19.

This NSPRP has examined each of the main social assistance **programmes** individually, proposed how their design and implementation can be improved, and how they could be rationalised and harmonised to function more effectively as a coordinated system – delivering support to everyone who needs it, when they need it. Programme resilience will also be enhanced if they are made more flexible and shock-responsive, in three ways: (1) vertical expansion capacity (able to increase payment amounts quickly); (2) horizontal expansion capacity (able to register additional beneficiaries quickly); (3) able to pivot to different delivery modalities if and when required (e.g. substituting school meals with dry rations at home (see 3.3 above)).

This section has identified several ways in which the platforms and **systems** that support implementation of the social protection programmes can be made more efficient and resilient. Recommended improvements include establishing an integrated single registry and a harmonised MIS to capture and maintain updated beneficiary data across all programmes, which can communicate or be cross checked with other key registries; preferring cash transfers to food wherever possible and delivering cash transfers electronically (e.g. into bank accounts) rather than manually; building confidence in ‘customer engagement’ and complaint mechanisms; implementing process monitoring and scheduling regular impact evaluations.

As an upper middle-income country with a relatively small population, Botswana enjoys resilient **finances** and has the fiscal space needed to invest in generous and comprehensive social protection programmes. It is often difficult to make cross-country comparisons when very different things are included as social protection in some countries and not in others: tertiary scholarships, fuel/input subsidies, contributory pensions, social funds, etc. However, according to ILO estimates, public social protection expenditure in Botswana stands at only 3.0 percent of GDP, well below the average for sub-Saharan Africa of 4.5 percent (ILO, 2017: 130). And the World Bank’s more recent assessment of social protection in African estimated that Botswana spent only 1.2 percent of GDP on “social safety nets” (i.e. social assistance, but excluding the tertiary scholarships and sponsorships). This is slightly below the same figure as for Africa as a whole, while Botswana is much wealthier than the average; and it is only half the average for upper middle and high-income countries in Africa (2.3 percent of GDP) (Beegle *et al.*, 2018: Table G2). This suggests that fiscal constraints are not necessarily the main challenge. The Government is well positioned to invest in expanding and strengthening the social protection system, to make it more comprehensive and more resilient in future.

¹⁹ These features correspond broadly with the four “building blocks” identified in the World Bank’s Adaptive Social Protection framework: Programs, Data and Information, Finance, Institutional arrangements and partnerships (Bowen *et al.*, 2020).

Institutions responsible for overseeing and managing social protection in Botswana include government ministries (led by the MLGRD but with several other ministries playing important roles); government agencies (such as the National Nutrition Agency); local government (e.g. district councils); and development partners (e.g. United Nations agencies). Institutional resilience can be achieved by clarifying the roles and division of responsibilities between these partners, by establishing a coordinating mechanism or ministry to provide oversight to the social protection sector (such as a Ministry of Social Development), and launching an agency that would assume responsibility for managing and paying all social assistance benefits (such as a Botswana Social Benefits Agency). These ideas are elaborated further below (see section 5.3.4).

It should be noted that a resilient social protection system in Botswana will also strengthen the resilience of vulnerable individuals, households and communities. This is because a well-functioning system that delivers all entitlements to the right people in full and on time allows beneficiaries to budget their consumption spending and plan their livelihood investments; also because a flexible, shock-responsive system smooths consumption and protects assets against future livelihood shocks and life-course risks.

As a first step to building stronger shock-responsiveness into the social protection system, it is strongly advised to convene a workshop to learn lessons from the COVID-19 Food Relief efforts, to capture them for posterity, and to develop them into a manual and operational guidelines for possible future use.

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Convene a lesson-learning workshop to ensure that lessons from the COVID-19 Food Relief programme (and others) are captured and documented	>		
Develop a manual and operational guidelines for the implementation of large-scale response to a possible future substantial covariate shock	>		
Rationalise and harmonise all social assistance programmes, building shock-responsive capacity into each	>>>>>	>>>	
Establish systems and platforms for better coordination and management of social protection, such as an integrated single registry and an integrated MIS	>>>>	>>>	
Commit more public resources to social protection, both to strengthen the system and to deliver more social transfers to vulnerable individuals		>>>>>	>>>>>
Review the need for a coordinating Ministry of Social Development and a Botswana Social Benefits Agency to manage all social assistance benefits			>>>

5.3. Enabling environment

5.3.1. Rights-based

Access to social protection should be a justiciable right, meaning it is underpinned by constitutional provisions and/or laws that empower citizens to claim their right to social protection through the courts if necessary, for example in cases where someone who meets the eligibility criteria is denied registration, or a beneficiary does not receive their social grant payment in full and on time. However, there is no constitutional right to social protection in Botswana – unlike in neighbouring South Africa, for instance – and no legislative framework to underpin the social protection systems in the country. In 2011, a report found that only 3 out of 10 social protection programmes in Botswana were supported by formal policy statements; all the others operate only on the basis of guidelines (White & Devereux, 2011). There is no evidence that this has changed in the last nine years. This means that access to social protection is discretionary, and not institutionalised: beneficiaries receive assistance from the state more as a form of charity than as an entitlement or a human right.

This is important because a rights-based approach to social protection can hold governments accountable, by introducing mechanisms to ensure that everyone who needs and deserves social protection actually gets it. In the absence of rights defined by transparent and socially accepted eligibility criteria, underpinned by laws and social accountability procedures such as a complaint mechanism, it is likely that many groups of people will be overlooked or excluded from social protection programmes.

The current Government of Botswana is to be highly commended on its response to COVID-19 (a model that other countries could follow). But had it failed to be so proactive, the beneficiaries of its social protection interventions would have had little recourse. This needs to be remedied urgently, by introducing mechanisms and institutions (broadly defined) that give citizens the power to demand social protection from the state when they need it.

Recommendations:

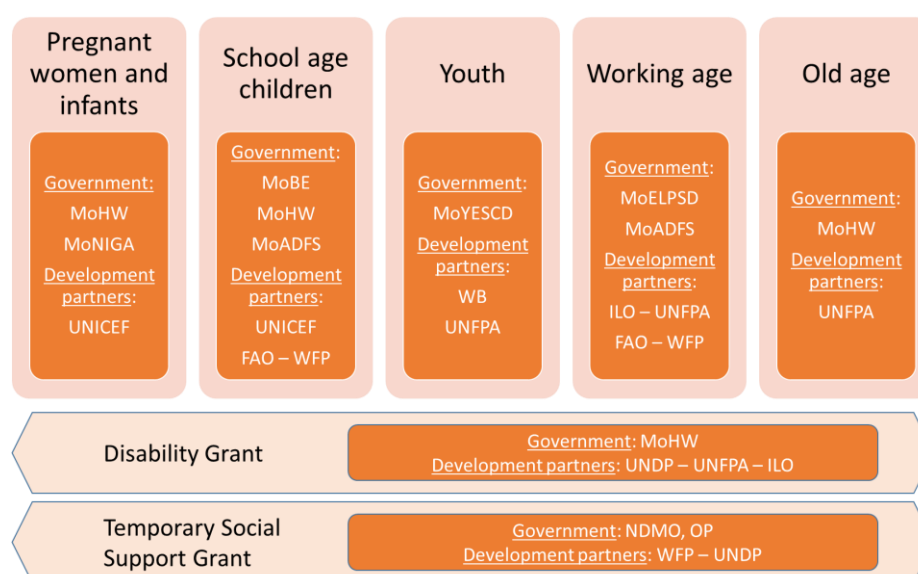
	Years 1-2	Years 3-5	Years 6-10
Draft framework legislation to underpin the social protection system		>>>	
Develop policy statements and implementation guidelines for each social assistance programme, with clear eligibility criteria, entitlements, and so on		>>>	
Strengthen institutions such as social accountability mechanisms that give recourse to beneficiaries and excluded non-beneficiaries as appropriate		>>>	

5.3.2. Coordination

This section reflects another priority already include in MLGRD's Strategic Plan: that of "Effective Partnerships".

One major advantage of adopting a life-course approach, as shown in Figure 2, is that it helps in clarifying institutional roles and linkages. With separate and clearly defined objectives for each life-course stage, the key partners for each stage can be identified with precision. This is true both for other stakeholders in government and for development partners (see Figure 5).

Figure 5: Key partners across a life-course approach



This makes coordination within and across ministries and partners²⁰ much clearer and more focussed. Perhaps one of the stumbling blocks for better coordination across social protection, recognised as a need for more than a decade, has been that plans have been overly ambitious. They have called for collaboration between ten government agencies and the integration of nearly 30 diverse programmes, as set out in the NSPF.

If the main focus for coordination can instead be around separate life-course stages, then it becomes much more manageable. It is recommended that separate technical working groups should be established for each of the main life-course stages, comprising the key stakeholders for each stage identified in Figure 3 and Figure 5. One task for these working groups could be to identify shocks and crises, ranging from personal health to COVID-19, and quantify the potential risks to the populations affected and potential adaptations which may need to be considered at each of these life-course stages. This will provide the basis to help to define a shock-responsive social protection system (see section 5.2.7).

There will still be the need for an overall social protection steering committee, with cross-Ministerial representation at Permanent Secretary and Director levels. This will need to provide strategic guidance and ensure coherence across life-course transitions. It will also provide oversight of the introduction of common systems and institutional reform. But the priority focus, even here, should be on consolidation the main social assistance programmes across the life-course: only once that is achieved will the steering committee need to expand its remit to other programmes and systems that overlap with social protection.

It is suggested that this overarching committee should also have responsibility for overseeing and monitoring the implementation of the agreed actions emerging from this Recovery Plan.

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Establish an overall social protection steering committee to provide strategic oversight and manage the implementation of the Recovery Plan	>		
Constitute technical working groups of key stakeholders for each stage of the life-course	>>>		
Gradually expand the remit of the technical working groups and the overall steering committee to cover other relevant interventions across the life-course			>>>>
Monitor progress towards the implementation of agreed recommendations of the Recovery Plan	>>	>>>>	>>>>

5.3.3. Decentralisation

One of the objectives of Botswana's new Decentralisation Policy (not yet approved by Cabinet) is that "through the Decentralisation Policy, Government expects to address the challenges of inequality and social inclusion". It recognises that "Decentralisation must ensure gender equality and equity, and effective participation of the youth, people with disabilities and other disadvantaged social groups". It is true that the implementation of the social assistance programmes requires close collaboration between national and sub-national levels, and clear lines of responsibility.

This has presented challenges in the past. The 2013 Social Protection Assessment, for example, explained the following: "Their Social and Community Development (S&CD) staff are responsible for evaluating,

²⁰ Such partners would also include non-governmental players, who play a key role in implementing social protection at operational, policy and training levels: NGOs, CBOs, FBOs and social work training institutions. Their engagement was beyond the scope of this study.

counselling, and supporting the beneficiaries of the Orphan Care Program, the Destitute Persons Program, and the CHBC. The same S&CD staff team manages these three programs. The councils also help to implement the PSFP. The *Ipelegeng* has its own field staff as does the Food Relief Services Division of the MLG to manage its food distribution system nationwide. While in the *Ipelegeng* the lines of accountability of the field staff and the MLG's Department of Local Government Development Planning Division are clearly established, the lines of accountability are less clear in the other programs. Local council staff report to the councils' Chief Executive Officers who in turn report to the Permanent Secretary of the MLG. Therefore, the staff on the ground implementing the programs do not report directly to the MLG department in charge of the program. This is the case, for example, of the Destitute Persons Program, the CHBC, the Needy Children Program, and the Needy Students Program. Social workers assigned to these programs are accountable to the local authorities and not to the MLG's DSP, which manages the programs. This creates problems of accountability and transparency."

The structure of the life-course programmes proposed in this Recovery Plan would allow a clearer definition of responsibility. The Infant (and Child) Grant, the Older Persons Grant and the Disability Grant would be centrally administered, while School Meals and *Ipelegeng*, with their close links to local economic development, would be the responsibility of the district councils. Communication between the two levels would be critical: central government would manage the direct grants, and would communicate details of all beneficiaries and all payments to the districts; while local authorities would be responsible for procurement of school meals, and for the management of *Ipelegeng*, and would communicate the details of all *Ipelegeng* beneficiaries to central government for payment. This two-way communication would be facilitated by the integrated single registry and the associated MIS covering all programmes, to which MLGRD staff at all levels would have access (albeit with differentiated access rights).

This option provides the potential to have a single window for all social services at district level (a recommendation echoed in the ISRP), which could also be replicated in remote area settlements. This would allow beneficiaries and non-beneficiaries alike to access the different social assistance (and eventually other) programmes through a "one-stop shop". They could register complaints, be referred to other services as appropriate, and contact social workers at a single location. In future, as technology allows, this kind of support and linkages could also be provided through an online platform.

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Clearly establish lines of responsibility for implementation of the different programmes between national and sub-national offices	>>		
Implement two-way communication through the integrated MIS	>>>		
Establish single window service access at district level, and in remote area settlements		>>>>	
Create an online platform for single window service			>>>>

5.3.4. Longer term options

This plan sets out an ambitious programme of recovery. Top priority for the next five years should be focussed on consolidation of the existing programmes around the NSPF's life-course structure, on the improvement of the common systems underpinning these to increase the resilience of the system, and on the enabling environment necessary to bring this about. Only once this has been achieved should consideration be given to more fundamental reforms.

The 2010 Social Development Framework & Strategy (GoB, 2010b) made persuasive arguments in favour of two major reforms which merit reconsideration. These both pose the question of whether MLGRD is the

appropriate home for social assistance policy on the one hand, and social assistance programme implementation on the other.

The first recommendation was for the creation of a Ministry of Social Development. “This new ministry should comprise the following departments, some of which would move over from existing Ministries: Social Services; Children; Disabilities; Arts, Culture and Social Values; Population and Development Coordination; Gender and Development; Labour and Social Security; Civil and National Registration; Youth Affairs; Sports and Recreation”. Its proposed structure was suggested to be as shown in Figure 6:

Figure 6: Proposed structure of a Ministry of Social Development



The second recommendation, not in any way dependent on, or exclusive of, the first, was for the creation of a Botswana Social Benefits Agency (BSBA). It was proposed that “This agency, under the proposed new Ministry of Social Development, would be built up from the current Elderly and Benefits Division of the Department of Social Services. The BSBA would assume national responsibility for all transfers of cash, food and clothing to beneficiaries of social protection programmes, including procurement and distribution of food to primary schools and clinics. However, many of these functions should be outsourced to the private sector, where appropriate.”

Depending on the pace and direction of reform over the next five years, these two recommendations should be kept in mind. They reflect the institutional structures in place for South Africa’s rights-based, life-course suite of social assistance programmes, where a Ministry of Social Development sets social policy, and a South African Social Security Agency (SASSA) implements all the grants.

Recommendations:

	Years 1-2	Years 3-5	Years 6-10
Review the need for a coordinating Ministry of Social Development and a Botswana Social Benefits Agency to manage all social assistance benefits			>>>

Annex 1. Terms of reference

TERMS OF REFERENCE FOR THE DEVELOPMENT OF A SOCIAL PROTECTION RECOVERY PLAN FOR BOTSWANA

7 MAY 2020

1.0 POSITION INFORMATION

Position: Social Protection Consultant

Duty station: Gaborone, Botswana, virtual assignment

Duration of the assignment: 30 working days

Start Date: 10th May 2020

2.0 BACKGROUND

In early December 2019, the first Pneumonia cases of unknown origin were identified in Wuhan, the capital city of Hubei Province, China.²¹ The pathogen was identified as a novel enveloped RNA betacoronavirus,²² which was named severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2). The coronavirus disease 2019 (COVID-19) was later classified as a public health emergency of international concern,²³ as it extended beyond the borders of China into many other countries and regions including Africa. As of February 2020, the number of cases had reached an alarming laboratory confirmed cases globally to a total of 81,109. As at 27 April 2020, the number of confirmed cases globally had reached 2,878,196 with 198,668 fatalities. The regions of Europe and the Americas are reported to have the highest numbers of confirmed cases and fatalities, with the former reporting 1,359,380 confirmed cases and 124,525 fatalities, and the latter reporting 1,140,520 confirmed cases and 58,492 fatalities, respectively.²⁴

The pandemic has already caused severe impact on the global economy with dire consequences for vulnerable members of society such as women, children, youth, people with disabilities, the elderly and those in the informal sector. In fact, the pandemic has been acknowledged as more serious than the global financial crisis of 2008/09, especially in terms of its impacts on jobs, food security, supply chains, public finance, exchange rates, travel, tourism and hospitality, health systems, prices of primary commodities, economic activities, and education, thus compromising the coping ability of these vulnerable groups and having the potential to exacerbate their already fragile conditions.

²¹ Huang, C., Wang, Y., Li, X. *et al.* (2019). Clinical Features of Patients Infected with 2019 Novel Coronavirus in Wuhan, China. *Lancet*. 395: 497-506.

²² Lu, R., Zhao, X., Li, J., *et al.* (2020). Genomic Characterization and Epidemiology of 2019 Novel Coronavirus: Implications for virus Origins and Receptor Binding. *Lancet*. 395: 565-574.

²³ World Health Organisation (2020). World Health Organisation Coronavirus Disease (COVID-19) Outbreak. <https://www.who.int>.

²⁴ World Health Organisation (2020). Coronavirus disease 2019 (COVID-19) Situation Report 98. 27 April 2020. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200427-sitrep-98-covid-19.pdf?sfvrsn=90323472_4

The World Bank has warned that the COVID-19 could push between 40 and 60 million people into extreme poverty this year alone, with Sub-Saharan Africa and South Asia being the hardest hit, respectively. The International Labour Organisation on other hand has projected a dismal picture for job losses, that about 195 million jobs are likely to be lost. The World Food Programme has also projected that 135 million people are facing crisis levels of hunger or worse, while another 130 million are on the edge of starvation due to the impact of the COVID-19. The impacts of these losses are certainly being felt in countries around the world with Botswana being no exception to this reality.

As at 25 April, the Government of Botswana had tested and resulted 6,210 persons. Of this number, 6,188 were confirmed to be negative and 22 confirmed to be positive with one registered death. In terms of impact, the data for Botswana are not favourable. Mining, trade, hotels and restaurants, manufacturing, social and personal services, and transport and communications have all been projected to significantly decline, with dire consequences on vulnerable groups, microenterprises that is largely part of the informal sector, and SMEs through job losses, loss of foreign direct investment, public revenue, hindered supply of goods and services.

In a recent media brief held on 24 April 2020, the Honorable Minister of Finance and Economic Development, Dr. Thapelo Matsheka, outlined the impacts of COVID-19 on the economy of Botswana, with a projection of the domestic economy declining by 13.1%, which he attributes to significant decline in mining by 33.6%, trade, hotels and restaurants by 32.2%, manufacturing by 10.0%, social and personal services by 4.8% and transport and communications by 4.1%. Total revenues and grants that were projected at P62.4 billion in the national budget will now decline by 22% to P48.8 billion.²⁵

To ably address the impact of the COVID-19 on economies and their health systems, the International Monetary Fund emphasizes that effective policies are essential in forestalling the possibility of the worse outcomes, and implementing the relevant policy measures in the short-term to reduce contagion and protect lives will be important investment in long-term human and economic health. It is therefore recommending policy measures targeted at fiscal, monetary, and financial markets to support affected households and their members and the business community. The IMF has also called for strong multilateral cooperation to help financially constrained countries.

To date, many countries around the world have introduced various measures including fiscal, monetary, state of emergencies, lockdowns, social distancing and others to address the immediate impact of the COVID-19 on their people, economies and health systems, with the primary objective of setting their countries on a long-term recovery pathway. In

²⁵ Government of Botswana, Economic Briefing by Honorable Minister of Finance and Economic Development, 24 April 2020.

Botswana, the Government has responded by introducing a state of emergency that is expected to last for a period of six months, a wide ranging lockdown, food supply for vulnerable groups, and a COVID-19 Economic Relief Fund with a capitalization of P2 billion for which it is soliciting support from the private sector, development partners and citizens to contribute to. The relief fund is expected to support wage subsidy for workers, tax concessions and loan guarantee for businesses, national strategic reserves, medical supplies to support the health system and psycho-social support for citizens and the population. It has also undertaken an assessment to provide for vulnerable members of society and those in the informal sector, especially those operating microenterprises and engaged in other informal sector income generating interventions.

Providing an update to the nation on the response of the Government to COVID-19, H. E. President Mokgweetsi Masisi provided a three-phase approach in moving the country back to normalcy, which will highly be dependent on a successful outcome of the lockdown in terms of containing the spread of the coronavirus disease 2019. Phase 1 will commence from 1 – 7 May 2020, during which time the current lockdown will be extended. Phase 2 will commence from 8 – 14 May 2020, at which time some of the lockdown rules are expected to be relaxed and/or lifted. Phase 3, which is from 15 – 22 May 2020, will see the remaining rules of the lockdown being lifted, which the President says will highly depend on the successful outcome of the lockdown.²⁶

Assuming everything goes as planned based on the phase approach that has been revealed by the Government to reopen the economy and get life back to normal to allow for the rebuilding and recovery process, there is a need for the government to develop a comprehensive national Social Protection Recovery Plan to support post-COVID-19 strategic interventions that target vulnerable groups and those in the informal sector. It is based on this drive that the Government of Botswana with the support of the United Nations Development System seeks the services of an expert to prepare a National Social Protection Recovery Plan along with its implementation action plan and monitoring and evaluation plan.

3.0 PURPOSE OF THE ASSIGNMENT

The purpose of the assignment is to develop a National Social Protection Recovery Plan, (NSPRP) along with its implementation plan and monitoring and evaluation plan for the Government of Botswana under the guidance and supervision of the Ministry of Local Government and Rural Development in collaboration with relevant sector ministries,

²⁶ Government of Botswana, Statement by His Excellency Dr. Mokgweetsi E. K. Masisi. Government's Update on the Response to the COVID-19 Pandemic. 27 April 2020. Gaborone.

departments and agencies (MDAs), parastatals, the private sector, civil society, academia, and development partners with technical assistance from the United Nations System. The consultant will connect with experts and ministries/ institutions currently developing the private sector and informal sectors plans and national economic stimulus plan to ensure an integrated approach to the recovery.

4.0 SCOPE OF WORK

- Assess the impact of the coronavirus disease 2019 (COVID-19) on the social sector, with specific emphasis on vulnerable groups (women, youth, children, the elderly, people with disabilities, migrants, refugees and asylum-seekers, etc.) and informal sector. (*Use data for the informal sectors already gathered through the informal -sector recovery plan process*)
- Assess the effectiveness of social protection response measures to COVID-19 in the country including the safety nets, nutrition interventions, poverty alleviation programmes, and the level of deprivation and vulnerability on the vulnerable groups and the informal sector.
- Assess the social protection system itself to understand its robustness during “normal” and “emergency” times.
- Based on finding above, recommend and develop an appropriate social protection system, for the short-, medium-, and long-term that meets the recovery needs of the vulnerable groups and informal sector, based on the needs assessment and impact analysis undertaken. The recommendations should be guided by the principle to “build back better” and make bold systems reform as appropriate, including institutional arrangements at national and sub- national levels. Particularly review the institutional structure for social assistance delivery at national and sub- national levels especially at local community level/household levels when in “normal” mode and in “emergency” mode and make bold workable recommendations for both contexts to ensure these work effectively.
- The social protection system must be clear on who it wants to target and support and do this well, while simultaneously being mindful that the overall aim is to ensure that opportunities prevail so that people can seek meaningful and productive

employment, rise out of poverty and live their lives ambition and purpose, as appropriate.

- The system should also take advantage of the increase digital solutions available domestically and internationally.
- The proposed revised social protection system must be a platform for achieving the SDG related targets.
- Recommend the appropriate social assistance during “normal “emergency “times.
- Based on the above, develop a comprehensive National Social Protection Recovery Plan, capturing the rollout of the revised social protection system, and social assistance measures, with a clear costed implementation action plan and monitoring and evaluation framework.
- The NSPRD plan will define the relevant stakeholders that will have a critical role to play in the **implementation** of the NSPRP. The roles of the government and its relevant sector ministries, departments and agencies (MDAs) at national and local levels, parastatals, private sector, development partners, civil society, and academia must be clearly defined in the recovery plan to support its smooth implementation, accountability for results and realization of the intended objectives.
- Define and recommend an appropriate institutional structure that will support the effective and efficient implementation, monitoring, reporting and evaluation of the NSPRP
- Develop monitoring, reporting and evaluation templates that will support the effective implementation of the NSARP for its intended objectives to be realised.

5.0 METHODOLOGY

The Consultant will collect and make use of all available information and apply technical methods in carrying out the assignment. It must appropriately respond to the scope of work to produce the intended deliverables. It is highly recommended that these methods must comprise both quantitative and qualitative approaches.

A core “internal UNCT group” will be formed made up of UNDP (*Technical Led*) UNICEF, ILO, UNFPA, WB, RCO who will provide substantial technical inputs at all stages of the process and review all the draft versions.

The methodology selected by the team will be approved by the Ministry of Local Government and Rural Development and the Core “internal UNCT group”.

The Consultant is also expected to engage relevant stakeholders and entities that are comprised of both state and non-state actors at national and sub- national levels. MLGRD and “internal UNCT group” will provide a list on relevant stakeholders. National consultations are expected be held to review the final draft version.

The Consultant is expected to carry out extensive desk review of various publications building on lessons learned from past epidemics and pandemics like Ebola, HIV and AIDS, and SARS.

8.0 DELIVERABLES

Inception report: The report should have a clear roadmap for undertaking and completing the assignment. The report should include a proposed schedule of activities for each deliverable and should be submitted 3 days after signing of the contract.

First zero draft report covering analysis and recommendation for the a revised invigorated social protections system and proposed social assistance measures : within 10 days of signing the contract .

Revised draft of the NSARP: provided within 20 days of signing the contract. This draft will be produced after the first draft has been reviewed and comments satisfactorily incorporated and submitted for validation with key stakeholders.

Final draft of the NSPRP: along with the implementation action plan and monitoring and evaluation framework:

6.0 TIMELINE

The assignment is expected to be finalised within a period of 25 working days.

7.0 REQUIRED QUALIFICATION AND EXPERIENCE

The Consultant for this assignment should demonstrate extensive experience with developing Social Protection systems.

The consultant will be responsible for overall management of the assignment, quality assurance of the assignment and submission of all deliverables through soft and hard copies.

- **Qualification:** Minimum of master's degree in the social sciences such as economics, development studies, social work, public policy, or any other relevant field. PhD in in any of the areas will be an added advantage.
- **Experience:** Minimum 15 years of experience in advising governments on development issues and formulating national recovery plans/strategies and implementation of such plans/strategies at global, regional and/or national level.
- The Consultant should also have good report writing and presentation skills as well as knowledge about the Botswana economy, developing and emerging economies.
- The Consultant must have extensive experience in drafting similar plans/strategies in response to recovery from crisis and/or pandemics/epidemics in developing and emerging economies.
- **Technical competence:** she/he must have good knowledge and the technical expertise in developing recovery plans/strategies, as well as the formal and informal sector.

Annex 2. Beneficiary interview protocol

National Social Protection Recovery Plan – Beneficiary Questionnaire

SECTION 0: PROJECT INFORMATION AND INTERVIEWER IDENTIFICATION

a. Project Information (Read to the Respondent)

The purpose of this assignment is to assess the impact of the coronavirus disease 2019 (COVID-19), analyse the effectiveness of social protection response measures to COVID-19, and make recommendations to guide MLGRD to “build back better”.

b. Confidentiality and Consent Statements

i. Read by the Interviewer

Please note that the details of this interview will be kept strictly confidential, and anonymous in our report.

ii. Respondent Consent

I agree to take part in this research. I understand that my participation in this study is voluntary. I may also refuse to answer any questions that I don't want to answer. I am aware that the information I provide may be used for advocacy and might be published, but my name will not be used.

National Social Protection Recovery Plan – Beneficiary Questionnaire

SECTION A: RESPONDENT BIOGRAPHICAL INFORMATION *(Answer all questions)*

A1. RESPONDENT IDENTIFICATION	
Surname	
First/Given Name	

A2. District	Please Choose 1
Gaborone	1
Francistown	2
Lobatse	3
Selibe-Phikwe	4
Kweneng	5
Central	6
Ngamiland	7
South East	8
Southern	9

A3. How old are you? <i>[Refused to Answer = 888. Don't Know = 999.]</i>	Age:
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A4. Gender	Male	Female
	1 ✓	2

A5. Education Status	None	Below PSLE	PSL E	JC	COSC/BGCS E	Certificate	Diploma	Degree	Post Grad	Non Formal	Special Education
	1	2	3	4	5	6	7	8	9	10	11

A6. Type of Locality	Circle option
Cities/Town	1
Urban Village	2
Rural	3

National Social Protection Recovery Plan – Beneficiary Questionnaire

SECTION B: HOUSEHOLD ROSTER

B1: Please state the number of people who were living in your household during the lockdown, including yourself? (April, May 2020 Months)		
Age Range	Females	Males
1. 0-5		
2. 6-17		
3. 18-59		
4. 60+		

National Social Protection Recovery Plan – Beneficiary Questionnaire

SECTION C: HOUSEHOLD INCOME AND EMPLOYMENT

C1. Who in your household was working before the lockdown, and what do they normally do to earn income?					
Person number	First Name	Occupation	Employment situation during the lockdown	Monthly income	
				Before lockdown	During lockdown
1					
2					
3					
4					
5					

1= working from home, on full pay 2= working from home, partly paid 3= Working on shifts, partly paid 4= not working, but fully paid 5= not working, but partly paid 6= not working, on unpaid leave 7= laid off, no job after lockdown 8= don't know if still employed 9= sitting at home, no work no pay	1= BWP0 2= Less than BWP 1,500 3= P1, 500– P2,500 4= P2, 500–P5,000 5= P5, 000–P7,500.00 6= P7,500– P10,000 6= P10,000 plus
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National Social Protection Recovery Plan – Beneficiary Questionnaire

SECTION D SOCIAL PROTECTION BENEFITS

Programme	D1: How many people in the household have benefited from this programme in the last 3 months?"	D2: How has the programme been affected by COVID-19?					
	If it's zero, skip to D3	Is the programme continuing to function as normal? [1] Yes [2] No If NO, what has changed?	Has the way this benefit been delivered to you changed? [1] Yes [2] No	Have payments been reduced, or increased? [1] Reduced [2] Increased	Has the programme stopped temporarily? [1] Yes [2] No	Any other changes in the programme that you know of? [1] Yes [2] No If YES, what are the changes you know of?	How have these changes affected you and your household?
a.OCP							
b. DPP							
c.WVV							
d. OAP							
e.VGFP							
f.PSFP							
g.SSFP							
h. Ipelegeng							
i.CBHB							
j. RADP							
k. LIMID							
l.PEP							

National Social Protection Recovery Plan – Beneficiary Questionnaire

D3. Apart from normal social grants, has your household received any other support since the lockdown started?		
PROVIDER	Type of support 1. Food Basket 2. Salary Subsidies 3. Cash (Specify Amount) 4. Food 5. Clothes 6. Other (Specify)	Is the support you received enough? [1] Yes [2] No
[1] Government		
[2] Civil society (NGOs, charities)		
[3] Informal sources (friends & family)		

D4: If you received support, give as much details as possible.

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D5. How satisfied are you with the quality of food basket items you received as a relief during lockdown?		
Dissatisfied	Neutral	Satisfied
1	2	3

National Social Protection Recovery Plan – Beneficiary Questionnaire

SECTION E: HOUSEHOLD ACCESS TO FOOD AND PRICES DURING COVID-19

E1: Have you faced any problems accessing food and basic needs during lockdown?	Tick One Response
1. Yes	If Yes, go to E3
2. No	If no, go to E4

E2: Specify the problems you faced in accessing food and basic needs during lockdown

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E3: Have you noticed any changes in prices since the lockdown started?	Tick One Response
1. Yes	If Yes, go to E4
2. No	If no, go to F1

E4: If yes in E3, which items?

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E5: What was the price for the items in E5 before lockdown?

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National Social Protection Recovery Plan – Beneficiary Questionnaire

E6: What is the price for these items now?

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National Social Protection Recovery Plan – Beneficiary Questionnaire

SECTION F: COVID-IMPACTS ON THE HOUSEHOLDS

F1: How has the lockdown affected you and your household?

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G1. What do you think should be done to improve the delivery of the programmes you mentioned in Section B?

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

National Social Protection Recovery Plan – Beneficiary Questionnaire

SECTION H: GENERAL RECOMMENDATIONS

H1: What do you think Government should do to support people affected by COVID-19 and the lockdown?

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NB: Thank the respondent for participation and close the interview.

Annex 3. Key informant interview guideline

A. Characteristics of the programme (pre-COVID)

1. Who is eligible for this programme?
2. Is the programme rights-based?
3. How many beneficiaries are there?
4. How much do beneficiaries get paid?
5. How often do they get paid?
6. How do they get paid? (Payment mechanism)
7. Do they have to travel far to get their payment?

B. Effects of COVID on the programme

8. How has COVID-19 affected the programme?
 - a. Any disruptions to programme activities?
 - b. Delays or cancelled payments to beneficiaries?
 - c. Any other effects?
9. What changes or modifications have been made to the programme to provide protection against the impacts of COVID-19?
 - a. Expanded horizontally (adding beneficiaries)
 - b. Expanded vertically (increased transfer amount)
 - c. Inclusion of other services/functions
 - d. Changes to delivery (e.g. payment mechanism)
10. What else could be done or should be done to protect the wellbeing of programme beneficiaries?
11. What have been the main challenges in delivering benefits?
12. What other (new) interventions do you think could be introduced to protect vulnerable people in Botswana against the impacts of COVID-19?
13. What do you think can be done to make poor and vulnerable people in Botswana more resilient against future shocks like COVID-19?
14. What lessons have been learned from COVID-19 for making the social protection system in Botswana stronger, more effective and more resilient in future?

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