SUSTAINABLE FUTURES

WHOSE Crisis?

BOTSWANA HUB

The global COVID-19 crisis from the perspective of communities in Botswana: Policy Brief

EXECUTIVE SUMMARY

This policy brief reflects the findings of the Whose Crisis? research project in partnership with the Sustainable Futures Global Network (Botswana Hub). The research investigated the experiences of vulnerable communities in Old Naledi and Damochujenaa during the COVID-19 pandemic. Lockdowns and restrictions exacerbated vulnerabilities among these communities increasing food insecurity and hunger. Public health measures need to be balanced against other risks such as insecure incomes, weak social protection systems and limited access to basic services. Crisis responses must be based on local needs and capacities and promote strong community engagement.

BACKGROUND

The "Whose Crisis?" research project is a response to the COVID-19 health pandemic. It was designed to capture the experiences and perspectives of different communities in five sub-Saharan countries. The project used arts based participatory research methods to generate data. Data sources included letter writing, story-telling, traditional guitarist song, bone reading by a traditional healer, arts (painting and clay work), community forum and focus group discussions.

There were two study sites in Botswana. The first was Old Naledi, a densely populated urban neighborhood in the capital city Gaborone, characterized by high levels of migration from rural areas across the country. The population is culturally diverse with high incidence of poverty and vulnerability. The second site is a village settlement in Central Eastern of Botswana about 400km from Gaborone called Damochujenaa. The most recent census (2015) counted Damochujenaa among poor villages whose main source of livelihood is small scale agricultural and livestock production.

COVID-19 INTERVENTIONS

After the HIV epidemic, COVID-19 was the next major public health emergency crisis to hit Botswana, testing the country's preparedness and response systems. The country, being mindful of the fact that public health emergencies often fuel socio-economic disruption, in that impacts are felt way beyond the health systems, took steps to mitigate the social and economic effects of lockdowns, however, these were not enough.

Most interventions focused on public health and sought to limit the spread of the virus among the population. The main measures were: (1) public education using mass media and other forms of education; (2) screening at all points of entry for early detection, diagnosis, and treatment; (3) self-quarantine for suspected cases as well as testing; (4) isolation for suspected cases or symptomatic individuals following screening at designated health facilities followed by contact tracing; (5) Social distancing in malls, shops, work, gyms, places of worship etc.; (6) community lockdown and restrictions to travel within or outside the country. (Source: https://cms1.gov.bw/about-covid-19). Public schools operated in morning and afternoon shifts to reduce the number of students attending at the same time. Online teaching and learning were also encouraged.
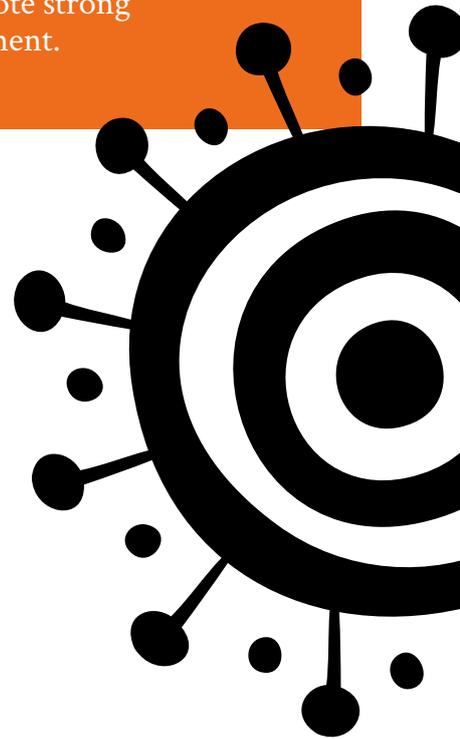
RESEARCH FINDINGS

The COVID-19 restrictions damaged already vulnerable livelihoods in both Old Naledi and Damochujenaa. Most residents in these communities are in the informal sector or engage in low income activities. Lockdowns, social distancing and restrictions to free movement disrupted all economic activity especially food supply chains leading to food insecurity and hunger. Female headed households were particularly affected given their overrepresentation in precarious work. The social and economic impacts of restrictions also left women even more exposed to gender-based violence and teenage pregnancy.

> "Most of us are single mothers - our lives depended on the informal sector - so we are adversely affected because we could not sell during lockdown."

In light of the food security crisis, the Government of Botswana created the COVID-19 Relief Fund which was used to provide food assistance to families at risk. However, food basket distribution was tainted by crisis in many councils across the country. This led to the exclusion of many households in need of assistance. In other cases, the food basket provided was not enough to cover all family members and many households received only one food basket during the lockdown.

Poverty and the lack of assistance forced residents to live in non-compliance with COVID-19 restrictions. The problem of overcrowded accommodation was not addressed making it impossible for many people to follow social distancing requirements. When residents were forced to break the rules in order to meet their basic needs they were met with a heavy handed response from law enforcement.

> "I live in a one room with my family and therefore over-crowding cannot be avoided given our situation".

Restrictions also changed fundamental parts of communal living. Social, cultural and religious gatherings that enhance community ties and provide assistance to people during crisis were suddenly not permitted. For example, churches were closed and funeral attendance was restricted leaving grieving families without support.

Communities in the study call on the government to provide more helpful responses to future emergencies. This is only possible if policy makers collaborate with different stakeholders to create sustainable solutions. The communities have highlighted the complementary role that traditional medicine can play in public health interventions. Emergency responses must appreciate and respect how communities have handled previous crises by using local knowledge and resources.

> "children of the rich continued to attend classes from home because they had the resources to do so while our children could not because we cannot afford".

KEY MESSAGES

- Public health measures must consider local capacities and social and economic vulnerabilities such as precarious livelihoods and food insecurity.

- Governments and humanitarian organizations must work closely with the affected populations. Involving them in the response is critical to understanding their needs and finding the most relevant, feasible and sustainable solutions.

- The lack of assistance to help people cope with the adverse effects of COVID-19 restrictions pushed communities further into poverty. Governments must expand their social safety nets and ensure the inclusion of the most vulnerable households. The next shock is certainly in the horizon so investing in effective and scalable social protection should be a priority.

- Given the disproportionate impact of the pandemic on women and girls, social assistance must target them and be coupled with interventions to address gender-based violence and improve women's access to education, health and other services.