ACCESS TO SOCIAL SERVICES FOR NON-CITIZENS AND THE PORTABILITY OF SOCIAL BENEFITS WITHIN THE SOUTHERN AFRICAN DEVELOPMENT COMMUNITY (SADC)

Botswana Country Report

A REPORT TO THE WORLD BANK

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August 2007
1. Introduction

The objective of this World Bank-commissioned research project is to explore the access to particular social services/forms of social security and portability of benefits for international migrants living and working in Botswana. The paper provides an overview of social services/forms of social security, namely social assistance, national and occupational old-age and disability pension, unemployment benefits, healthcare (including health insurance), sickness benefits, public housing, and schooling that are available in the host country. Further, the paper describes access to these services/forms of social security for the following categories of persons: citizens, permanent residents, temporary residents, refugees, asylum seekers, and undocumented migrants.

In addition, the paper investigates the extent to which social security benefits can be exported abroad, in particular old-age pension and healthcare (including health insurance) benefits, but also sickness and disability benefits.

The overall aim is not to explore exclusively the legal provisions for access and portability, but to assess how these provisions are implemented and to identify gaps. Hence, the research should not result in a fully fledged legal analysis, but focus on the practicability of provisions, assess the effectiveness of provisions, and identify main problems. It should ideally identify the forms of social security to which non-citizens should have access; identify the forms of social security that, in practice, non-citizens are able to access; identify gaps and shortcomings in the formal social security system as far as non-citizens are concerned; and, provide recommendations and priorities aimed at improving social security for non-citizens.

2. Methodology

The research will be conducted relying on:

(a) Literature reviews (e.g. policy documents, book and journal contributions; legal texts) and
(b) Interviews with government officials, trade unions, employer federations, migrant associations, and other civil society organisations as appropriate.

As said above, the aim is not to explore exclusively the legal provisions for access and portability, but to assess how these provisions are implemented and to identify gaps.

The paper provides a matrix describing the access of different types of citizens and non-citizens to the various benefits. The matrix indicates the six different categories of persons who are the subject of the investigation, namely:

- citizens,
- permanent residents,
- temporary residents,
• refugees,
• asylum seekers, and
• Undocumented migrants.

On the other hand, the matrix indicates, for each of the mentioned categories, access to the following (eight) social services/forms of social security, namely:

• social assistance,
• old-age (public, occupational-based and private),
• disability pension (public, occupational-based and private),
• unemployment benefits (public, occupational-based and private),
• healthcare (public, occupational-based and private),
• sickness benefits (public, occupational-based and private),
• public housing, and
• Schooling (public and private).

The matrix further illustrates, for each of the categories of persons, the extent and conditions under which acquired social security benefits can be exported abroad, in particular old-age pension and healthcare benefits, but also sickness and disability benefits.
## ACCESS TO SOCIAL SERVICES/SOCIAL SECURITY

<table>
<thead>
<tr>
<th>Categories of persons covered (below)</th>
<th>Social assistance</th>
<th>Old age pension (public, occupational, private)</th>
<th>Disability pension (public, occupational, private)</th>
<th>Unemployment (public, occupational, private)</th>
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<tr>
<td>Citizens</td>
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<td>Yes</td>
<td>No</td>
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<tr>
<td>Permanent residents</td>
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<td>No</td>
<td>No</td>
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<tr>
<td>Temporary residents (including contract migrants)</td>
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<td>No</td>
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<tr>
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<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
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<td>No</td>
</tr>
<tr>
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### ACCESS TO SOCIAL SERVICES/SOCIAL SECURITY (CONTINUED)

<table>
<thead>
<tr>
<th>Categories of persons covered</th>
<th>Healthcare (public, occupational, private)</th>
<th>Sickness benefits (public, occupational, private)</th>
<th>Public housing</th>
<th>Schooling (public, private)</th>
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<td>Citizens</td>
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<td>Yes</td>
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</tr>
<tr>
<td>Permanent residents</td>
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<td>Yes if they are employed</td>
<td>Yes</td>
<td>Yes but with no subsidy</td>
</tr>
<tr>
<td>Temporary residents</td>
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<td>Yes if they are employed</td>
<td>Yes</td>
<td>Yes but with no subsidy</td>
</tr>
<tr>
<td>(including contract migrants)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refugees</td>
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<td>No</td>
<td>Yes, but through UNHCR</td>
<td>Yes, but through UNHCR</td>
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<tr>
<td>Asylum-seekers</td>
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<td>Yes</td>
<td>Yes, but with no subsidy</td>
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<tr>
<td>Undocumented non-citizens</td>
<td>Yes, but with minimum payment</td>
<td>No</td>
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<td>Yes, but with no subsidy</td>
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## (EX)PORTABILITY OF BENEFITS

<table>
<thead>
<tr>
<th>Categories of persons covered</th>
<th>Old age pension (public, occupational, private)</th>
<th>Disability pension (public, occupational, private)</th>
<th>Healthcare (public, occupational, private)</th>
<th>Sickness benefits (public, occupational, private)</th>
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</thead>
<tbody>
<tr>
<td>Citizens</td>
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<td>No</td>
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<td>Yes if you are on medical aid</td>
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<tr>
<td>Permanent residents</td>
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<tr>
<td>Temporary residents (including contract migrants)</td>
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<td>Yes if you are on medical aid</td>
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<tr>
<td>Refugees</td>
<td>No</td>
<td>No</td>
<td>Yes through UN High Commission for Refugees</td>
<td>No</td>
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<tr>
<td>Asylum-seekers</td>
<td>No</td>
<td>No</td>
<td>Yes if you are on medical aid</td>
<td>Yes if you are on medical aid</td>
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<tr>
<td>Undocumented non-citizens</td>
<td>No</td>
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<td>Yes if you are on medical aid</td>
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CHAPTER TWO: OVERVIEW OF SOCIAL SERVICES

2.1 Introduction
This section will give an overview of a wide range of social services that are implemented by the government of Botswana. This chapter specifically reviews the following programmes:

- Programme for Destitute persons
- Orphan Care Programme
- Supplementary Feeding for Vulnerable Groups
- Universal Old Age Pension
- World War II Veterans
- Labour Based Drought Relief Programme
- Programme for Remote Area Dwellers
- Health Care
- Public Housing
- Educational Provisions

2.2 Programme for Destitute Persons

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

In March 2002, the old National Policy on Destitute Persons was revised to take into consideration the changing economic challenges that the poor and needy face. Interestingly the objectives of this scheme remained unaltered “to ensure that government
provides minimum assistance to the genuine destitute persons to ensure their good health and welfare.”\(^1\)

The revised policy defines a destitute person as:

a) An individual who, due to disabilities or chronic health condition is unable to engage in sustainable economic activities and has insufficient assets and income sources. Insufficient assets and income sources refer to a person possessing not more than four livestock units or earning or receiving an income of less than P120.00 per month without dependants or less than P150.00 per month with dependants.

b) An individual who is incapable of engaging in sustainable economic activity and has unreliable and limited sources of income due to old age, mental or physical disability, emotional or psychological disability or is a terminally ill patient with no means of support.

c) A child under the age of 18 who is in need of care and may not be catered for under the orphan care programme or has parent (s) who are terminally ill and are incapable of caring for the child or has been abandoned and is in need of care.

2.2.2 Eligibility and Coverage of the Scheme

The definition of the destitute person stated above describes clearly who is covered and who is excluded. Eligibility for destitute benefits is therefore targeted and conditional. For one to register as a destitute they either have to come forward as individuals or they can be referred or nominated by family members, individuals or community leaders. The scheme does not discriminate on the basis of age, gender or ethnicity. Once the individual has been nominated, professional Social Workers then conduct rigorous assessment to determine whether the individual qualifies. The scheme however, is inclusive only to citizens. Eligible beneficiaries are expected to produce the National Registration Card (Omang) to prove that they are citizens. Children under the age of 18 are expected to produce a birth certificate. Non citizens who need this assistance are usually assisted on a temporary basis. The period ranges to up to six months. Arrangements are then made with the relevant authorities such as the Department of Immigration and the United

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Nations High Commission for Refugees for other essential services. Non citizens who have illegal status are eventually repatriated to their country of origin.

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

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

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

2.3.1  General
An orphan is defined as “a child below 18 years who has lost one (single parent) or two (married couples) biological or adoptive parents.” This definition also incorporates children who are abandoned or dumped by their parents who can no longer be traced.2

The problem of orphans is not a new phenomenon in Botswana. However, in the past, this problem was not pronounced as relatives and the community at large provided a safety net for these children. With the advent of social change coupled with the escalating rates of HIV/AIDS, the number of orphans continues to increase. For example, in 2002 there were 39,571 registered orphans. In 2004, this number increased to 47,964. To date, there are 51,600 registered throughout the country.3 This figure is said to be a serious underestimation as some relatives are reported to be refusing to register orphans because of the stigma associated with the HIV/AIDS epidemic.

In response to this crisis, the government adopted a Short Term Plan of Action on Care Orphans (STPA) as early as 1999. The main objective of this strategy was to: (i) respond to the immediate needs of orphans (food, clothing, education, shelter, protection and care), (ii) identify the various stakeholders and define their roles and responsibilities in responding to the orphan crisis, (iii) identify mechanisms for supporting community-based responses to the orphan problem, and (iv) develop a framework for guiding the long-term programme development for orphans. Of key significance, STPA addresses the importance of a participatory and multi-sectoral approach in the delivery of services to orphans. Hence, government expects that there will be a collective effort from the private sector as well as community groups in the identification and support of orphans. The ultimate goal of this scheme is to give opportunity to these children to become productive citizens thereby removing them from the poverty trap.

2 Ministry of Local Government and Housing Short Term Plan of Action for Orphans (1999). See also Republic of Botswana Family Care Model for Home Based Care and Orphan Care Guidelines, Government Printer (2003)
3 Official statistics obtained from Department of Social Services, Ministry of Local Government, 2006.
2.3.2 Eligibility and Coverage of the scheme

Unlike the destitute programme, the orphan care programme is a social allowance programme; Eligibility is open to all Batswana children under the age of 18 who do not have parents and therefore lacking access to basic human needs such as food, clothing, toiletry and shelter. Children over the age of 18 are covered by the destitute programme. Identification of orphans is the responsibility of teachers, social workers, relatives, community leaders as well as members of the community. Registration is finally done by social workers who conduct a thorough assessment of the situation. Once the status of the child has been determined and eligibility requirements met, children are then automatically registered. Like the destitute allowance, the scheme is accessible to citizens only. In an effort check citizenship, social workers who conduct assessment also demand that the beneficiaries produce the death certificates of their parents or their national registration card. Orphans who are non-citizens are not turned away when they require assistance. Social workers normally make arrangements to assist them on a temporary basis until a permanent solution is found. If the relatives of these children are not located altogether, then arrangement is made with the United Nations High Commission for Refugees for permanent settlement.

2.3.3 Levels and Types of Assistance

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

2.4 Vulnerable Group Feeding Programme

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

2.4.2 Eligibility and Coverage of the Scheme
Beneficiaries of this programme are pregnant and lactating mothers, nutritionally at risk under-fives and TB patients who are citizens. During drought years, supplementary feeding is provided to all under-fives as well as food rations for lactating mothers. However, in non-drought years, supplementary feeding is based selectively on the weight progression of the child. Seemingly children who are underweight are given preference.

2.4.3 School-Based Food Programme
The School feeding programme is popular in all public primary and secondary schools in Botswana. The objective of this programme is to provide prepared food to children to alleviate short-term hunger thereby enhancing classroom learning. In some remote rural areas, school feeding has considerably increased school attendance and retention.

2.5 Universal Old Age Pension
The Old Age pension scheme was introduced in Botswana in 1996. This is an entitlement scheme administered by the Commissioner for Social Benefits in the Ministry of Local Government. Implementation is done by social workers in the Local Authorities. Beneficiaries, however, receive their allowances from post offices. The major objective of the scheme is to provide financial security to the elderly citizens who otherwise are without means of support due to the disintegration of the extended family support system.
Available records show that the number of beneficiaries has steadily increased from 84,577 in 2003 to 86,859 in 2006.\(^4\) The 2002/2003 Household and Income Survey (HIES) indicates that over 95% of the elderly are now registered for this programme.\(^5\) Beneficiaries of the scheme currently receive a cash component of P166.00 per month. This amount is adjusted for inflation each financial year.

### 2.5.1 Eligibility and Coverage of the Scheme

Eligibility for the Old Age Pension is currently defined only by age (65 years and above). Only Batswana citizens qualify. Special efforts are made to ensure that the elderly poor who reside in isolated remote areas have access to this scheme. The allowance is not means tested. Potential beneficiaries are also not expected to contribute anything towards the scheme. Mental patients whether hospitalised or taken care of by families and friends are entitled to the scheme. Citizens who are sentenced to a term of imprisonment whether serving in prison or on extra mural labour are excluded from the scheme until they complete their sentence. Botswana citizens in receipt of other pensions whether in Botswana or residing outside are not excluded. However, there are no arrangements at the moment for portability of these benefits. Finally, individuals who are registered under the destitute programme are given their benefits as long as they meet the stipulated requirements.

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

### 2.6 World War II Veterans Allowance (WW II)

The WW II Veteran allowance is also a universal entitlement programme which is not means tested. Government decided at a cabinet meeting of 25\(^{th}\) March 1998 that with effect from April 1998, an allowance would be paid to each World War II veteran or his

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\(^4\) Source Social Benefits Division, Department of Social Benefits. 2007  
\(^5\) See Central Statistics Office Household and Income Survey 2002/03, Gaborone 2004
surviving spouse/s or his child or children less than 21 years of age every month. This programme is also administered by the Commissioner for Social Benefits, but unlike the Old Age Pension Scheme, it is implemented under the office of the District Commissioner/Officer in various districts. Beneficiaries receive their allowances from post offices.

2.6.1 Eligibility and Coverage of the scheme
The WW II is payable specifically to those Batswana war veterans or their surviving spouses or their children under 21 years “in recognition of the services they rendered for the security of the country and not other countries. The allowance is also by “extension” payable to World War I veterans or their surviving spouses. Those who have emigrated or have been repatriated do not qualify for such pensions. Where the veteran had more than one spouse or more than one child, the allowance is divided equally among the recipients. Available data from the Department of Social Benefits reflect that the number of WW II beneficiaries has declined from 6,953 in 2003 to 4,033 in 2006.\(^6\) This is to be expected given the fact that most beneficiaries have already died.

2.7 Labour Based Drought Relief Programme (LBDRP)
The scheme was started in the 1960s as an emergency response to alleviate effects of drought. Invariably, during the drought intervention in the late 1960’s and 1970’s, payment for participating in drought programmes was in the form of “food for work”. The objectives for this programme have now shifted to concentrate on:\(^7\)

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

Every year, an Inter-Ministerial team assesses the situation of crop harvest, pastures, water availability and other related contingencies. This team collects information from

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\(^6\) Official statistics obtained from Department of Social Services (2006)
\(^7\) See Ministry of Finance and Development Planning National Development Plan 9: 2003- 2008 (year of publication) 2003
district extension workers throughout the whole country. With the collected information a special interim committee is tasked to make further recommendations to be submitted to the Rural Development Council. The latter briefs cabinet members who also come up with their recommendations to the President. Around May/June the President may then direct that the scheme be implemented countrywide. Once the drought year is declared by His Excellency the President, implementation commences coordinated by the Ministry of Local Government and implemented by the Local Authorities.

Labour Based Drought Relief projects benefit all Batswana able bodied in the rural areas who have lost their livelihoods because of drought. No means testing is used to select participants. However, a rota system is developed to ensure that there is maximum participation of the intended beneficiaries. In the 1980’s, 296,000 job opportunities were created under this programme, employing 20% of the rural working population, 80% being women. During the 1992/93 drought, over 400,000 people received food aid and about 100,000 people were employed in the reactivated drought relief projects. The 1995/96 drought on the other hand, created a total of 38,558 jobs involving 61,693 workers. The cumulative number of people employed under the 2003/04 financial year was 121,599 workers comprising of 98,968 females and 22,631 males against a total of 1362 projects.

2.8 Programme for Remote Area Dwellers (RADP)

The remote area dwellers or Basarwa/Bushman mainly live in remote and arid parts of western Botswana where there is very little economic activity. By tradition, most were nomadic hunter-gatherers and did not engage in arable agriculture. Previous research has revealed that Basarwa are the most forgotten, undeveloped, and poorest section of the rural society of Botswana. Other studies have revealed that there are many other poverty stricken inhabitants besides Basarwa of the extra-rural or remotest areas of Botswana who follow more or less the same way of life and face the same tough conditions.

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8 See Ministry of Finance and Development Planning National Development Plan 1997
9 See Ministry of Finance and Development Planning BIDPA study on poverty 1997.
10 Republic of Botswana Labour Based Drought Relief Programme Monthly Report May 2005
11 See Ministry of Finance and Development Planning 1997
conditions as Basarwa.\textsuperscript{13} Over time, there has been encroachment into the traditional hunting and gathering areas of these remote area dwellers by other ethnic groups.

Remote area dwellers are Batswana citizens who are in general, characterised by severe poverty, lack of income and education, low literacy levels and lack of employment opportunities.\textsuperscript{14} Available data show that children from remote areas who come from areas where basic social services are lacking, or from hunter-gatherer families, non stockholders and non-regular wage earners find themselves in a unique position that requires attention. Their access to and participation in education is inhibited by reason of their distance from educational facilities.\textsuperscript{15} These children are often faced with the problem of walking long distances to schools and their inability to speak the languages in school (English or Setswana). Like other Batswana citizens remote area dwellers are required by law to produce pass-ports when they cross the borders to neighbouring countries.

The origin of Remote Area Development Programme (RADP) dates back to the 1970s when it was called the Bushmen Training and Settlement Project. After several reviews, the programme has evolved to focus specifically on ensuring that beneficiaries achieve sustainable social and economic development and that they benefit equally from rapid economic development of the country.\textsuperscript{16} According to the Mid Term Review (MTR) of National Development Plan 9 (NDP 9, the RADP will be aligned with Vision 2016\textsuperscript{17} and Millennium Development Goals to fast track developments in remote areas with emphasis on economic empowerment through income generating projects, livestock

\textsuperscript{13} The most affected areas are the western districts of Ghanzi and Kgalagadi, western Kweneng and Southern districts. See Ibid
\textsuperscript{14} Republic of Botswana \textit{Report on the Review of the RADP} 2003
\textsuperscript{16} See Republic of Botswana \textit{Report on Review of the RADP} 2003
\textsuperscript{17} Botswana launched a long term vision for the nation in 1997 with seven pillars namely; to develop an educated and informed nation; a prosperous, productive and innovative nation; a compassionate, just and caring nation; a safe and secure nation; an open, democratic and accountable nation; a moral and tolerant nation and finally, a united and proud nation.
distribution and capacity building.\textsuperscript{18} The Ministry of Local Government implements this programme in 64 designated settlements through the Department of Social Services.

\textbf{2.8.1 Eligibility and Coverage of social security schemes under RADP}

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

\textbf{2.9 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 Batswana 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 cognisance 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 computers. 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 programmes; providing assistance to private and aided schools and establishing the national literacy programme and other free distance learning programmes.

2.9.1 Eligibility and Coverage

Education is free for all Batswana and non Batswana students who attend public primary schools. However, after 20 years of free secondary education, Botswana government reintroduced school fees at secondary level in January 2006. The main reason advanced by government was that this measure is part of cost recovery exercise. Pupils at Junior Secondary pay P300.00 annually whereas at Senior Secondary the fee is P450.00 per year. Non citizens pay a much higher fee of P3000.00 at Junior Secondary and P7000.00 at Senior Secondary annually. Students who are unable to pay school fees due to poverty and destitution are exempted after an assessment is done by a social worker. The move to reintroduce school fees has been criticized by civil society organizations, Trade Unions and Teachers Organizations.

2.10 Health Care Provision

The provision of health care is a joint venture between the Ministry of Health, 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 stops. With regard to access to health services, an estimated 88% of Batswana residents are within 15kms of health facilities and 81% within a 10km range. 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.

2.10.1 Eligibility and Coverage

Although health care has been made accessible, government has decided to introduce charges as a cost sharing measure that will facilitate improvement of health care services. With effect from September 1st 2007, general outpatient consultation fees for citizens would increase to P5.00 from P2.00. Admission fees for citizens per night will be P2.00. For non-citizens, the general outpatient fee for consulting a nurse will now increase from P20.00 to P30.00; while general outpatient payment for non-citizens requiring attention
from a medical specialist will be P80.00. Non citizens requiring admission will be expected to pay P80.00 per night.\textsuperscript{19}

\textsuperscript{19} Mmegi Newspaper Friday August 10\textsuperscript{th} 2007
CHAPTER THREE: PORTABILITY OF CERTAIN BENEFITS

3.1 Old Age Pension

According to the Presidential Directive introducing Old Age Pension, citizens of Botswana aged 65 and above were to be entitled to the benefit. There is no provision for the exportability of Old Age Pension.

3.2 Disability Pension

Disability Pension exists in the form of Workman’s Compensation. This Act provides for compensation of workers for injuries suffered or occupational diseases contracted in the course of their employment. It provides for compensation for death, resulting from such injuries or diseases and for matters incidental thereto. This is local legislation operating only in the country.

3.3 Health Care (Public and Occupational)

Health care services exist in the country and are subsidised through medical aid schemes. Citizens, permanent residents, migrants, refugees, asylum seekers are all entitled to these services through various medical aid schemes. The categories of these beneficiaries are entitled to the exportability of this benefit mainly in the Republic of South Africa. In order for the benefit to be exportable to other countries, the beneficiary will have to get clearance from the medical aid. Alternatively, beneficiaries can pay the full amount and then subsequently claim from the medical aid scheme where possible. This position is the same for sickness benefits except for refugees who are then supported through the United Nations High Commission for Refugees.
CHAPTER FOUR: SUMMARY AND CONCLUSIONS

It is evident from this paper that the Botswana government has adopted an exclusive approach with respect to access to social services for non–citizens and portability of these services within SADC. Although extensive research has not been conducted to verify this policy decision, one can assume that a number of factors have contributed to this situation namely:

4.1 Lack of political will
It is clear that although the Botswana government upholds the principles of social justice and “BOTHO” as its national pillars, it does not recognise provision of social services for non-citizen as its mandate. Given the inadequacy of financial revenues, there is an understanding that neighbouring governments should provide for their own citizens. There are other realities and challenges with the implementation of existing schemes such as shortage of personnel, access and adequacy of services, and financial sustainability of schemes. Of late, government has been concerned about cost recovery measures. This has necessitated the reintroduction of school fees for secondary school students as well as the increase in health care fees as shown in chapter 2.

4.2 Shortage of Personnel to implement schemes
Research shows that there is serious shortage of human resource capacity to implement existing schemes. For example, social workers carry heavy case loads. On average, one social worker covers five villages. With respect to health care provision, there is a high attrition of trained health care personnel due to lack of incentives and other unfavorable conditions of service.

4.3 Access and adequacy of services
A close analysis of current provisions for citizens shows that not all beneficiaries are targeted. For example, Registration Cards that identify beneficiaries are sometimes lost or misplaced. This poses a big problem in claiming the benefits. Some pensioners lose out because they do not know their years of birth. There have been reported cases of
physical abuse of beneficiaries by the members of the public and relatives wanting to get money from the elderly. Some potential beneficiaries in remote areas and cattle posts are excluded from the programme due to lack of information and access to services. With respect to educational provision, access to senior secondary and tertiary institutions excludes the majority of youth due to inadequate facilities to absorb all school leavers. In addition, there is need to improve the quality of education at primary and secondary levels. Efforts must be directed at raising the standards of teaching and learning so that the majority of the students must have strong literacy and numeric skills. Finally, government needs to find lasting solutions in the decongesting of the University of Botswana by increasing the budget threshold for expansion in staffing levels as well as continuing the upgrading of the existing facilities.

4.4 Sustainability of schemes
Trends show that there is an increase in government expenditure to provide social services, in particular, social protection schemes. It is inevitable that this situation poses a threat to the long term sustainability of these schemes. For example, the HIV/AIDS pandemic has received increased government attention in terms of resource allocations. As of October 2006, the total number of patients enrolled for ART was 75,785 compared to 54,378 in 2005. On the other hand, the prevention of mother to child transmission programme continues to experience high uptake. Consequently, the Ministry of Health budget allocation is one of the highest, followed by Ministry of Education.

4.5 A way forward: towards making social services for non-citizens accessible
Article 17 of the SADC Draft Code on Social Security encourages Member States to ensure that a) migrant workers should be able to participate in the social security schemes of the host nation, b) migrant workers should enjoy treatment alongside citizens within the social security system of the host country, c) that there should be an aggregation of insurance periods and maintenance of acquired rights and benefits between similar

20 Budget Speech, 2007
21 The Ministry of Health allocation for 2007 is P636 million representing 9% of the total development budget. The Ministry of Education allocation is P584 million representing 8% of the total development budget. Budget Speech 2007.
schemes in different member states and finally that member states should ensure the facilitation of exportability of benefits, including the payment of benefits in the host country.\textsuperscript{22} At a recent meeting of the SADC Ministers responsible for employment, labour and social partners held in Lusaka, Zambia, Botswana was amongst the countries which recommended the Code for adoption by Heads of States. It is hoped that this direction is positive in the sense that the government will now begin to debate the issue of making social services and social protection schemes inclusive to cover non-citizens.

\textsuperscript{22} See SADC Code on Social Security (2007) 9.
Selected Bibliography


