Policy Brief



No. 220 May 2020

Poor access to food, education and electricity: Key factors of poverty in Gabane, Botswana

By Happy Siphambe, Malebogo Bakwena, Lexi Setlhare, Mavis Kolobe, Itumeleng Oageng, Keamogetse Setlhare, Tshegofatso Motswagae

Key messages

- Urgent policy intervention is needed to tackle hunger and malnutrition in Gabane (and across Botswana).
 - Almost 8% of the village population face 'extreme hunger'.
- Targeted policy interventions are required to ensure that all young people can get a good education.
 - Including children with special needs and those living in remote areas.
- Policymakers should ensure that everybody has electricity, to help improve productivity and job opportunities
 - Including those in rural and remote zones
 - Access to electricity has a significant impact on people's income and overall wellbeing.
- More needs to be done to reduce the rate of deaths that occur during pregnancy and childbirth, and as a result of chronic illnesses like diabetes, which are now more deadly than HIV/AIDS.

Despite a decline, poverty in Gabane remains high

Poverty in Gabane - a village in Kweneng District of Botswana - remains high, despite an overall decline. The poorest parts of the population are vulnerable groups, i.e. women and girls, the unemployed, young people and people who are disabled. Whilst government programmes exist to help move people out of poverty, for a variety of reasons the poorest in society cannot always access the support available.



The analysis

A team of local PEP researchers used the Community-Based Monitoring System (CBMS) to collect data from all households in Gabane village in 2018. They analyzed this data to explore local people's needs and progress against the United Nations Sustainable Development Goals (SDGs), including measures against the Multidimensional Poverty Index (MPI).

The team also looked at the factors affecting job opportunities for young people between the first halves of 2016 and 2017, and between the second halves of those years.

Key findings

A significant decline in Botswana's measure on the MPI shows that **overall wellbeing in the country has improved thanks to subsidies made in areas such as health, education and housing** (Self Help Housing Agency-SHHA).

Poverty

The Multidimensional Poverty Index (MPI) is low compared to income poverty in Gabane.

1 in 6 Gabane households is living in poverty.

- Around 16% live below the national poverty line.
- Gabane South West has the highest proportion of households living below the poverty line (33%).
- Gabane North East has the lowest proportion of households below the poverty line (14%).
- 15 people in Gabane are living in acute poverty (are MPI poor).
- Most of these individuals are in Gabane North East (0.86%), whilst Gabane North West has the fewest MPI poor individuals (0%).
- Gabane South West has the highest number of households (33%) living below the national poverty line and Gabane North East has the lowest proportion (14%).
- 14.3% of Gabanes are living below the national poverty line.

Improved drinking water, asset ownership and housing each contribute 0% to the multidimensional poverty of people living in Gabane.

Lack of access to electricity contributes more to poverty than access to sanitation and drinking water.

• 92% of the households in Gabane had access to electricity.

Hunger

7.9% of the population faced 'extreme hunger' (i.e they answered that they slept hungry because there was not enough food, or that they spent the whole day or night without eating anything because there was not enough food).

- 39.5% of the population experienced 'moderate hunger' (i.e. they answered yes to any of the four questions about hunger).
- These figures show that meeting the zero hunger target by 2030 may be a challenge unless appropriate policies are put in place. Malnutrition remains a significant problem in children under five in Botswana, especially in rural areas.

Causes of death

The main causes of death in Gabane are maternal mortality i.e complications during pregnancy or childbirth (10%), road accidents (19%), and mortality from non-communicable diseases (14%), such as diabetes.

- Botswana has a target to reduce the prevalence of diabetes in the country by a third by 2030.
- The proportion of all deaths among women aged 15–49 during pregnancy or childbirth in Gabane was 0.3%, which is very low. If Botswana is to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030, the 10% of maternal deaths that occurred in Gabane has to be considerably reduced.

Education

Only 50% of children attend pre-school education, meaning half are not adequately prepared for primary school.

- Partly due to a lack of government policy on universal access to pre-school, but attendance became mandatory in 2019.
- The majority of children going to pre-school are girls.

Most early childhood education is offered by private providers and quality is mixed.

Enrolment rates in primary and secondary schools are high.

- 98.6% of children in Gabane enrolled at primary level, and 98% at secondary.
- The remaining approximately 2% consists of children with special and other social needs, and those living in remote areas.

Social Assistance

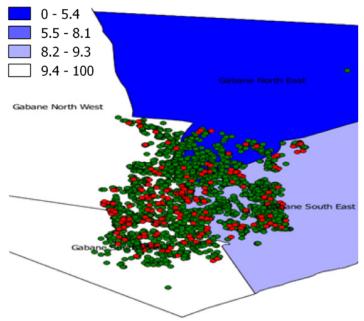
Social assistance in Gabane is skewed in favour of three programmes – student allowance (36.7%), old age pension (27.5%) and scholarships/sponsorships for tertiary students (17%). It's likely that most poor people do not benefit from these programmes.

Many people who are eligible for financial support from the government are not getting it, so steps need to be taken to change this. Targeted programmes for the poor, such as the Destitute Persons' programme, Poverty Eradication programme, and the Vulnerable Groups Feeding programme cover less than 3% of the people eligible to benefit from them.

Distribution of Households with Access to Electricity, Gabane Village, Botswana

- HH with access to electricity
- HH without access to electricity

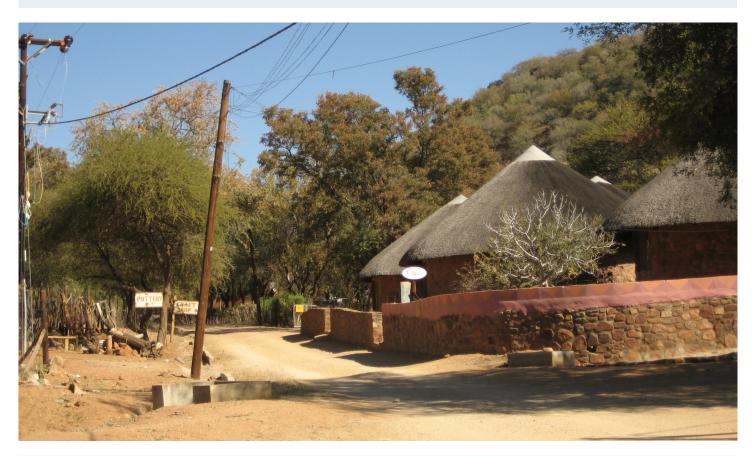
Ward Range



Source: 2018 CBMS Census, Gabane, Botswana.

Conclusions and policy implications

- Tackling hunger and malnutrition needs to be a priority.
 - Reducing hunger is vital to bringing people out of poverty, and Botswana closer to meeting its national and SDG targets.
- Action needs to be taken to **increase pre-school enrolment** in Gabane.
 - If more children go to pre-school, it will help boost the quality of education provided in the village and educational outcomes for all children.
 - Targeted policy interventions are also needed to improve access to and the standard of education for all young people, including those with special needs.
- Poverty and employment focused support programmes need to be effective and targeted to make sure people get the support they need.
- Access to electricity and renewable solar energy needs to be improved.
 - This is particularly important for people in rural areas.
 - Being able to connect to vital resources will help improve productivity in sectors such as agriculture, and improve job opportunities for young people.
- It's time to tackle Gabane's biggest killers.
 - Action is needed to reduce the number of **deaths that occur during pregnancy and childbirth**.
 - Deaths caused by chronic illnesses like diabetes are also too high. These diseases are now much more deadly than HIV/AIDS.







This brief summarizes outcomes from CBMS-20068 supported under the PAGE II initiative (2016-2020). To find out more about the research methods and findings, read the full paper, published as part of the PEP CBMS working paper series.

Canadä

PAGE II is a global research and capacity-building initiative for Policy Analysis on Growth and Employment in developing countries. PAGE II is supported by the Department for International Development (DfID) of the United Kingdom (or UK Aid) and the International Development Research Centre (IDRC) of Canada.

The views and opinions expressed in this publication are those of the authors and do not necessarily reflect those of PEP.