

.Research Article

Interrogating The Administrative And Institutional Framework Of Social Security Provisioning In Botswana Prospects And Challenges

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Introduction:

This paper seeks to explore the administrative and institutional framework of social security provisioning in Botswana. It commences by locating social security within the socio political context. It then considers its cultural dimension. It then proceeds to consider the provision of indirect social services, health care, settlement and housing and then water and sanitation. Finally, it discusses the institutional framework upon which the above are based and prospects and challenges.

Social Security And Socio-Political Context:

Botswana government follows a liberal political paradigm in the provision of social services. The fundamental economic value of liberalism is competitive capitalism based on free enterprise. Enshrined in this paradigm is the belief in representative democracy and pluralism¹. In terms of provision of social services, an institutional model is followed where government ensures that everyone has access to basic (minimum) levels of health care, housing, education and other welfare services². Government's commitment to provide social security is clearly articulated in the various legislation, National Development Plans, Vision 2036, and Revised Rural Development Policy among others. Below, these commitments are briefly outlined: The delivery of social and economic development is guided by five national principles of Democracy, Self Reliance,

Development, Unity and Botho³. These principles are expected to lead to the attainment of planning objectives of Sustained Development, Rapid Economic Growth, Economic Independence, and Social Justice⁴. Overall, the major thrust of the National Development 11 include economic diversification, employment creation, and poverty reduction; continued macroeconomic stability and financial discipline; public sector reforms; environmental protection, rural development; human resource development including the fight against HIV/AIDS and disaster management⁵. Further in 1997, Botswana published a document now commonly known as "Vision 2016": A long Term Vision for Botswana. With respect to poverty, the document pronounces that Botswana will be "a compassionate and caring society, offering support and opportunity to those who are poor, including all people in the benefits of growth" (Presidential Task Group, 1997:8). The Vision document projects that by the year 2016, efforts will have been made to eradicate absolute poverty so that no part of the country will have people living with incomes below the poverty datum line. With specific reference to social security, Vision 2016 states:

"All people will have access to productive resources regardless of ethnic origin, gender, disability, or misfortune. Botswana will have succeeded in helping people to escape from the poverty trap... There will be a social safety net for those who find themselves in poverty for any

¹ Mullan, B. Structural Social Work, Ontario, Oxford University Press, 1997.

² Ibid, page 72

³ National Development Plan II, Republic of Botswana

⁴ National Development Plan 9, Republic of Botswana

⁵ Ibid, note 4 page 61

reason. This will go hand in hand with the provision of good quality social security, in partnership with the private sector and NGOs, aimed at vulnerable groups such as the elderly, disabled, orphans and terminally ill” (Presidential Task Force, 1997:9).

Vision 2016 has been superseded by Vision 2036 espousing more or less the same principles.

The Revised Policy on Rural Development on the other hand proposes mechanisms to increase economic empowerment and self-reliance in the provision of social protection schemes⁶. Specific objectives of the Rural Development Policy are to⁷:

- i) Reduce rural poverty
- ii) Promote sustainable livelihoods
- iii) Retain subsistence livelihood opportunities for those without adequate alternatives and through the establishment of a viable rural commercial sector Stimulate rural employment and income generation through identification and exploitation of profitable alternatives to livestock and arable agriculture, such as rural industries, services and crafts; attractions of skilled youth; promotion of private sector initiatives
- iv) Maintain and improve rural capital in the form of skilled labor, economic infrastructure and exploitation of natural resources
- v) Increase agricultural productivity
- vi) Improve rural development extension services
- vii) Reduce where socially acceptable, the livelihood dependency of people on government, whilst maintaining appropriate social protection
- viii) Promote participatory rural development process, through the involvement of local communities, nongovernmental organizations, community based organizations and the private sector
- ix) Develop integrated approach towards the reduction of the HIV/AIDS epidemic.

Regarding social security and social protection, the Revised Rural Development Policy seeks to improve the coverage, targeting, adequacy, efficiency, and effectiveness of social security programs. In addition, through these schemes, government wants to have an in-built mechanism

for facilitating rehabilitation of beneficiaries to reduce dependency on social protection schemes. An effort will also be made to ensure that income transfers through social protection could generate positive ‘multiplier’ effects on the rural economy in terms of first supporting the poor and second, stimulating effective demand for goods and services to boost private sector employment⁸. Poverty eradication is seen as the central element of the revised rural development policy. To this effect, the National Strategy for Poverty Reduction 2003 has put in place mechanisms in the form of policies and programmes to address its mandate. Finally, government recognizes the need to ensure availability of food supply and provision of social safety nets to vulnerable populations such as the elderly, orphans, people with disabilities and Remote Area Dwellers⁹. It is interesting in view of the above, to note that politically, government is committed through policy instruments to provide social security and social protection in order to enhance the wellbeing of Botswana; particularly those who reside in the rural areas. Measures are also being directed at strengthening technical and administrative capacity of local authorities, clarifying the roles of development partners, strengthening coordinating institutions such as District Development Committees and Village Development Committees as well as streamlining linkages between various committees operating at the district and local levels¹⁰. In subsequent chapters, an analysis will be made on challenges and constraints faced by government and other stakeholders in implementing these initiatives. The question that remains however is how individuals as well as the community in general embrace these initiatives. An examination of the cultural context of social security provision provokes some food for thought.

The Cultural Context Of Social Security Provision:

Informal social security programs have been part and parcel of the Botswana social structure even during the pre-colonial and colonial era. For

⁶ Ministry of Finance and Development Planning, 2002.

⁷ See Revised National Policy on Rural Development, 2002, pg 13

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

⁹ Ibid, page 16

¹⁰ Ibid, page 17

example, able bodied destitute persons were incorporated into the economic system and assisted through three types of informal programs namely: “*mafisa, go tshwarwa teu and majako*”. The mafisa system allowed the destitute poor to look after the rich people’s cattle and in return to derive benefits from these cattle. For example, while taking good care of the livestock, recipients had free milk and meat for the family, used the cattle as draught power and also to transport water, firewood or collect harvest. On the other hand, the system of “*go tshwara teu*” allowed the destitute poor to look after cattle and in return to be given payment of one or two cows. Finally, “*majako*” system provided the poor with an opportunity to work in the fields or sell their labour during the ploughing or harvesting seasons and in return, get a share of the harvest. (BIDPA, 1997). Unfortunately, due to urbanization, migration and other social change factors, these form of social security have disappeared. Burial societies on the other hand, have become another strong form of informal social security for the majority of people who occupy low paying jobs. Ngwenya (2000) in her comprehensive study on burial societies in Botswana classifies them into three main categories namely; work based societies, ethnic-cum region societies and communal oriented burial societies. Work based societies tend to draw members from specific workplaces like government departments, schools, private companies and parastatal institutions. Ethnic-cum religious societies draw members from non-Tswana speaking ethnic minorities who are living predominantly among Tswana speaking population and finally, communal societies are those localized to a particular village and tend to cut through socio-economic boundaries (Ngwenya, 2000:12-13). However, despite their classifications, these societies provide an important source of support to members in the provision of financial emergency relief during the death of a family member. In addition to financial support, members are provided with other logistical support such as household equipment, chairs, tables and other necessary household necessities.

Provision Of Indirect Social Services:

Indirect social security schemes are crucial in the improvement of the living conditions of the

people. In the long term, such services if provided adequately can make a significant contribution to the reduction of poverty and other forms of suffering. The long term vision for Botswana is to provide; an educated, informed nation, a prosperous, productive and innovative nation, a compassionate and caring nation and a safe and secure nation¹¹. In this section, a brief review is made of services such as; education, health, housing, water and sanitation. The extent of coverage as well as access to these services by the majority of people is examined.

Education:

Since the adoption of the Revised National Policy on Education in 1994, significant efforts have been made by government to improve the quality and relevance of education to enable children to acquire relevant skills and knowledge. Over 80% of Botswana school going children have been enrolled in the formal education system at some point in time (79% males and 83% females). New curriculum reforms are introduced to take cognizance of social change. For example, all of the 206 junior secondary schools in the country have been provided with computer laboratories and a total of 36 schools are now fully equipped with computers¹². Increasing access to schooling is a major priority of government. Measures that have been adopted to improve access include the following: buying school uniforms and other items for destitute persons and remote area dwellers; providing school feeding programs; providing assistance to private and aided schools and establishing the national literacy program and other free distance learning programs. Major developments at the tertiary level included the building of the second university and the expansion of the University of Botswana. On the other hand, the Botswana Accountancy College (BAC) since its establishment in 1996 has graduated over 900 students in various programs. The college continues to address shortages in business disciplines including the insurance industry and computing. Despite major achievements in the quantity of educational facilities provided to citizens, the education sector

¹¹See Vision 2016: Towards Prosperity For All. This has been superseded by Vision 2036.

¹² Ministry of Finance and Development Planning, 2001.

faces major challenges. First, research shows that there are considerable disparities and imbalances in the educational system. For example, although over 90% of the children attain their first term years of education, only 51% are able to proceed to senior schools¹³. Access to tertiary institutions is equally limited due to the fact that there are few institutions to absorb from five school leavers. Consequently, there is a high preponderance of out of school youth who have no employable skills. The second challenge is that education in Botswana is academically oriented. Less emphasis is placed on technical and practical subjects and business skills which may prepare young people¹⁴ for the current job market. Invariably, when the youth dropout from school, they turn to the streets for viable livelihoods. Yet another challenge facing the educational sector is that although more girls enter primary schools than boys, the number of girls decrease at the senior and tertiary levels due to factors such as teenage pregnancy, early marriages and other social factors¹⁵. The fact that girls drop early in school limits their integration into the economic system and their participation in decision making positions. Finally, provision of education to children with disabilities is also lacking. Other vulnerable groups that are equally affected include remote area dwellers, orphans and cattle herders. Educational services in small settlements are poorly resourced with equipment and infrastructure. Students travel long distances to schools and teachers operate under difficult circumstances.

Health Care Provision:

The provision of health care is a joint venture between the Ministry of Health and Wellness, Ministry of Local Government, the Christian Missions, and the private sector. Nevertheless, government provides the largest share in the delivery of health care services. For example, primary health care services are provided by the Ministry of Local Government and Lands (District and Town Councils) with a current network of 243

clinics, 340 health posts and 810 mobile stops¹⁶. With regard to access to health services, an estimated 88% of Botswana residents are within 15kms of health facilities and 81% within a 10km range¹⁷. In line with Vision 2016, provision of health care in government health facilities is free. For those choosing to engage the services of private practitioners, health insurance packages are available which are contributory in nature. Health care indicators show that infant and child mortality have declined considerably. For example, the 1988 Botswana Family Health Survey reported an infant mortality of 37 births per 1000 births. The 1996 survey reported a much lower figure of 33 deaths per 1000 births. Fertility levels have also declined from 5.0 births in 1988 to 4.3 births in 1996. The decline in fertility is attributed to factors such as access to free health care services, increased participation of women in the labour force, increased urbanization and increase in education and literacy levels. While available indicators show that Botswana has made a phenomenal progress in provision of health care, this sector is facing major challenges due to the shortage of trained health care workers as well as the HIV/AIDS scourge. As of the year 2000, more than one in three adults is infected with the HIV virus. The prevalence of HIV increased from 14.9% to 37.1 in Gaborone between 1992 and 1999. Other parts of the country including the remote areas have recorded an increased prevalence rate. Between 1991 and now, AIDS moved from being the seventh major cause of in-patients death to be the first by 2002. The impact of HIV/AIDS is already felt at the individual, family and community levels.

Settlement And Housing:

The National Settlement Policy (NSP) was approved by Parliament in 1998 with the view to balance development between rural and urban areas and to guide and encourage equitable distribution of land and other investments¹⁸. The policy defines a settlement as a “place for human habitation with at least three households¹⁹”. In

¹³ See Republic of Botswana, 2004 Annual Economic Report

¹⁴ Youth is defined as individuals between the age of 12-29 years (National Youth Policy)

¹⁵ See Vision 2016, page 17

¹⁶ See National Development Plan 9, 2003/4 – 2008/9 page 305

¹⁷ COS 1997

¹⁸ Botswana National Settlements Policy, 1998 page 1.

¹⁹ See Botswana National Settlements Policy, 1998 page 17

Botswana there are five settlement patterns namely; Seasonally Changing Settlements found in the remote areas, lands areas and cattle posts; farmstead settlements found in freehold farms; Dispersed Homestead Settlements established on tribal land; Villages with a minimum of 500 people established on tribal land and finally Townships/Towns established on state or freehold land²⁰.

The key goals of the National Settlement Policy are to:

- Provide guidelines and long-term strategy for the development of human settlement
- Rationalize and promote the optimal use of land and the preservation of the best arable land
- Promote the conservation of natural resources for the benefit of the present and future generations
- Provide guidelines for the development of transportation and utility networks in order to strengthen the functional linkages between settlements
- Reduce the rate of migration to towns.

It is critical that provision of social security should take cognizance of settlement patterns in order to ensure that available resources do not exclude the rural poor particularly those living in remote settlements. Research shows that although government has been implementing the National Settlement Policy since 1998 as well as the National Policy on House of 1999, the quality of life of majority of Botswana has not been significantly improved with respect to land and housing issues. The following challenges have been identified:

- The rapid growth of towns has resulted in unbalanced settlement growth. Investors are more attracted to the urban centers where there is better infrastructure and access to services.
- Due to competition for resources in the urban areas, there is a backlog of serviced land and critical shortage of housing units.

- The cost of urban development has escalated.
- Rural areas experience low standard of living and few opportunities for employment.
- Migration to urban areas has gradually increased with a high dependency ratio
- As a result of shortage of housing, low income earners live in overcrowded slum areas.

Water And Sanitation:

Current data show that nearly all Botswana regardless of poverty have access to safe and clean water. The 1991 census revealed that 89% of the population had access to safe and clean water. In the rural areas, 77% of the population had access to standpipes or boreholes whereas this figure was 100% coverage in the urban areas. Water supply is being made available to the rural people in their homes at a minimal cost. Major developments to improve the supply of water have been completed in major villages. The North-East ground water development project is underway and will improve the quality of water supply in the North-East District and other parts of the Central District.

Finally, with respect to sanitation, good quality sanitation has been made available in the urban centres. In rural areas, sanitation facilities are being improved through the National Rural Sanitation Program under the Ministry of Local Government. According to the 1991 census, only about 40% of rural household had access to safe sanitation with less than 30% in the more remote areas and small settlements²¹.

Administrative And Institutional Framework:

Social security is delivered and administered at three levels, central government, district, towns and city levels and the village level²². The private sector and civil society organization also play a critical role in the administration of the schemes.

In general, social security provisions are fragmented and scattered over several government ministries and departments²³.

Ministry Of Labour And Home Affairs:

²⁰ Ibid, page 7

²¹ Ministry of Finance and Development Planning, 2002.

²² Ntseane and Solo; Social Security and Social Protection in Botswana, page 34, 2007.

²³ Ibid, page 34

This provides through the Department of Labour and Social Security a coordination function as far as social security matters are concerned. The overarching aim of the department are: mediation and conciliation of labour disputes, labour inspections, administration of compensation for job related injuries and deaths and occupational diseases, employment exchange services, monitoring, training and localization in the private and parastatal sectors into the country, promotion of the right to organize the workplace and collective bargaining and maternity benefits. It is entrusted with the implementation of five acts of parliament: The Employment Act Cap 4:01 as amended, The Employment of non-citizens Act 47:02, The Trade Disputes Act 48:02, The Trade Unions and Employers Organisations Act 48:01, The Workers Compensation Act of 1998, 47²⁴:

Ministry Of Youth Empowerment Sports And Culture Development:

According to the 2011 census data, youth constitute 44.6% of the population. Unemployment rate in the youth age group of 16-29 has increased to 48.9%. The aim is to promote the status of youth and create a conducive and friendly environment to enable them to participate in economic, social and political life of the country. They are encouraged to identify viable income generating activities that create employment opportunities. The same is also the case in relation to women under the Department of Women's Affairs in the Department of Labour and Social Security. The Department of women's affairs was set up to promote the enhancement of the status of women and to work towards their full integration in national development. With specific reference to social security and social protection, the department has been mandated to: promote access and the control of factors of production and remove all forms of legal and socio-cultural constraints to women's participation across all sectors of development, promote health, especially reproductive health and rights, including family planning, enhance the education and skills training of women and girls, eliminate the growing poverty among women particularly in female headed

²⁴ Ibid, page 35

households; and create awareness of gender issues at all levels.

Ministry Of Local Government And Rural Development:

Is responsible for providing a wide range of social services such as primary education, primary health and social welfare services as well as other indirect social protection provisions such as water sanitation, tertiary roads and other community services. It coordinates the activities of local authorities in accordance with the District Councils Act and Township Act. The Department of Social Services under the Ministry of Local Government was established in the year 2000. Its mandate is to develop and promote a self reliant, people centred and integrated social welfare national system that is accessible, equitable and sustainable. The department oversees²⁵ the following or is guided by the following policies and legislation; Children's Act 28:04, Affiliation Proceedings Act 28:02, Adoptions Act 28:01, Convention on the Rights of the Child, African Charter on the Welfare and Rights of the Child, National Policy on destitute persons, National Policy on Early Childhood care and education, Orphan care policy, Old age pension policy, and World War II veteran policy.²⁶ This Ministry runs the Orphan Care Program. This program was launched in 1999 and in terms of expenditures is currently one of the largest assistance programs in Botswana.²⁷ It is managed by the MLG's Department of Social Protection (DSP), Division of Child Services. It is designed to respond to the needs of orphans, including those for food, clothing, shelter, education, protection, and care. An orphan is defined in the 1999-2011 Short-term Plan of Action (STPA) as a child under 18 years old who has lost both parents if they were married or one parent in the case of single-parent families.²⁸ As discussed, this official definition is in contrast to the international definition in which an orphan is defined as a child who has lost one or both parents.

²⁵ Ntseane Dolly & Solo Kholisani, Social Security and Social Protection in Botswana, Chapter 4. Bay Publishing, Gaborone, 2007.

²⁶ Ibid Note 25

²⁷ BIDPA, Botswana Social Protection Assessment, Chapter 3, December, 2013.

²⁸ Ibid note 27

The difference is quite large. Using the official definition, in 2008 Botswana had about 51,806 orphans whereas if the international definition were used, the number would increase to 137,805 orphans. Botswana opted for a narrow definition of orphans, which is often used to determine eligibility for social assistance programs in many countries.

Destitute Persons Program:

This program was established in 1980 as a response to the gradual erosion of the traditional safety net.²⁹ It is managed by the MLG's DSP, Division of Destitute Persons and Old Age Pension. The program was intended to serve the few who have absolutely no other sources of support but also covers others people in need. The program classifies the destitute persons as either permanent or temporary. The permanently destitute are those whose age or physical or mental conditions render them completely dependent. They are therefore eligible for benefits for life but require an annual recertification by social workers.³⁰ The temporarily destitute are those who are incapacitated by ill health or natural disasters and are thus unable to support themselves in the short term. In theory the program is means-tested. The eligibility criteria established are: "He or she owns not more than four livestock units or has an income of less than P120/month (US\$16) without dependents or less than P150/month (US\$20) with dependents."³¹

The Veteran Program.:

This pension was introduced in 1998 for veterans of World War II and their survivors (spouses and children up to age of 21).³² The program is managed by the MLG's DSP, Division of Destitute Persons and Old Age Pension and is implemented by the offices of the District Commissioner in various districts. The benefit provided by the program is a monthly cash transfer of P390 (US\$51), which is equivalent to 57 percent of the food poverty line.³³ The payments are made through the Post Office using a checkbook-like leaflet. The beneficiaries are not means-tested. In

2012/13, the program invested P11 million on 2,079 beneficiaries. Disbursements in recent years appear to have been consistently "in excess of entitlements based on claimant numbers." The program offer some protection to survivors in that, when the direct beneficiary dies, the transfer is given to the surviving wives.³⁴ Old Age Pension (OAP). The OAP was established in 1996. It is a universal transfer that benefits all those aged 65 and older. It is managed by the MLG's DSP, Division of Destitute Persons and Old Age Pension. In 2012/13, the program covered 93,639 beneficiaries.³⁵ The value of the monthly pension since October 2012 has been P250 (US\$33), which is equivalent to 37 percent of the food poverty line. As in the Veterans Program, payments are made through the Post Office. In 2012/13 the program cost P279 million.³⁶

Ministry of Local Government and Rural Development and Ministry of Health and Wellness:

Vulnerable Groups Feed Program (VGFP):

Since independence, Botswana has had feeding programs aimed at distributing means and nutritional supplements to people who are vulnerable to under-nutrition. The VGFP was introduced in 1988 to provide take-home rations through health clinics to vulnerable children aged 6 to 60 months, to pregnant and lactating women, and to TB and leprosy patients from poor households.³⁷ The program is managed by the MLG, Department of Local Government Finance and Procurement, Division of Food and Relief Services (DFRS) and is implemented by the Ministry of Health.³⁸

Ministry of Basic Education

Primary School Feeding Program.:

Botswana provides free school lunches to all students who attend public primary schools.³⁹ About 94 percent of all students attend public primary schools. Primary school children receive a meal equivalent to one-third of the child's daily

²⁹ Ibid note 27

³⁰ Ibid note 27

³¹ Ibid note 27

³² Ibid note 27

³³ Ibid note 27

³⁴ Ibid note 27

³⁵ Ibid note 27

³⁶ Ibid note 27

³⁷ Ibid note 27

³⁸ Ibid note 27

³⁹ Ibid note 27

nutritional needs. The meals consist of sorghum porridge, maize, stewed beef, beans, bread and UHT milk. They may include locally procured seasonal fruits and vegetables. In the remote areas, students receive two meals a day. The program is managed by the MLG, Department of Local Government, Finance and Procurement, Division of Food Relief Services (DFRS).⁴⁰

Ministry of Health and Wellness:

The provision of a comprehensive health care system is an integral part of social security. It is a joint responsibility of the Ministry of Health and Local Government. The former is responsible for policy direction and leadership whereas the latter is for the delivery of primary health care services at district level.

Department of Public Service Management:

This department implements a defined contribution pension fund for all public officers. The purpose of the fund is to provide financial assistance to employees in the event of serious ill health or untimely death and to provide financial protection dependents in the event of death of the bread winner⁴¹.

Conclusion:

Resource Constraints:

These are acute shortages of manpower, vehicles and office space, on average one social worker covers five villages. It is impossible to carry out proper assessments, make necessary follow ups on referrals. There is no time to carry out essential professional duties such as counselling and psychosocial support⁴².

Lack Of An Inclusive Framework:

The social security schemes are not inclusive in nature. Access e.g. to public preschool is limited. Children from well to do families get early stimulation and are better prepared for primary school than from poor families. It's a case of people with disability not being properly targeted by disability insurance to cover their special needs.

⁴⁰ Ibid note 27

⁴¹ Republic of Botswana 2001. The Existing Defined Benefit Government Pension Scheme or New Defined Contribution. Botswana Public Officers Pension Fund>

⁴² Ntseane and Solo, page 40.

Remote area dwellers are not reached. People in the informal economy are often neglected.

Absence Of Exit Mechanism And Fragmentation Of Services:

There is perpetuation of the cycle of poverty. Recipients are expected to graduate out of poverty but there is no exit mechanism. Assistance is not the solution to long term poverty alleviation problem. Social security provisions are indeed scattered and fragmented. There is lack of proper coordination leading to poor implementation and ineffective utilization of resources.

Lack Of Legal Framework:

Implementation of the programmes is through policy guidelines rather than a legal approach. Government is not bound to provide these services. There are often no legal instruments.

Future Developments:

Social security provisions in Botswana should be directed at establishing a holistic framework that is preventative, inclusive, integrated, legal, participatory and sustainable. A common understanding must be cultivated among stakeholders regarding the meaning of social security. The ILO definition must be used as a guiding tool. Sometimes government ministries and departments understand and interpret it differently. Lack of common understanding of the core elements of social security has led to or contributed to its fragmentation and absence of a comprehensive social security policy⁴³.

Developing A Preventative Framework:

Such is necessary to address the root causes of vulnerability and risks such as poverty, unemployment, HIV/AIDS, drought, lack of access to education, disability, and lack of family support. If this approach is not embraced, the number of beneficiaries needing support will continue to rise making it impossible for government to cope⁴⁴.

Developing An Inclusive Framework:

Article 10 of the social charter provides for the right of everyone to social security. Within the context of Botswana, consideration should be

⁴³ Ibid, pg 43

⁴⁴ Ibid, pg 43

made to ensure that it is made inclusive in nature. Affected groups include people with disabilities, remote area dwellers, the youth and people working in the informal sector.

Developing An Integrated And Coordinated Framework:

It is evident that government realizes the need to develop an integrated and coordinated framework. There are overlaps in social security provisioning between the Ministry of Labour and Local Government. Reports indicate that the policy formulation of social security and coordination should be the task of Ministry of Labour and Home Affairs. The Ministry of Local Government according to reports should be tasked with the policy implementation.

Development Of A Legal And Participatory Framework

A proper regulatory framework is called for, since social security is provided as a matter of policy. There is no social security statute. There is lack of adjudication structures to ensure that the beneficiaries are protected. Beneficiaries should not just provide information when studies are conducted, they must have a voice during implementation and monitoring of programmes. A participatory approach will ensure that there is a constant flow of information on whether the programmes meet the real needs of the beneficiaries and the target group. Programme implementors will have the opportunity to devise appropriate interventions instead of being crisis oriented.

Developing A Sustainable Framework:

It is government's duty to provide assistance to the poor and vulnerable. It is critical that the right people are targeted and there is no waste or fraud. This can only be done if the social workers are left to do their professional duties without being swamped with work. A sustainable framework can be achieved if social security policies and economic development policies are formulated in a complementary, integrated and mutually reinforcing manner⁴⁵.

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