



# **FIVE-COUNTRY STUDY ON SERVICE AND VOLUNTEERING IN SOUTHERN AFRICA**

## **BOTSWANA COUNTRY REPORT**

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# Acronyms

ARVs	Anti-retroviral drugs
BCC	Botswana Christian Council
BIDPA	Botswana Institute of Development Policy Analysis
BOCAIP	Botswana Christian AIDS Intervention
BOCONGO	Botswana Council of Non-Governmental Organisations
BONEPWA	Botswana Network of People Living with HIV/AIDS
CBO(s)	Community-Based Organisations
DHT	District Health Team
DMSAC	District Multisectoral AIDS Committee
FBO(s)	Faith-Based Organisations
FGDs	Focus Group Discussions
HBC	Home based care
IAVE	International Association of Volunteer Effort
MPT II	Medium Term Plan II
NAC	National AIDS Council
NACA	National AIDS Coordinating Agency
NDP	National Development Plan
NGO(s)	Non-Governmental Organisations
SADC	Southern African Development Community
S&CD	Social Welfare and Community Development, Department of
TCC	Tirisanyo Catholic Commission
TS	Tirelo Setshaba
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteers
VCT	Voluntary Counselling and Testing
VDC	Village Development Committee
WHO	World Health Organisation

# Section One: Introduction

## 1. Introduction

African social life has incorporated aspects of volunteerism since time immemorial. Individuals and communities contributed material and non-material goods and services to ensure that members survived not only as individuals, but also as a collective. Thus, from planting individual farms through harvesting, to creating and maintaining communal infrastructure such as roads, dams, granaries and the *kgotla* (chief's palace and community meeting place), individuals sacrificed their time and effort to ensure that the goals of the community were realised. Under colonialism, this spirit of cooperation and reciprocity persisted and was enhanced, since the colonialists, in most cases, did not invest significant resources to develop African socio-economy, except where it was necessary in the promotion of European welfare. Thus, any social provision was based on indigenous inputs and religious enterprises, thereby making the services rudimentary.

With the advent of independence, nationalist governments across Africa were eager to change the conditions that had been created under colonialism. This resulted in a period of high expectations and enthusiasm that called for leaving behind the past and searching for new ideologies of development. Consequently, in the context of rapid economic growth and the nationalisation of the foreign-dominated private sector, there were high government revenues for investment in social development. With the availability of resources, governments sought to go it alone, negatively impacting on the spirit of volunteerism that had been a major feature of their societies, even before colonialism. In the 1970s, however, all these development efforts came to a stop as economies experienced deep and pervasive crises characterised by lack of growth, high rates of inflation, rising foreign and internal debts, high unemployment, shortages of basic goods, and crumbling infrastructure (Osei-Hwedie and Bar-On, 1999).

Osei-Hwedie and Bar-On contend that these economic problems led to the introduction of Structural Adjustment Programmes (SAPs) by the International Monetary Fund (IMF) and the World Bank. In the light of this, and with more emphasis on shifting some of the burdens of development on to individuals and communities, the voluntary sector was also re-invented and volunteer organisations became popularly known as non-governmental organisations (NGOs). These organisations became entrenched in the social development process.

In the case of Botswana, the pre-colonial spirit of volunteerism was carried through the colonial period to the independence era. Few of the traditional socio-political and economic structures of containment were adversely affected by colonial rule, and therefore, voluntarism continued to be a part of Botswana's (refers to the people of Botswana) everyday life. Individuals and families were socialised within the norm of collective participation and mutual aid in family and communal activities (Schapera, 1970). At another level, age-graded regiments (*mephato*) and community groups participated in promoting social development infrastructure such as schools, health facilities and village kraals. Traditionally, Botswana have a long history of volunteerism that is exemplified by such practices as *letsema* (work parties), *letsholo* (donation of time and other resources for the benefit of other community members), and *mafisa* (donation of livestock to underprivileged members). Community members do this of their own free will for the overall benefit of the community. All these practices were conducted within the context of informal helping networks. The British Administration was content to leave this intact. It did not want to

invest its own resources in the administration of the country. To demonstrate its lack of commitment to the country, Bechuanaland Protectorate was ruled from South Africa. Despite this, the local spirit of volunteerism remained.

When Botswana, among the poorest countries in the world, attained independence in 1966, it adopted self-reliance (*boipelego*) as one of the key national principles for self- and national development. The First National Development Plan focused on accelerating rural development using the spirit of self-reliance to create basic social infrastructure such as primary schools, health clinics, rural roads and village dams, among other things, through the Department of Social Welfare and Community Development (S&CD). With the discovery and mining of minerals, especially diamonds, in the early 1970s, and with more resources available, social service provision became the main responsibility of the government. This negatively affected the spirit of volunteerism as the focus shifted from popular participation to top-down approaches of social provision. For example, villagers were recruited to participate in village development projects in exchange for food rations. By the mid-1980s, Tsiane & Youngman (1985) observed that the spirit of volunteerism was on the decline. Partly due to the absence of men in the villages (a result of labour migration to South Africa), women were the key participants in rural development projects. However, since the 1990s, with the government emphasising neo-liberal ideologies of cost sharing, participation, mutual social responsibility and transparency; and in the light of the HIV/AIDS epidemic and the tremendous need for community home-based care, volunteerism has re-emerged.

This report presents the results of a study that explored the nature and scope of civic and informal community-based services in Botswana. In addition, the study identifies formal and informal civic service programmes; the meaning of civic service for the service providers; existing policies and incentives that promote civic service; and the implications of civic service for social development policy and practice in Botswana. The study, therefore, explores the philosophy, nature and current practices of voluntarism in institutions and by individuals and small groups with implications for social development.

Increasingly, as a cost-cutting exercise and in order to reduce dependency on state provisions, the government has come to rely on volunteer help to provide needed services to individuals and families. Current government policies in social service provision tend to reinforce the spirit of voluntarism. The Community Home-Based Care and self-help programmes that relate to infrastructure development in rural areas are motivated by government policy. The National HIV/AIDS Policy emphasises the importance of collective, multi-sectoral efforts to combat the HIV/AIDS epidemic (Republic of Botswana, 1993). Similarly, the Revised Rural Development Policy underscores the importance of people-centred development, which in its broadest sense embraces the concept of service and volunteering (Republic of Botswana, 2002). However, despite the long history of service and volunteering in Botswana, very little is known about its nature and scope. Whereas the outcomes of voluntary activities may be visible, these have not been systematically documented.

The study uses cross-sectional qualitative methods of inquiry to explore the central variables. Purposive, snowball and incidental sampling procedures were the main methods used in the data collection. In-depth face-to-face interviews were carried out in Gaborone (city), Mogoditshane and Tlokwe (peri-urban), Ramotswa and Gabane (rural). Focus group discussions were held in Francistown city.

## 2. Context

Formerly known as Bechuanaland Protectorate, Botswana is a landlocked country located at the centre of Southern Africa. It is bounded by Namibia, South Africa, Zambia and Zimbabwe. It attained independence from Britain in 1966. It is a multi-party democracy, and a non-racial country that maintains freedom of association, freedom of the press, freedom of speech, and the rule of law. All these are enshrined in the Constitution of Botswana, which also provides for a unicameral legislature. Members of the National Assembly are directly elected, and some nominated. The presidential candidate of the party with the majority of popularly elected parliamentarians becomes the president and head of state. The president is the head of the executive arm of government and presides over the cabinet. Despite the provision for multi-party politics, the Botswana Democratic Party (BDP) has ruled the country since independence, having been returned to power in all eight elections held between 1965 and 1999. There is also *Ntlo ya Dikgosi* (House of Chiefs), which advises parliament on matters affecting tradition and custom, including reviewing draft Bills before they are considered by parliament. The country is divided into various administrative districts, with the central government represented in each. Districts have their own district councils with popularly elected, and some nominated, councillors (Republic of Botswana, 2003). Gaborone is the capital city and one of the fastest-growing cities in the world.

A relatively large country, Botswana has an area of 582,000 sq km, with an altitude of about 1,000m above sea level. It has an arid and semi-arid climate, with annual rainfall ranging from over 650mm in the extreme north-east, to less than 250mm in the extreme south-west. The rainfall is highly erratic and unevenly distributed. Most of the rainfall (about 90%), occurs in the summer months between October and April (Republic of Botswana, 2003). Botswana is a drought-prone country. Between 1968 and 2006, government declared six drought periods, ranging in duration from two to six years. Each drought has had adverse effects on household income due to loss of agricultural production, loss of assets such as livestock, and loss of employment. Drought and livestock diseases also contribute negatively to both arable and pastoral agriculture.

Temperatures are high, and vary between 33°C in January and 22°C in July. Related to this is the small amount of surface water. Rivers, except in the extreme north-west, flow only after intensive rains. The Okavango and the Chobe drainage systems are the only major, permanent bodies of surface water. It must be noted that much of the country's surface land, over 66%, is covered by the Kalahari Desert (Republic of Botswana, 1997). Most of the country has scrub and savannah vegetation. Only 5% of its surface area receives adequate rainfall and has suitable soils, and thus has the potential for arable agriculture. However, even then, the variability of rainfall combined with high evaporation leads to a high risk of crop failure. The climate also has an adverse impact on range land because of shortage of water (Republic of Botswana, 2003).

The main features of Botswana's population are that it is small relative to the size of the country. According to the 2001 Population Census, the population of Botswana was 1.7 million as compared with 574,094 for 1971, 941,027 for 1981, and 1.3 million for 1991. At independence in 1966, the population was 550,000. The annual rate of increase was 3.7% between 1966 and 1981; between 1981 and 1991 it declined slightly to 3.5%. As of 2001 the growth rate stood at 2.4% (Republic of Botswana, 2003). It is indicated that "the crude death rate rose between 1991 and 2000, reversing the decreasing trend recorded between 1981 and 1991, due to the

HIV/AIDS pandemic. Life expectancy at birth also decreased from 65.3 years in 1991 to 55.7 years in 2001" (CSO, 2001:11).

Due to rapid expansion of economic opportunities from the mid-1970s to 1980s, the pattern of settlement of Botswana's population has changed considerably. Currently, due to rapid urbanisation, there is a growing concentration of people around five major areas of the country. The five areas are Gaborone, Serowe/Palapye, Francistown, Selebi-Phikwe and Maun. In 1981, about 50% of the population lived within 200km of Gaborone. However, by 1991, 50% of the population lived within 50km of Gaborone. These figures point to a high rate of rural-urban migration. By 2001, 54.2% of the population was living in urban areas (Central Statistics Office, 2001).

When Botswana attained its political independence from Britain in 1966, it was among the world's poorest countries. There were no domestic resources to finance capital and recurrent annual expenditures; and the country was extremely dependent on expatriate manpower. At independence, the country's main sources of income were cattle, subsistence agriculture, and remittances from migrant labour working in South Africa. It was estimated that over 30% of Botswana men between the ages of 20 and 40 were working in South Africa (Hoppers, 1986).

Botswana's economic growth began shortly after independence and has been sustained since then. The economic growth was the highest for any country in the world from 1966 to 1986. From 1968 to 1978, gross domestic product (GDP) grew three times in real terms (Republic of Botswana, 2003). All sectors have experienced tremendous growth. However, the importance of agriculture has declined because of persistent drought and major growth in the mining sector. The cattle industry suffered considerable setback due to the cattle lung disease in the late 1990s that led to the eradication of over 300,000 cattle in Ngamiland. Expansion in mining and high mineral revenues, especially diamonds, have led to infrastructural development and expansion in government services. Mining contributes over 50% of government revenue. Government recognises the country's overdependence on diamonds and is putting measures in place to diversify the economy. Currently, much more emphasis is being placed on tourism and financial services (Republic of Botswana, 2003).

The government has made considerable strides in the provision of social services, especially in education and health. Citizens have access to universal basic education up to junior secondary education. Health services are provided within reasonable reach of all communities almost for free. However, a major challenge facing the country is HIV/AIDS. According to the Botswana AIDS Impact Survey II (2004), the national HIV/AIDS prevalence rate is 17.1%. The impact of HIV/AIDS is visible through the increased mortality rates, reduced life expectancy, and high occupancy rates of hospital beds (over 50%) by AIDS patients. The government has marshalled an intensive response to the HIV/AIDS epidemic, facilitating the participation of all sector/ministries; districts; communities; civil society, including people living with HIV; the private sector and international development partners. The emphasis is on lowering the incidence of the disease, minimising its impact, and preventing new infections of HIV and related diseases (Republic of Botswana, 2003).

Botswana's growth does not mean that there have been no problems. Despite the country's expanded economic opportunities, it has neither developed the capacity nor attracted enough foreign direct investment to create enough jobs for its labour force. In addition, the over-stimulation of mining and other industries has contributed to rural-urban migration. Despite a general improvement in the quality of life, poverty is still widespread. According to the Botswana Institute of Development Policy Analysis (BIDPA), nearly half of the households (47%) were

living below the poverty datum line in 1993/94 (BIDPA, 1997). However, by 2002/03, government initiatives had reduced poverty to about 30% (Household Income Expenditure Survey [HIES], 2003). According to *Vision 2016*, government is seeking to reduce poverty levels to zero by 2016.

Unemployment remains another important challenge. The 2002/03 HIES estimated that 606,826 Botswana above the age of 12 years were employed. Of these, 51.5% were males and 48.5% females. The proportion of males in paid employment constituted 58.2% of the economically active persons, compared with 53% females. Across all regions in Botswana, the percentage of females in self-employment was significantly higher than that of males. The national overall unemployment rate stood at 23.8%. The national unemployment rate for males and females was 21.4% and 26.3% respectively. In cities and towns, unemployment rates were 21.6% and 15.5% for females and males respectively, while in urban villages they were 30.3% and 28.9% for females and males respectively. The percentage of unemployed females was higher (26.7%) than that of males (20.3%). Young people aged 15 to 29 had the highest unemployment rates for both males and females (Central Statistics Office, 2001).

The majority of citizens are from the Setswana-speaking ethnic groups. These are the Bakwena, Bangwato, Bangwaketse, Bakgatla, Batawana, Batlokwa, Balete and Barolong. These groups were initially recognised, constitutionally, as the “principal tribes” and, in effect, the ruling elite. However, there are other groups including Bakalanga, Batswapong, Basarwa, Bakgalagadi, Bayei, and Baherero who are historically regarded as minorities. The Basarwa and other semi-nomadic groups are the most disadvantaged and the poorest among the ethnic groups. The concept of “principal tribes” has come under intense scrutiny, and consequently there have been vigorous movements by the so-called minorities to promote the equality of all ethnic groups. The constitution was recently amended to expand *Ntlo ya Dikgosi* (House of Chiefs) beyond the representation from the “principal tribes” to make it more inclusive. However, the official languages are still Setswana and English, with the latter being the language in government.

### **3. Literature Review**

As stated earlier, traditionally Botswana have a long history of volunteerism and collective action as exemplified by such practices as *letsema* (work parties), *letsholo* (donation of time and other resources for the benefit of other community members), and *mafisa* (donation of livestock to underprivileged members). Community members engaged in these out of their own free will for the overall benefit of the community. All these were done within the context of informal helping networks (Schapera, 1970).

The most recent work on volunteerism in Botswana by Thupayagale and Rampa (2005) confirms that volunteerism is not a new concept, and that, in a general sense, it is rooted in the culture and traditions of the people. They also outline the importance of *letsema* which reflects mutual self help; and *mephato* (participation in the construction of community infrastructure, traditionally by age regiments) and how these continue to influence both formal and informal service among Botswana in an effort to fulfil their social obligations. Patel and Wilson (2004:22S) indicate that under colonialism, “the content and form” of traditional service in Sub-Saharan Africa “were threatened and undervalued and gradually gave way to formalising social provision through missionary activities, philanthropy, and public welfare that was fashioned on colonial modalities.”

Service and volunteerism in Botswana has been on the decline since the 1980s (Youngman and Tsiane, 1985). Thupayagale and Rampa (2005) also note that social provision is mainly the domain of government, and that currently, many of the activities that used to be done freely are now being paid for as part of poverty-alleviation efforts. Osei-Hwedie and Bar-On (1999) also note that the decline in volunteerism has to do with the availability of resources, especially diamond revenues, for government to undertake development on its own, and the fact that individuals and communities have become dependent on government efforts. Osei-Hwedie and Bar-On (1999) also contend that with the dwindling donor support to NGOs and CBOs, government has had to step in to undertake and pay for development projects, even when initiated by local communities.

The expansion of government services meant that many individuals and communities had to do less for themselves. Thus, not only did the government provide infrastructure, it also provided safety nets to cover the destitute, needy children, orphans, old age pensioners and war veterans. This has negatively impacted on the traditional spirit of self-help where the extended family would feel obligated to support needy relatives. For example, currently, people who are living with HIV but are able to work would rather demand food rations from the government. Also, those who are on ARV treatment and are strong enough to work would rather stay on government welfare programmes. Whereas government welfare provision is, to a greater extent institutionalised, the government argues that it is equally important for citizens to contribute meaningfully to their own development. In view of this, the government, for example, has since January 2006, introduced school fees as a way of cost sharing with parents and guardians. The argument is that while institutionalisation of services may be a step in the right direction government cannot provide everything for its citizens especially needs that citizens can and must provide for themselves. For example, citizens who are HIV-positive or on ARVs have come to expect that government should provide for their daily needs such as food and transportation in addition to medication. We argue that this is not right and that social development should not mean total dependency on government.

It appears there is no formal local definition of service and volunteering in Botswana. Even in the most recent work, Thupayagale and Rampa (2005:2) use the definition of the International Association of Volunteer Effort (IAVE) and conceptualise:

“volunteering as organised support that involves individuals freely giving of their time and expertise in order to benefit others. The main forms of volunteering are philanthropic service, material aid and self-help, public-community service, advocacy and activism, and informal volunteering”.

United Nations Volunteers (UNV) (2005), note the difficulty in defining volunteerism despite its long existence, its cultural and religious foundations, and its political influences. Culture is seen as a significant factor in the act of volunteerism. Flick, Bittman, & Doyle, (2002) also argue that volunteerism is culturally specific, and therefore cannot be restricted to a universal definition. This is because it is manifest in various forms and contexts across societies. In this regard, UNV (1999) asserts that the history, politics, economics, religion, social issues and culture of a specific region are important attributes that strongly influence the act of volunteering. For example, in the United States of America, rapid socio-economic changes and the extensive demand for services in the late 19<sup>th</sup> and early 20<sup>th</sup> century propelled the voluntary sector into action to provide needed services (Reisch and Wenocur, 1984).

Moore McBride, Benítez, Sherraden & Johnson (2004:8S) discuss service and volunteering and contend that service means “contributing through a formal programme for the intended benefit of individuals, a community, nation, or the world ... and may be considered a subset of

volunteering, or it may be distinctly different." They go on to emphasise that volunteerism can take many forms – from informal support networks in a village, to intensive commitments of time and formal programmes.

In a more comprehensive definition, Allen (2002), cited in Flick et al. (2002:32), asserts that volunteering:

"is an effective way to help solve serious human, social and environmental problems, ... to deliver services, to provide individualised attention, to engage with those most in need of help, ... to improve the quality of life in our communities ... to enable people to live healthier, more productive and more fulfilling lives, learn new skills, build new social connections, reaffirm their value to others."

Volunteering, therefore, is an act that is all encompassing and far-reaching and contributes to individual and community development. Ultimately, it inherently promotes social development. Patel et al. (2005:3) quoting Sherraden (2001) distinguish between two types of service and volunteering programmes:

- Structured civic service programmes which the Global Service Institute defines as "an organised period of substantial engagement and contribution to the local, national, or world community, recognised and valued by society, with minimal monetary compensation to the participant".
- Informal community-based service programmes which are organised by people at local level, and involve consistent volunteer activity over a period of six months or more.

Moore McBride and Sherraden et al. (2004:10S-11S) argue that service in itself has many meanings and becomes useful when descriptors are added. Thus, in the context of volunteering, they prefer the term civic service which they see as "an organised period of substantial engagement and contribution to the local, national or world community, recognised and valued by society, with minimal monetary cost to the participant". Moore McBride and Sherraden et al. (2004:11S) emphasise that "volunteer" is a contested concept which sometimes excludes the type of service that is compulsory and/or has a stipend attached to it. It is in this context that they prefer "service" instead of "volunteer". In addition, they see service as taking place "within a programmatic structure", and therefore, "considered a formal, programmatic intervention".

Despite the lack of consensus on a universal definition of volunteering, there are specific and core characteristics that underlie the concept. Volunteering is an act that is undertaken freely, without coercion, for reasons that are beyond financial gain and for the benefit of others as well as volunteers themselves (UNV, 2005). Thus, volunteering is based on three key characteristics; free choice, no remuneration, and informality or formality (UNV, 1999; Flick et al., 2002). Volunteering is broad-based, and volunteers can offer their services to a broad spectrum of people including individuals and families. Services provided are also varied and may encompass social planning, community development and social reform activities (Reisch and Wenocur, 1984). Volunteerism is practised in different sectors of society, such as in care of the aged; early childhood development; youth development; restoring and maintaining the natural environment; and fostering democratic, economic, social and political participation (Flick et al. 2002). Volunteerism also plays a vital role in the wellbeing and advancement of all human societies regardless of their level of development, be they Third World or developed nations. In this regard, UNV (1999) contends that volunteerism is the basis of many of the efforts of civil society, professional associations, and decentralised government services.

Volunteers provide services for various reasons. Flick et al. (2002) contend that some volunteers are influenced by socio-economic factors such as educational levels, occupational status and income, social standing, and religion. Reisch and Wenocur (1984) also accept this view and note that volunteerism is associated with social class. They argue that, for example, in the developed countries, people in higher social classes based on occupation, income and education, are more likely to engage in voluntary participation. They emphasise that the level of education is an important factor in determining one's involvement in volunteerism, as the more-educated are more likely to have a deep comprehension of social problems and the desire to assist the underprivileged. Similarly, Voicu and Voicu (2003), assert that the more educated a person is, the more knowledge he/she can use in order to help a voluntary organisation to achieve its goals. Also, more education means a high probability of increased aspirations and interest in fulfilling superior needs, including more gratification from non-material rewards. On the other hand, higher educational levels could be a deterrent to engagement in voluntary activity because individuals with higher education are likely to be in paid employment and have less time for volunteering. Also, the fact that there is lack of remuneration for voluntary activity can be a hindrance to civic participation, especially for those who desperately need an income to promote their socio-economic welfare.

Religion is also significant in motivating individuals to engage in volunteering because of a divine calling to "help others" (Sabrina et al., 2004). They assert that religious institutions provide direct opportunities for volunteer work and social ties that connect people to these opportunities. Religious bodies also teach altruistic values which facilitate the desire to volunteer. Thus, religion is an important location for acquisition of both social and cultural capital.

#### **4. Benefits of Volunteerism**

Whereas volunteering is primarily undertaken for non-financial gain, many people use it as a pathway to formal employment. Flick et al. (2002) conclude that volunteering can be a vehicle for unemployed volunteers to gain access to formal employment. Flick et al. (2002) discuss the reciprocal nature of volunteering and contend that it can be two-faced in its role of benefiting both the service beneficiaries and the service providers (volunteers). UNV (1999) argues that volunteering boosts volunteers' self-confidence, provides access to work place networks, or connections, and most importantly, provides an opportunity for the development of specific marketable skills that can be utilised by those who are in search of paid employment.

Volunteerism does not end at being a vehicle for finding paid employment; it can also bring about job creation. UNV (1999) asserts that new jobs are created as a result of volunteering and collaboration between volunteers and governments. Thus, governments need to recognise and appreciate the efforts and roles of volunteers, and use such efforts in job creation. In view of this, UNV (1999) goes on to contend that the creation of new jobs is feasible through development of services by volunteers, which the government and other stakeholders can eventually take over and turn into remunerated jobs. For example, innovative responses from volunteers to the HIV/AIDS epidemic have brought about the creation of numerous paid jobs in both the private and public sectors. Apart from creation of new jobs, volunteering can also lead to the creation of local organisations, such as NGOs, or institutions that are vital in contributing to community development or improving the social wellbeing of communities. This can be attributed to the social networks or the notion of "connectedness" that is cultivated by the act of volunteering. Social networks foster social interaction and exchange of ideas that can create a sense of cooperation and social development. A practical example of how volunteerism can

bring about the creation of local economic organisations is the Grameen Bank, which came into existence through a voluntary initiative aimed at provision of micro-credit to address the poverty and indebtedness of villages in rural Bangladesh (UNV, 2005).

## **5. Volunteerism and Social Capital**

Volunteerism can be used as a yardstick of civil cooperation or engagement and unity in a given society. Volunteerism cannot operate in a community that is divided, detached and devoid of social connectedness. Flick et al. (2002) contend that volunteering is an indicator of how socially healthy and connected a community is. It can, therefore, be deduced that there is a close relationship between volunteering and social capital, and that one cannot exist without the other. According to the UNV (2005), attributes of volunteering that foster social capital are the investment of time, and the building of mutual trust and confidence among all stakeholders. Baum et al. cited in Flick et al. (2002), emphasise that volunteering is an indicator of the level of social investment by people in their localities. It is also a reflection of the cohesiveness of the society and the strength of the social capital. Thus, volunteerism does not operate in a vacuum. Sabrina et al. (2004) point to human, social and cultural capital as essential components in the facilitation of volunteerism and other forms of civic participation important in social development.

Using survey data from selected districts in Uganda and Botswana, Widner and Mundt (2000) explored the influence of citizens' number of memberships in associations, frequency of attendance, social trust, frequency of conversations with people of different ethnic or religious backgrounds, optimism, volunteerism on political participation and institutional performance. When people in the northern part of Uganda were asked about which districts seemed to perform best in development, and why, the local leaders suggested that two areas in the south, Bushenyi and Rukungiri, were doing especially well and were different from their own areas. People in their own districts seemed not to be "development-minded" and tended to "do nothing because they think others will bring them down" or are "just interested in themselves" (p. 12). In Botswana, in the north-east district, Weidner and Mundt (2000) found that compared with Uganda, 69% of the respondents in the north-east district had worked with others on a volunteer basis to solve community problems. In Botswana, a majority of the respondents stated that the spirit of volunteerism was much lower than it had been in the past 10 years. The government's drought-relief programme, geared toward improving the welfare of rural dwellers during drought periods, was blamed for the dwindling of the spirit of volunteerism. The tendency to hold conversations with people of different backgrounds correlated with voluntarism.

Based on a study of low-income areas in Francistown city, Modie-Moroka (2003, 2005) argues that lack of community cohesion and concern may often impede a community's attempts to draw from its own strength to address its own problems. The dissipation of collective efficacy as the community becomes poorer could make it difficult for them to organise for "the greater good" the community, and together address critical community needs.

## **6. Volunteerism and Policy Makers**

Governments worldwide have utilised voluntary activities in shaping and gauging policies that aim at improving people's living conditions. Naidoo (2006) recognises volunteers and the voluntary sector as a reservoir of policy intelligence that governments can draw upon. Naidoo emphasises that different socio-economic challenges and hurdles faced by most communities can, therefore, be tackled through governments' engagement with volunteers in an effort to find permanent solutions to social problems. According to Hodgkinson (2003), in the era of

globalisation and democratisation, many governments realise that it is a daunting task to provide all the services that citizens need by themselves; and that citizen participation and initiative are crucial, especially in enhancing and sustaining community mutual trust and social solidarity. Volunteers' contribution to policy making and delivery are crucial because of their interaction with people at the grassroots level. Therefore, their experiences can be instrumental in the formulation of policies that are central to the alleviation of poverty and other social ills that are retrogressive to social development. For example, volunteers can play an important role in ensuring and enabling dialogue between people who are poverty stricken, and policy makers (UNV, 2005).

## **7. Volunteerism and Empowerment**

The voluntary sector complements governments' efforts in citizen empowerment through social mobilisation and capacity building. For example, volunteers, in collaboration with governments, initiate rural development programmes through innovative technologies; assist communities in planning and implementing development and welfare-related activities; introduce new methods of agriculture and husbandry; and engage communities in their own development (UNV, 2005). Volunteers' and communities' involvement ensures continuity in social development due to capacity building and training of local communities. Therefore, communities are empowered and encouraged to be economically independent as opposed to being dependent on the state for meeting their socio-economic needs. Communities facilitate their own development and develop a sense of ownership of programmes and activities as partners with other stakeholders in social development. Through empowerment and collaboration, communities are able to acquire knowledge, skills, resources and the aptitude to promote their own socio-economic development. Volunteerism also enables governments to combine state resources with the efforts, experience and capabilities of volunteers, thereby improving the effectiveness and accessibility of services (UNV, 2005).

## **8. Volunteerism and Social Exclusion**

Certain population groups in communities, such as women, minorities, the displaced, the aged, the young and those with special needs, are largely marginalised or excluded from power sharing and decision making (Naidoo, 2006; UNV, 1999). Volunteering can be used as a channel through which the socially excluded groups can participate in the cultural, economic, social and political development of respective communities. UNV (1999) notes that volunteering is vital because it reinforces the means and capacities of people, the marginalised included, from all parts of society to participate in civic duties that benefit nations, communities and themselves. For example, if people with disabilities are given a chance to engage in voluntary activities, the negative stereotypes associated with disabilities can be challenged. Volunteering by the socially excluded or marginalised is also important as it offers these people an opportunity to address their own challenges and shortcomings. This, according to Naidoo (2006), fosters a sense of citizenship and belonging, because volunteering is often seen as a process where citizens get together through various organisations or activities to provide direct services to people and communities, and use these as opportunities for personal fulfilment.

Volunteerism also offers opportunities for self-development, self-realisation and personal growth for both volunteers and service recipients. Through volunteerism, service receivers acquire life or survival skills. For example, for unemployed youth, volunteering can be an opportunity to acquire skills that can be used for paid employment (Schwartz, 1984). Pidgeon (1998) contends that the benefits of volunteering include the ability to work more effectively with communities;

development of a strong sense of personal mission; increased strategic planning skills; understanding ethical and moral standards; and appreciation of social patterns.

## **9. Volunteerism and Raising Awareness**

Volunteerism can be used to raise awareness of a number of socio-cultural, political and economic issues in communities. Volunteers are known to sensitise people on issues such as environmental degradation, drought, famine and diseases, and how to deal with them. In light of this, it is argued that the act of volunteering can help strengthen civil society and encourage citizens to be pro-active with regard to their environment (UNV, 2005). Also, in the case of HIV/AIDS, for example, volunteers help mitigate the effects through community-based interventions and management initiatives mobilising communities for behavioural change. Furthermore, volunteers are instrumental in sensitising people about the negative effects of HIV/AIDS-related issues such as stigma and discrimination of those affected and infected by the disease. Volunteerism also raises awareness of the large number of orphans, and their caregivers, and how to meet their needs. Therefore, volunteerism is crucial in this era of HIV/AIDS, especially because the capacities of extended families have been eroded by the epidemic in the context of many socio-economic problems and demands.

## **10. Volunteerism and Challenges**

The act of volunteering is influenced by a number of challenges, such as poverty, unemployment, a lack of understanding of what it entails, and lack of skills. Many people who may otherwise volunteer are preoccupied with earning a basic living that meets their requirements for housing, food, clean water, education and good health. In addition, these factors make it increasingly difficult for a lot of people to undertake regular volunteering in different communities (UNV, 2005). Naidoo (2006) asserts that culture poses problems for volunteers who must respect cultural diversity among the different communities, and social contexts such as history, environmental factors and social relationships. Volunteerism must take place in a culturally appropriate context based on relevant knowledge, skills and attitudes. In view of this, volunteerism must be supported and strengthened through the availability of relevant infrastructure, resources, appropriate training and appreciation of the contribution of volunteers (UNV, 2005).

Globalisation influences the process of volunteering and service provision both negatively and positively. It has entrenched the already wide inequalities between the rich and the poor. Neoliberal ideology, emphasis on structural adjustment, outsourcing, privatisation, competition and small governments, among other things, have led to job retrenchments, cuts in government spending, and shrinking public services. The outcome of all these, in another sense, is a positive development in that the situation has led to increasing need for volunteers to provide services which are not forthcoming from the public sector, in a way, taking the pressure off governments. This is despite the notion that governments should not abandon their social responsibility of caring for their citizens (Naidoo, 2006; UNV, 1999).

In the face of globalisation and associated problems, governments are forced to facilitate the work of volunteers by establishing policies on volunteering and liaising with the voluntary and private sectors on service provision. It is in the interest of governments to work together with volunteers and to create opportunities for those who have skills and resources to volunteer. In addition, specific programmes to encourage volunteering across all population groups should be developed, with special emphasis on the youth. Equally important is the need to establish an

enabling environment through legal, fiscal and other provisions; promote private sector support through tax and other incentives for companies to support their staff in volunteering schemes; and influence international organisations such as the UN to attract volunteers (UNV, 1999).

Some of the factors that have been identified to negatively influence volunteering in the developing world include non-strict adherence to religious morals and obligations, weakening of community values, breakdown of traditional family obligations, and increase in individualism (UNV, 1999). In this respect, it is necessary to find ways to support and equip volunteers to deal with the challenges of volunteerism in the developing nations.

On the whole, volunteerism is an important concept that fosters social and community development. Volunteering plays a significant role in the development of social networks or strengthening of social capital, creation of new jobs, opening up and offering opportunities for employment, and acting as a reservoir of policy expertise from which governments can draw. It complements governments' efforts in citizen empowerment, and contributes to solving the problems of those who are socially excluded. This helps to integrate them in mainstream society. In addition, volunteering raises awareness about issues that negatively affect communities, thereby promoting ways of strengthening civil societies. In the age of globalisation volunteering is faced with numerous challenges, but governments can ease such problems by recognising and appreciating the efforts of volunteers, and by offering them incentives such as materials and other resources, that will further motivate and increase the number of volunteers.

## **11. Volunteerism and Care-giving**

Informal care-giving is an act of volunteerism. The volunteer may be a family member or a member of the community who provides help with basic personal needs, chores, and errands to people living with chronic or terminal conditions. Because of their nurturing roles, women are most likely to shoulder the burden of caring for different family members and community members at different stages in their life cycle. The list of care recipients includes the elderly, persons with severe and persistent mental illness, persons with developmental disabilities, and people living with diseases like AIDS and cancer.

A study conducted by Phorano and Modie-Moroka (2003) in Kopong village in Botswana found that most volunteer care-givers were aged between forty and seventy years old and provided at least twenty hours of care per week. A majority of them were not employed. The relationships of the care-givers to adults living with HIV included mothers, friends, aunts, non-relatives and volunteers from the community. Overall, the majority of care-givers were actively involved in the health care of their loved ones. They provided emotional support; personal care; running errands; household maintenance; child care assistance and guardianship; transportation to medical appointments and discussing health and social problems with health care providers; and organising medication for and administering treatments to their loved ones. The study further found that home-based care placed enormous burden on older relatives, mostly older women, who have to provide this care without sufficient economic means, facing stigma and other physical and psychological challenges in their old age. The women in the study stated that though care-giving was a spiritually rewarding experience, often it was physically and emotionally exhausting especially since they do not feel adequately supported and appreciated. Most care-givers stated that the act of volunteering itself also implied that they could not be open about their feelings of vulnerability.

Another study on care-giving was conducted by Sebego (2003) on family care-giving demands in Botswana during life-threatening illness. Sebego (2003) used a descriptive, cross-sectional design of a sample of 117 family care givers of persons suffering from life-threatening illnesses recruited from Gaborone and Kgalagadi health districts. Data were collected through face-to-face interviews. The study found that care-givers were mostly female, single, unemployed, with limited education, and had been involved in care-giving for an average of 16 months. Their mean age was 47.6 years. The diagnoses of care recipients included HIV/AIDS, tuberculosis, stroke, congestive heart failure, cancer, and rheumatoid arthritis.

## **12. Methodology**

### **12.1 Research Design and Sampling Techniques**

This was a qualitative, cross-sectional study that used both in-depth and focus group discussions (Rubin and Babbie, 2001). This was necessary to capture respondents' subjective experiences and understanding of service and volunteerism. Data were collected from urban, peri-urban and rural areas. Respondents were purposefully sampled on the basis of their knowledge of and experience in volunteering, in government, NGOs and donor agencies. Both the research sites and key informants were selected using convenience sampling. Thereafter, snowball sampling was used, mainly because lately there has been a mushrooming of community-based organisations (CBOs) and faith-based organisations (FBOs) that provide services in the communities. Once the first key informant was identified, that person was then used to reach others. We note the fact that the major disadvantage of these techniques is that they may not necessarily be representative of the population as a whole. A total of 15 key informants were interviewed. Two focus group discussions were held, comprising of eight members each. The process of data analysis included data reduction, data display, identification of key themes, and conclusion drawing. Official records and secondary data were reviewed and analysed.

The original intention of the study was to sample a minimum of five key informants drawn from government, non-governmental organisations and donor agencies. However, finally fifteen key informants were interviewed. The justification for this was to capture the breadth of volunteering agencies to account for the geographical dynamics of volunteering in the country. In our view, fifteen informants was big enough to reflect rural, urban and peri-urban factors and small enough for indepth interviews. Whereas we had intended to interview two donor agencies, all appointments with donor agencies never materialised because the officers who were to be interviewed were committed elsewhere during the time of the study. The informants were selected purposively, based on their involvement in: implementation of service and volunteering policies; coordination of service and volunteering programmes; and having at least two years experience serving in either a rural, urban or peri-urban area as defined by the Central Statistics Office. The interviews were conducted within the generic interview guide provided.

### **12.2 Ethical Considerations**

Ethical considerations are critical in social science research (Rubin and Babbie, 2001). Key informants and focus group discussion participants were informed of the purpose and objectives of the study. A standard information letter was read detailing the intention of the study, and the participants were asked to voluntarily consent before the interview started. It was also explained and agreed that participants could withdraw from the study at any time during the proceedings. The researchers took great care to keep the information confidential by ensuring that there were

no identification marks on the data collected, and that no one was linked directly to the responses quoted throughout the study. Initially the researchers had planned to use tape recorders, but this was stopped as the respondents were not comfortable with the process. Therefore, field notes were taken during the interviews and focus group discussions, and transcribed later for data analysis.

### **12.3 Limitations**

The research team did not have in-depth prior knowledge of the scope and nature of civic service programmes in the country to enable an informed study design. However, care was taken to include various population groups through information provided by knowledgeable informants. Another difficulty was that another study on volunteering involving the same respondents was conducted before we started, making it difficult to attract focus group discussion participants in Gaborone. The research team then decided to conduct the focus group discussion in Francistown city (in the north east of Botswana) during the last week of February 2006. The requirement to use tape recorders was not fulfilled because of participants' discomfort with the process. This could have affected the nature of the data collected; however, efforts were made to take accurate notes.

# **Section Two: Findings and Discussion**

## **1. Background of Respondents**

Respondents came from various organisations representing government and NGOs in the urban, peri-urban and rural settings. Key informants in the urban area were sourced from the Department of Social Welfare and Community Development (S&CD), the Botswana Police, Childline Botswana, and Notwane Village Development Committee (VDC). Respondents from the peri-urban area were the Tirisanjo Catholic Commission (TCC), Botswana Retired Nurses Association, Botswana Network of People Living with HIV/AIDS (BONEPWA), St Paul Apostolic Church and Thusano Burial Society. With respect to rural areas, informants were drawn from Gabane Home-Based Care, Ramotswa Shelter for the Hopeful Community, Emmanuel Counselling Centre, Community Relief Day Care Centre and Ramotswa VDC.

The membership of the two focus group discussions held in Francistown also comprised representatives from government, non-governmental, community-based, and faith-based organisations. Respondents from government were drawn from the departments of S&CD, Agriculture and Women's Affairs. In the case of NGOs, participants came from True men Sector, Light of Hope, Tebelopele VCT, Bopaganang Basha, and the Botswana Red Cross Society. CBO representatives were from the Gender Committee, Borolong Women's Group and Botswana Widows Association, while the FBOs were the Roman Catholic Church and Botswana Christian AIDS Intervention Programme. A striking feature about the membership of the focus group discussions was the gender imbalance. This reflects the fact that women, overwhelmingly, are inclined to provide volunteer services in those organisations. It further confirms results of other studies that have found that those who volunteer their services are mainly women (Modie-Moroka and Phorano, 2003; Sebego, 2003).

## **2. Meaning of Service and Volunteering**

Service and volunteering are conceptualised in cultural terms as an obligation to help those in need. The term service is culturally understood as "*tirelo*", something done for others or "*go thusa batho*" (helping people). It is conceptualised differently according to the nature of the organisation and the service it offers or the orientation of the individual service providers. On the one hand, those who provide behavioural change interventions tend to see service as something "intangible", as it seeks to influence attitudes and behaviours of the target population. On the other hand, those who are involved in material provision would see service as doing something "tangible" or "concrete". Volunteering, (*boithaopo*) refers to the act of helping other people without expecting payment. However, informants stated "gifts as appreciation of investment of time and effort are acceptable". Thus, the terms service (*tirelo*) and volunteerism (*boithaopo*) are commonly used interchangeably in the field.

Participants emphasised that historically, individuals and communities operated with the spirit of togetherness and helped each other undertake a wide range of activities to satisfy a diversity of needs. Thus, service and volunteering have a social meaning and fulfil political, economic and religious obligations. For example, informants emphasised that service and volunteering "are driven and compounded by everyday needs". Their cultural meaning of service and volunteering is underscored by phrases such as "*mabogo dinku a thebana*" (work together for a common purpose), "*go direla setshaba*" (selflessness in community and national service); and "*boineelo*"

(commitment and humility to serve). These concepts may take on a religious or cultural meaning depending on the nature of the service provider. For example, faith-based volunteers view their contribution as a sacred duty sanctioned by God, while those who are culturally-based emphasise social obligations and mutual reciprocity in their service. The Setswana proverb, “*se tshege yo oleng maledi go sale pele*”, implores people not to laugh at those who fall first but rather to help them because they may have the same problem in the future. For others, volunteering is a means of avoiding idleness and being useful to others. It is evident from the data that those who have a history of volunteering in their communities are more likely to participate in the care-giving of people living with chronic diseases such as HIV/AIDS. Overall, modern volunteering and service appear to have borrowed from traditional principles of reciprocity and mutual aid such as “*mafisa*” (lending of cattle to the poor), and “*molaletsa*” (mutual self-help to enable people to be productive and self-reliant). All these recognise the dignity and worth of those who need support and care.

### **3. Form, Scope and Age of Service and Volunteering Programmes**

The data indicate a wide variety of volunteering with varying capacities. There are two major types of volunteering, informal and formal. Informal volunteering seems to be confined to the micro level, usually involving family, friends, and close neighbours in such functions as weddings, burials, farming, building houses and clean-up campaigns. These activities involve material aid, labour, application of skills, psychosocial support in times of crisis, donation of time, and so forth. There are no professional leaders in informal volunteering, but long experience and being passionate about the service are considered crucial. Thus, informal volunteering appears to be inspired by socio-cultural and religious values. These forms of informal volunteering were observed across the three sites (urban, peri-urban and rural).

Whereas informal volunteering is common, its scope tends to be localised and may not extend beyond families, friends and the neighbourhood. For example, informants in Gaborone stated that in the event of death within a locality, especially in the low-income areas, opportunities are provided for residents in that neighbourhood to provide financial contributions to the bereaved family. With the advent of HIV/AIDS, informal helpers have become even more entrenched in the management, support and care of patients at home and in home-based care. It is evident that the whole process of home-based care is built on the premise that family members and neighbours are available to volunteer and provide care. In this regard, most caregivers in the family context have no choice as custom dictates that they provide care for their relatives. This is also compounded by the fact that there are very few formal services such as hospice or day care centres for the care of the terminally ill. Most caregivers are poor women who are already overburdened with household chores. Observers are worried “that the government has placed the responsibility of caring for AIDS patients in the family, and ultimately, with women” (Osei-Hwedie and Osei-Hwedie, 2002:4). This is because care-giving is in addition to the regular household chores undertaken by women. At times care-giving also becomes a fulltime job as the sickness advances. Usually care-giving also involves poor women taking care of well to do relatives. This has driven many families into excessive poverty, because when the breadwinners are sick the caregivers usually also leave their menial jobs in order to provide care. Consequently, this has led individual patients, their caregivers, and at times entire households to be dependent on government. Despite this, a positive outcome of home-based care is that individuals, families, government, NGOs and CBOs have the opportunity to plan and provide needed services at the family and community levels. Osei-Hwedie and Osei-Hwedie (2002:4) emphasise the fact that “the home becomes the intersection of both direct and indirect care, and

allows NGOs to fulfil a variety of interpersonal commitments based on affiliation, altruism, empathy and mutual sharing of resources.”

Formal volunteering refers to the existence of an organisational, hierarchical management structure, with recognised membership and official registration. Examples of these are faith-based organisations (Botswana Christian AIDS Intervention Programme (BOCAIP) and The Roman Catholic Church), community-based organisations (CBOs), (Village Development Committees (VDCs), burial societies, a senior citizens' group, widows support groups, HIV/AIDS support groups, etc), and non-governmental organisations (NGOs), (Botswana Network of People Living with HIV/AIDS (BONEPWA), True men Sector, Light and Courage Centre, Fountain of Joy, Botswana Red Cross Society). These groups provide a wide range of services including material aid; psychosocial support, especially professional counselling; education, advocacy and activism in gender and HIV/AIDS issues; and planning of local social development activities.

The CBOs have limited scope in terms of coverage since they are limited to particular neighbourhoods. A particular, but important feature of CBOs is that some are formed through government development policies, and are guided or supported by civil servants serving in the different communities. The NGOs, however, have wider coverage and in some instances may cover a whole city or village, district, or the nation. The international organisations, as the name suggests, originate from outside of Botswana. They support both government and local initiatives throughout the country and usually have professional staff and expertise. Services provided include orphan care, counselling, emergency and disaster relief, health care, and technical expertise on local and national development projects.

This could suggest that the spirit of service and volunteering, which was a basic aspect of social life during the pre-colonial period, has persisted into the post-colonial era. Whereas service and volunteering are rooted in the grassroots level, the faith-based, non-governmental and international voluntary organisations are more visible and easily recognised because they reach more people, have a wider coverage, have more human and other resources, and have better management skills. Most community-based organisations came into being after independence through the recognition that citizen's participation was vital if social development was to be achieved. It was also seen as part of the efforts, in the 1960s and 1970s, to bring government closer to the people, and improve and expand their participation in national development.

The history of faith-based organisations goes back to the beginning of missionary activities, from the pre-colonial era to the present. For example, the Roman Catholic Church has been involved with schools, moral education, and more recently care of orphans and those living with HIV and their families. Organisations such as the Botswana Red Cross Society existed prior to independence, and have vast experience in providing services for people with disabilities, emergency and disaster relief, first aid, and provision of material assistance to the needy. Both the Catholic Church and the Red Cross Society also bring an international dimension to service and volunteering given their international standing and access to vast global resources and networks.

Despite the long history of NGO activity in the country, since the 1990s after Botswana was classified as a middle-income country, the tenure of many NGOs has become precarious. This is due to the fact that funding from traditional donors has dwindled, with many of the donors relocating or redirecting their resources from Botswana. The data from the focus group discussions indicate the inability of even long-established organisations to function more effectively, and the bad state of new and emerging CBOs and NGOs due to limited resources.

There was consensus that government should do more to support CBOs and NGOs, and perhaps at times, take-over some of their services or facilitate their capacity to reach more people in distant places. For example, lack of transportation to reach clients scattered over large geographic areas was a major obstacle to effective service delivery. The respondents bemoaned the lack of a culture of individuals donating resources to NGOs and CBOs, and government's inability to provide incentives to induce and sustain such behaviour. "This is more disheartening," considering the fact that "the majority of volunteers are poor themselves and in many instances also require help to volunteer their services."

#### **4. Service Role: Time, Commitment and the Nature of Service**

The voluntary landscape comprises formal and informal organisations, and individuals and small groups involved in a variety of activities. Botswana has no compulsory civic service, having discontinued Tirelo Setshaba (TS) in 1999. TS was a national service scheme for secondary school leavers who served for one year anywhere in the country away from their homes prior to entering tertiary institutions or starting full-time employment. Thus, all the organisations represented in this study emphasised voluntary service.

Tirelo Setshaba, Botswana's non-military national youth community service, was inaugurated as a pilot project in 1980, following a recommendation by the Presidential Commission on Education (Government of Botswana, 1977). However, it was discontinued in 2000 due to financial constraints. It was deemed to be financially unsustainable. Tirelo Setshaba started with only 28 participants. By the early 1990s it had increased rapidly to over 1600 participants and 6000 participants by the end of the 1990s following government's decision to make the scheme compulsory.

Originally, the scheme was conceived as a study scheme to provide an opportunity for school leavers to learn through exposure to the diverse cultures of the country. By the mid-1980s the focus had changed to a community service scheme where participants were attached to various agencies and community organizations to provide needed services.

The objectives of Tirelo Setshaba were fivefold, namely: (i) To give an educating, broadening, maturing experience to all O'level school leavers before they begin further education or employment; (ii) To expose them to the realities of developmental needs in remote rural areas (and to their problems of meeting them); (iii) To increase their self-discipline, initiative, sense of responsibility, ability to identify, analyse, and help solve problems, and their commitment to the development of their country; (iv) To provide educated manpower to help carry out development programmes in rural areas, particularly in remote areas; and (v) To create greater understanding of each other among people from different parts of the country (Tirelo Setshaba, 1987).

It was intended for senior secondary school leavers who had passed their O'level examinations. The scheme was voluntary but later the TS certificate was made a prerequisite for entry into tertiary and university level institutions as well as employment in the government sector for all citizens. Most Tirelo Setshaba participants (TSPs) served for twelve months in rural government, parastatal and non-governmental agencies away from their home towns/villages. The major areas of service included agriculture, education, health, local cooperatives, rural industries, and social and community development. About 40% of TSPs were placed in primary schools.

The time for service provision varies. In some instances, there are no stipulated times and thus servers may provide services when they are available or upon demand, any time of the day. In other cases, service time is flexible and depends on the availability of the service providers. For example, volunteers for BONEPWA, Childline, and Neighbourhood Watch, were on flexitime. Both Emmanuel Counselling Centre and Community Relief Centre operate from 08:00 to 16:30 and require full-time volunteering from Monday to Friday. Village development committees (VDCs) have scheduled meetings at month end but may meet as and when necessary. However, in Ramotswa, the VDC must commit about four hours per week over a two-year term. The faith-based organisations, especially the African Independent Churches, provide services throughout the day. The informants emphasised that “they are there night and day. They do not have a break from their calling.” It was emphasised that “*re tla dira thomo ya Modimo ka nako tsotlhe*” (we will do God’s work at all times).

From the data, it appears commitment to serve is very high as it is driven by personal desire, social obligation or religious duty. It was also evident from the focus group discussions that a majority of volunteers are adults who have strong beliefs and motivation to do something tangible for themselves and for others. For example, the Widows’ Association comprises elderly women who have gone through traumatic experiences themselves, and who desire to help each other to adapt to and cope with changing life circumstances.

## 5. Servers, Service Areas and Goals

Servers are mainly adult women and a few men across all service areas. From the focus group discussions, it was evident that young people, both males and females, are less inclined to volunteer. Most of the time, if they want to volunteer, it is with the intention of finding a full-time job or using the organisation to acquire skills and contacts for paid employment in the future. A key informant noted that “in many cases youth volunteer to expand their CV to enable them to acquire experience and skills for wage employment”. Also, organisations are sometimes less inclined to provide opportunities for young people with fewer skills, and less education and knowledge to volunteer, as donors require superior skills in report-writing and accountability for their financial support.

Many of the servers are from the low-income group. As a result, they lack resources other than their skills and time to contribute towards service and volunteering. However, in some organisations like Childline, there are university students who volunteer their services. In the case of BONEPWA, the majority of volunteers are female youth. The over-representation of females in service provision could be partly attributed to the fact that males are expected to work full-time to take care of their families. It is possible that the non-involvement of males, even students at the tertiary level, may be due to socialisation and gender role stereotypes. Thus, female students may be more open to volunteering and providing services, especially in the area of care. Even in situations where associations cater for males, such as in the case of the True men Sector, males do not volunteer in large numbers. We speculate that another reason why men do not volunteer in large numbers may be due to the nature of service areas. In the context of HIV/AIDS, for example, hospice, home-based care, and respite services are mainly associated with chores usually done by women. Botswana men are socialised to believe that they are primarily breadwinners and therefore are not expected to do any work that does not bring substantial monetary or material returns. This contradicts the whole spirit

of volunteerism. It is also possible that men may be more interested in service areas that give them more recognition and power. For example, men will volunteer in political organisations, churches, and governing boards of associations because it makes them visible and gives them the prospect of future employment. Most service areas as identified in this study cannot provide these.

Reisch and Wenocur (1984) and Voicu and Voicu (2003) emphasise that people with higher education and income levels are more likely to volunteer in the developed countries. Even though we did not come across any literature that deals with volunteering of lower classes in the developing countries, evidence from this study point to the overwhelming number of poor people, especially poor older women providing services as care-givers. Thus, it appears what pertains in the developed world is not necessarily true for Botswana. It must be noted, though, that the willingness to volunteer may depend on the nature of the work to be done. In Botswana the rich may contribute financially and materially but most physical activities are done by the low income groups.

The main service areas identified include human and social services, education, social and community development, child welfare, health including HIV/AIDS and spiritual healing, counselling, crime prevention and protection of property, emergency relief, gender, personal development, human rights, environmental protection, agricultural extension, sports and recreation, nutrition, social and financial security, and youth development. From the data, it is evident that most of the services provided are in the social welfare field.

The objectives, for example with respect to health and HIV/AIDS, relate to “fighting AIDS stigma and discrimination in the community”, “promoting positive health behaviour”, “reducing the burden of care on care-givers”, “educating the community on the importance of voluntary counselling and testing”, “providing and assisting clients with skills they can use to support themselves”, “motivating care-givers to continue service”, and “providing psychosocial support and care”.

In the case of burial societies, the objectives are to help members financially and provide psychosocial support to “instil self-confidence and self-esteem to deal with the crisis”. This is also to help them bury their dead with dignity. Thus, they are made to feel cared for so that they do not withdraw from society.

In the area of community development, the objectives relate to “developing and improving sustainable livelihoods”, “developing community infrastructure such as child care centres, recreational facilities, and pre-schools”, and “providing services such as identification of destitute, and children in need of care”.

Human and social services focus on the “provision of psychosocial support, professional counselling”, “promotion of human rights and peace building”, “personal development involving enhancing social and inter-relational skills”, “exposure to working with challenging cases”, “building self-esteem and self-confidence”, and “reducing crime and protecting personal property at neighbourhood level”. In addition, it aims at providing “sporting activities as a form of exercise so clients can feel healthy”.

Almost all the services have an education component with the objectives of “teaching clients to take care of themselves”, “providing information on HIV/AIDS”, “imparting

knowledge on nutrition”, “creating awareness on human rights”, “sensitising communities and individuals on gender issues”, and “education on environmental protection”.

## **6. Institutional Dimensions: Access, Incentives, Information and Facilitation**

Across service sectors the criteria to serve include, but are not limited to, skills, education (qualification), experience, commitment, and language. For example, some services need training and a certain level of skill to be carried out. Also, some services are local and, therefore, require servers who understand the language and culture of beneficiaries. Age is also a factor, for example, in the VDC “one has to be 18 years and above, be literate (know how to read and write), be resident in the locality, and be conversant in Setswana and English.” This is because servers have to be responsible and able to keep records. Eighteen years is taken to be the age when one is mature and responsible. With regard to education, for example, Childline emphasises “qualification and experience”. They use this because “we deal with sensitive issues that require confidentiality. We also need professionalism to help clients”. It is because of this that tertiary students, mainly in social work and psychology, and professional social workers are offered opportunities to volunteer.

Other organisations, such as the Community Relief Day Care Centre and Tirisanyo Catholic Commission, have no set criteria to determine who can serve. People are welcomed insofar as they have something to offer. Along the same lines, BONEPWA also welcomes anyone who can help with psychosocial support, medication adherence support, counselling, and establishment and maintenance of backyard gardens, among other things. The programme also uses people living with HIV as education ambassadors to primary schools “to give a face to HIV/AIDS. However, for the burial society, the emphasis is on adults and the ability to pay the joining fee and an annual subscription fee. Commitment is the core factor that drives the recruitment of servers in the Shelter for the Hopeful Community. Since this is a community initiative, servers ‘have to be committed to the support group’ so as to instil a sense of hope in the clients who include orphans, senior citizens and others receiving home-based care.

The criteria according to which servers are selected have the effect of leaving out certain capable individuals. Sometimes people are left out on the basis of educational level, skill or age. In the case of VDCs, those who cannot read and write are discriminated against because they cannot serve on the committee. This is despite the fact that they can do other things besides record-keeping. Faith-based organisations select servers on the basis of their Christianity. Church members can apply on their own to be servers, or they may be recommended by pastors. This means that capable people who do not belong to the church are left out. In the particular case of the St Paul Apostolic Church, servers are selected on the basis of their being seen as “seers” or recognised as having a spiritual gift from God to see visions (“*ba kgona go bona ka semowa*”), and give direction to people who come for divine intervention. In this case, only people with a specific spiritual gift can serve. Organisations like Childline emphasise professional expertise gained through formal training, and therefore, those who do not have the professional training and expertise cannot serve.

From the data, all the service organisations provide some form of incentive, both tangible and intangible. Many of the organisations provide training through workshops

and seminars, and supervision by experienced servers. Even though Childline indicates that there are no specific incentives, servers are given additional training in the form of orientation and workshops on how to handle clients. This is an incentive for would-be professionals and professionals who want to hone their professional skills in working with children. BONEPWA and the Tirisanyo Catholic Commission, for example, issue certificates to the servers upon successful completion of training. These certificates can be used later in searching for related jobs. In the case of the Shelter for the Hopeful Community, the elders in the community raise funds for servers to facilitate home-based care. Neighbourhood Watch also provides training and transport to the servers to enable them to perform their duties.

Government-sponsored organisations such as the VDCs and Home-Based Care servers are paid a monthly allowance of P112 and about P100 respectively, but these payments, especially for home-based care tend to be erratic. In the case of the Tirisanyo Catholic Commission (TCC), BONEPWA, Community Day Care Relief Centre, the servers are paid an undisclosed monthly allowance. In addition, the Day Care Relief Centre also assists servers to find paid employment.

For faith-based organisations, the incentive has to do with the knowledge and satisfaction that one is doing God's work, since the greatest reward is in heaven. In addition, servers are also encouraged to grow personally and spiritually. Personal growth revolves around acquisition of interpersonal skills to enable servers to relate to their family and community in a loving and caring manner. Spiritual growth has to do with understanding God's word and purpose for human existence, and ministering to the poor and needy, both physically and spiritually.

All organisations ensure that servers have the necessary resources to facilitate fruitful service. Orientation is a common feature of all the service organisations to enable servers to understand the environment, organisational structure, policies and programmes, and individual responsibilities and expectations. For example, they are given information on how to conduct themselves in the execution of their tasks; report writing and discussion of what has been done and learnt; available resources; necessary legislation, regulations and procedures; and networking with, and referrals to, relevant agencies. Servers get organisational support through supervision, mentoring, using organisational resources such as offices, telephones, transport and working with salaried staff on programmes.

Servers are provided with opportunities to reflect on their work through regular daily, weekly or monthly meetings, where both successful and unsuccessful cases are discussed to learn from experiences. In these meetings, alternative ways of improving the services offered are also discussed. The daily meetings, usually in the mornings, are for reflection as well as discussing plans for the day. Servers are encouraged to develop team spirit and to discuss issues among themselves and help each other to cope. There are also opportunities to talk to supervisors and colleagues in the organisations when problems arise. These discussions may focus on the work environment, career opportunities and advancements, inter-agency collaboration, social issues and the programmes being offered. Resolutions that are made in these meetings are incorporated into practice policy and programme management. In the case of organisations that deal with issues such as counselling and home-based care for the terminally ill, there are also opportunities to talk about challenges, feelings, frustrations and the general work environment, among other things. The only organisations that

appear to have no specific organised meetings for reflection are the VDCs, Neighbourhood Watch and Childline. When there are problems or particular issues, servers are encouraged to speak to their supervisors.

## **7. Programme Administration**

The village development committees (VDCs), under the Department of Social Welfare and Community Development (S&CD), are administered by government through the Ministry of Local Government and coordinated by the Chief Community Development Officer in each district. Thus, the VDCs collaborate closely with S&CD social workers on local community development as well as in dealing with the destitute, orphans, terminally ill patients, and people in the community who generally need care. Home-Based Care Committees are administered by the Ministry of Health under the district health team (DHT). Neighbourhood Watch is administered by the Botswana Police in collaboration with the local associations. There is a local coordinator who liaises with the police on behalf of the community. Childline is administered by its own board of directors but they liaise with government departments and other organisations. They collaborate with hospitals and S&CD in the different districts who refer cases, including adoption. They also receive grants from the government and international development partners. The Shelter for the Hopeful Community is administered by a board of volunteers and appears not to have collaboration with government. BONEPWA has its own board but collaborates with government, which gives financial and other inputs such as paying rent for their premises. There is also collaboration with international development partners such as United Nations Children's Fund (UNICEF) and the World Health Organisation (WHO), among others. Emmanuel Counselling Centre administers its programmes with input and advice from its mother body, BOCAIP.

Faith-based organisations are administered by the various churches. However, in the case of the Tirisanyo Catholic Commission (TCC), it works closely with social workers in S&CD and nurses in the district health team (DHT) and attends meetings of the District Multisectoral AIDS Committees (DMASC). They also work closely with other NGOs such as Flying Mission, Botswana Christian Council (BCC), and the Botswana Council of Non-governmental Organisations (BOCONGO), which coordinates all NGO activities in the country.

Community Day Care Relief Centre was started by the Retired Nurses Association, which continues to provide technical and financial support to the centre. They also collaborate with individuals, the business community and donor agencies that provide financial support. It appears the burial society is run by an executive committee. Because of the nature of its business, it does not have major interactions with other bodies since its point of intervention is with bereaved individuals and their families.

Overall, government appears to be involved in the funding and administration of service activities. For example, the village district committees and home-based care committees are supervised by government departments at village and district levels. The VDC reports to the S&CD, while the HBC reports to the DHT. These organisations are funded by the government through the Ministries of Local Government and Health respectively. In terms of NGOs, even though each organisation has its own board, they are affiliates of BOCONGO through which they receive government grants.

Generally, all service providers indicate that their programmes are administered efficiently and effectively. This is due to the fact that the service providers are either professionals, skilled, experienced or committed, and that clients are helped in any-way possible. This, according to the informants, is confirmed by the positive responses of their service beneficiaries and general appreciation of their efforts by the communities. Overall, Botswana does not have many independent indigenous community based organisations. Most CBOs are extensions of, for example, government or church programmes. Even when NGOs want to establish a programme in a community they must preferably go through the government department responsible for the particular activity or issue. There is no evidence to suggest that there are problems of programme administration and cooperation between CBOs and NGOs. Both CBOs and NGOs are usually invited to attend VDC and village extension team planning meetings. An important lesson emerging from this partnership is that there is a multi-layered cooperation between government, NGOs and CBOs from village, through district up to national levels. This is consistent with the spirit of the national rural development policy.

## **8. Policy and Legislation**

*Vision 2016 – Towards Prosperity for all*, is the primary document that guides Botswana's current socio-economic development. It identifies seven major themes that the nation should strive towards: an educated, 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 a united and proud nation (Presidential Task Group for Long Term Vision for Botswana, 1997). There are some specific policies and legislations that inform specific service areas, for example, in the area of HIV/AIDS the Botswana National AIDS Policy of 1993 and the Second Medium Term Plan (MPT II) for HIV/AIDS (1997–2002) emphasise expanded multisectoral response to HIV/AIDS and the involvement of sectors other than health in assuming greater responsibility for HIV/AIDS. Through these policies, coordinating structures have been established including the National AIDS Council (NAC), National AIDS Coordinating Agency (NACA), Parliamentary Select Committee on HIV/AIDS, the District Multisectoral AIDS Committees, Botswana Network of People Living with AIDS, Botswana Christian AIDS Intervention Programme, and the Botswana Business Coalition on AIDS. The home-based care committees are part of this multisectoral response (Republic of Botswana, 1997).

Social and community development services are guided by the Revised National Policy for Rural Development of 2002, which aims at the “promotion of sustainable rural livelihoods, land and natural resources management, social protection, and retooling the institutional framework and capacity for implementing rural development initiatives” (Republic of Botswana, 2003:71). In addition to this, care for the destitute and orphans is informed by the Revised National Policy on Destitute Persons of 2002, Remote Area Dwellers Programme, and the Short-Term Plan of Action for Orphans of 1998–2003. Child welfare services are informed by national policies, legislations and international conventions such as the National Plan of Action for Children, the Affiliations Proceedings Act, and the Convention on the Right of the Child.

Crime prevention is an integral part of the criminal justice system globally. The Botswana Police have adopted community policing as a critical component of their service. Community members are encouraged to form crime-prevention committees and

neighbourhood watch groups to detect and prevent crime in their communities. This general principle underlies the efforts to establish Neighbourhood Watch groups across the country.

Generally, there have been no overt efforts to institutionalise the informal services. However, what appears to be semi-institutionalisation is actually an incorporation of the informal into the formal service provision. For example, in home-based care, while doctors, nurses, social workers, and health educators form the formal professional care team, the actual care is provided by family and community members using their cultural values and obligations as the basis of their incorporation into the care system. Even in the case of anti-retroviral drugs (ARVs), patients are required to have an informal support base to ensure that they take the medication as prescribed. In this case, the informal care system is seen as an extension of the formal system, where possible.

However, despite what appears to be an equal partnership, this model is top-down and the informal is subtly subsumed under the formal. The decision making process is controlled by the formal and decisions handed down to the grassroots level for implementation. In the event that the informal may need anything that is not covered by the policy or programme, chances are that they may not have it but rather must rely on their own personal resources to meet individual or community needs.

## **9. Factors Promoting or Hindering Service and Volunteering**

There are a number of factors that promote service and volunteering in Botswana including cultural obligations, religious duty, incentives, and community involvement. It is clear from the data, that Botswana has a long tradition of service and volunteering. The value of *botho* compels individuals and families to support and care for the needy out of moral obligation. This is because it is believed that those who are privileged at one point may become vulnerable at another time and hence the obligation to support relatives, neighbours and community members. It is upon this premise that serving others is perceived as an investment for assistance in the future. Even in the current neo-liberal ideological context, the government of Botswana finds *botho* relevant. It has adopted it as one of the major principles for the nation's socio-economic development and has enshrined it in the country's *Vision 2016 – Towards Prosperity for all* (Presidential Task Group for Long Term Vision for Botswana, 1997).

The Botswana government, as a neo-liberal economy, is caught in between promoting minimal government involvement in service provision and the need to cater for poor and other disadvantaged segments of the population. Thus, it finds itself introducing measures such as payment of school fees and privatisation of government services and involving families and communities in the care of their needy members. The tendency towards neo-liberal policies that emphasise minimal government involvement has serious implications on social development especially in African societies that have underdeveloped economies. Small government means fewer people employed in the civil service, in an economy where the private sector is very small and most people are employed by the government. It means loss of jobs and loss of sustenance for many people who depend on the few people who work. Shifting of service responsibility onto individuals, families and communities means that more people who usually would have depended on the government (either for free or subsidised services), cannot do so. It also means, for example, in terms of home-based care for HIV/AIDS patients that as

patients move from hospitals to the homes, part of the burden which was usually borne by the government will be passed onto families and communities. It is our view that the role of government in social development should not be to create dependency on public welfare but rather to empower citizens to be able to meet their own needs. Usually people become dependent on government because they do not have the means, and therefore, government is forced to create safety nets. In the case of Botswana, these have not addressed the root cause of people's inability to meet their needs.

The desire by servers to satisfy their religious calling also promotes dedication to service and volunteering. Religious servers do not expect financial incentives because their motivation comes from a higher, sacred calling. The small incentives that are provided in the form of cash, training, appreciation from service beneficiaries and sometimes the overall community involvement in a particular service activity encourage volunteers to strive on. Thus, such service and volunteering are driven by personal, social, economic and altruistic factors.

An important issue that negatively affects service and volunteering is the dependence of service beneficiaries on government and other providers to the extent that they expect someone else to provide for their needs, even where there are things that they can do. For example, services under the Destitute and Orphan Care programmes have come to be taken as a right. In view of this, programme administrators are pressured by politicians (councillors and members of parliament, VDC members and important people in the community such as *dikgosi*), to register those who do not qualify. It was also noted that people take advantage of services that are provided freely and exploit them for personal gain. This is mainly so with the faith-based organisations which provide free services in the context of religious duty. Whereas government has a duty to be fully involved in social development, the way it carries out this, perhaps, contributes greatly to dependency. For example, government has, since the 1980s, implemented programmes to alleviate the problems of the poor and the disadvantaged through programmes such as the Destitute Policy, Labour Intensive Public Works Programme and Arable Lands Development Programme. However, none of these programmes had a strong empowerment component to make beneficiaries self sufficient at some point. Thus, the destitute normally do not get off the programme. Again, for example, the agricultural programmes paid farmers for things that they were expected to do as farmers, such as de-stumping, ploughing, weeding, and fencing. This did not improve their situation and eventually the programme was discontinued because it became too expensive for the government. The issue here, therefore, is not more government but how government intervenes that leads to dependency.

Services are also affected by institutional and organisational factors. In many instances, service beneficiaries may lack knowledge of how the programmes operate and, therefore, may demand services that are not available or in ways that they cannot be provided. In some cases, the bureaucratic nature of organisations, stringent procedures, and inability of servers to use their discretion frustrates service provision. Sometimes the general nature of services ignores beneficiaries' unique circumstances and may provide services that do not meet their needs. Even where there are provisions to treat individuals as unique, practitioners may still not offer individualised service as, for example, in the Destitute Programme.

There are also problems of promoting public education campaigns, especially in rural areas where, for instance, the activities of the mass media are erratic. Most households

cannot afford or receive television transmission, newspapers are unreliable, and radio programmes may not be specifically tailored to their needs. There are also no community radio stations for promoting local issues.

Even when programmes are functional and popular, such as Childline, they are plagued by misconceptions. It was reported that “people do not like Childline because they feel it spoils their children”. Other programmes such as those dealing with HIV/AIDS are also stigmatised. Informants from Emmanuel Counselling Centre noted that “the way the centre is set up is creating problems. Being an HIV/AIDS centre that happens to be stigmatised, people do not want to be seen visiting the centre as there are always students around.” A centre like this, which is also supposed to provide education to the youth, finds itself unable to fulfil its other mandate of providing support to those infected and affected by HIV/AIDS. Thus, the use of the centre for educational purposes prevents others from coming, who want to keep their visits for other services secret.

The scope of organisations is also problematic. Some organisations are narrow, single issue-focused and small. Consequently, they are limited to their localities and unable to attract much-needed expertise that is not found in the immediate neighbourhood. Many organisations also lack the necessary resources to discharge their duties. As a result, they depend on external funding and contracts. One respondent noted that “as NGOs we are given contracts to do certain projects and when the contract finishes they are not easy to renew. We tend to have a lot of unfinished projects.” Thus, most NGOs spend considerable time to solicit resources. This valuable time could have been used to take care of their clients.

In rural areas, there are also people who are jealous of those who are elected into the VDCs. At times this has led to friction and non-cooperation with committee members who volunteer to spearhead social development in the village. The small allowances that are given to the servers are often a source of tension, especially in situations where the majority of people are poor and unemployed. Some serving members of the VDC also want the positions to be converted into paid employment “because we do government work”. Non-fulfilment of such wishes usually leads to frustrations and non-performance. Even in home-based care situations, no one may be willing to relieve the care-givers, because there are no incentives like the allowances given to the volunteers to do so.

In many instances, volunteers who are community members, poor, and especially women, are not held in high esteem because of their social position. This, in itself, may be a disincentive. This is in a context where men are known not to be very enthusiastic about volunteering their services.

Service providers also alluded to poor collaboration, especially with regard to referrals where agencies referring clients fail to get feedback. There is also a tendency for organisations not to share crucial information on funding; to collaborate on projects; to exchange staff; and generally to share resources. Thus, organisations that are resource-endowed and well-staffed hardly ever help their struggling companions.

## **10. Regional Collaboration**

From the data, there appears to be no significant collaboration between Botswana service organisations and similar ones in the Southern African Development Community (SADC) region. This appears to be the case even among organisations within Botswana, to the extent that even those with strong ties to government do not seem to have opportunities and mechanisms for collaboration. Community-based organisations also seem to have very little capacity and intention to collaborate with others outside their immediate localities. However, informants expressed the need and desire for both national and regional collaboration. Informants noted that it would be useful to have a SADC regional consultative forum on service and volunteering. This will also promote and strengthen regional networking among volunteers.

The data also emphasise the need to identify best practices in service and volunteering, and use these as benchmarks across organisations to set minimum standards. However, it is evident that national structures and standards are necessary to facilitate the development of regional benchmarks. It must be noted that at the inter-governmental level in the SADC region there is collaboration, for example, in the fight against HIV/AIDS. There are official meetings at the state level at least every two years. However, the problem is at the local level where there appear to be no concerted efforts or opportunities for local service providers to meet in any organised fora.

## **11. Future Research**

There is a dearth of information on service and volunteering in Botswana, reflecting the lack of major research in the area. This means that more needs to be done to understand institutional and management factors, in order to develop mechanisms for strengthening service delivery. Research is needed that will examine ways to promote the role of youth and professionals in service and volunteering, and facilitate community involvement in service provision. It is also necessary to conduct research to identify and improve the capacity of servers, as well as factors that may promote service and volunteering, such as the need for policy on service and volunteering. In addition, there is a need for research on government-NGO collaboration, and mechanisms and prospects for national and regional collaboration. Other issues that are critical for future research include factors that influence gender imbalance in service and volunteering; financial remuneration; and factors that account for the decline of service and volunteering.

## **Section Three: Conclusions and Recommendations**

The results of the study suggest that service and volunteering have been shaped by socio-cultural, religious, economic and political factors. Service and volunteering are understood and used interchangeably by the informants. In addition, service and volunteering occur across government, non-governmental, community and faith-based organisations. Adults, especially women, constitute the majority of servers in most organisations. The data indicate that the majority of services are in the areas of social welfare, health and community development. While government supports some voluntary organisations, their support is inadequate and more resources are therefore required from other sources. Currently, there appears to be a favourable political and social environment for service and volunteering. However, more needs to be done to encourage citizens, the private sectors and international development partners to contribute resources towards voluntary enterprises and enhance the capacity of service providers to perform their functions.

In light of the above, it is necessary for governments to explore ways of partnering with civil society organisations to support service and volunteering, especially for the sake of improving the wellbeing of marginalised populations. An important aspect of the findings is that the majority of servers and volunteers are poor, elderly women who have inadequate means of support. There is a need to identify ways of creating incentives to buffer the effects of stress associated with service and volunteering, especially in care-giving work.

The study opens avenues for critical reflection on the practice of service and volunteering in Botswana. The following are some of the emerging recommendations:

1. BOONGO, in collaboration with government, should organise a national conference to reflect on service and volunteering issues in Botswana.
2. BOONGO, in collaboration with the University of Botswana, should undertake research to identify best practices on service and volunteering in a wide range of service areas, in order to identify what other sectors are doing differently to sustain the spirit of service.
3. BOONGO should engage stakeholders in social development to examine the relationship between government and the private and civil society sectors, with a view to create and sustain an enabling environment for service and volunteerism.
4. The Department of Social Services, in collaboration with BOONGO and the University of Botswana, should undertake a comprehensive study on factors associated with the decline of service and volunteering in the country, with a view of identifying possible solutions.
5. Institutions of higher learning and other stakeholders should conduct research on why the middle and upper social classes seem to be less represented in the voluntary sector.
6. Government, in consultation with stakeholders, should examine the efficacy of developing a policy on service and volunteering, and if necessary, establish mechanisms to develop one.
7. Service organisations, through BOONGO, should explore ways of collaborating at the local, district and national levels.

8. VOSESA and country level partners should facilitate on-going research on, and documentation of, service and volunteering in the SADC region.
9. VOSESA and country level partners should facilitate the adoption and incorporation of volunteerism in SADC programme efforts.

# References

1. Allen K (2000). 'Responding together to the challenge of the International Year of Volunteers', *Australian Journal on Volunteering*, vol. 5, no. 2, pp.32-41.
2. Baum F, Modra C, Bush R, Cox E, Cooke R & Potter R (1999). 'Volunteering and social capital: an Adeilade study', *Australian Journal on Volunteering*, vol. 4. no. 1, pp.13-22.
3. Flick M, Bittman M & Doyle J (2002). *The Community's Most Valuable (Hidden) Asset-Volunteering in Australia*, Department of Family and Community Services, Viewed 6 February 2006, <<http://www.sprc.unsw.edu.au>>.
4. Fryar A (2001). *Engaging and retaining volunteers for youth development*, Volunteering Australia, Paper presented at 2<sup>nd</sup> National Youth Development Conference, Viewed 6 February 2006, <[http://www.thesource.gov.au/ausyouth/conf\\_pdf/pg22.pdf](http://www.thesource.gov.au/ausyouth/conf_pdf/pg22.pdf)>
5. Hodgkinson V (2003). 'Volunteering in global perspective', in P. Dekker & L. Halman (eds.), *The values of volunteering: cross-cultural perspectives*, Academic/Plenum Publishers, New York: Kluwer.
6. Holm J, Molutsi P & Somolekae G (1996). 'The development of civil society in a democratic state: The Botswana model', *African Studies Review*, vol. 39, no. 2, pp.43-69.
7. Hyden G (1992). 'Governance and the study of politics', in G. Hyden & M. Bratton (eds.), *Governance and politics in Africa*, Lynne Reinner, Boulder, pp.1-26.
8. Hyden G (2001). 'The social capital crush in the periphery: An analysis of the current predicament in sub-Saharan Africa', *Journal of Socio-economics*, vol.30, no. 2, pp.161-163.
9. Modie T & Korr W (2004). 'Social capital and physical health in low-income urban communities: A study of Francistown Botswana', *PULA: Botswana Journal of African Studies*, vol. 18, no.2, pp.37-48.
10. Molutsi P & Holm J (1990). 'Developing democracy when civil society is weak: The case of Botswana', *African Affairs*, vol. 89, no. 356, pp.323-340.
11. Moore McBride A, Sherraden M, Benítez C & Johnson E (2004). Civic Service Worldwide: Defining the Field, Building a Knowledge Base, *Nonprofit and Voluntary Sector Quarterly, Supplementary Issue: Toward Global Agenda on Civic Service*, Supplement to vol. 33, no. 4, December, pp.8S-21S,
12. Naidoo K (2006). Volunteerism and the struggle for justice, *Spectrum*, Issue 14.
13. Osei-Hwedie K & Bar-On A (1999). 'Change and development: Towards community driven policies in Africa', in D. Morales-Gomez (ed.), *Transnational social policies: The new development challenges of globalisation*, IDRC, Ottawa, pp.89-115.
14. Patel L & Wilson T (2004). 'Civic service in Sub-Saharan Africa, *Nonprofit and Voluntary Sector Quarterly, Supplementary Issue: Toward Global Agenda on Civic Service*', Supplement to vol. 33, no. 4, December, pp.22S-38S.
15. Phorano O & Modie-Moroka T (2003). 'The daily grind of the forgotten heroines: Experiences of HIV/AIDS care-givers in Botswana', University of Botswana, Gaborone.
16. Pidgeon W P (1998). *The universal benefits of volunteering: A practical workbook for non-profit organizations, volunteers, and corporations*, John Wiley & Sons, New York.
17. Presidential Task Group for Long Term Vision for Botswana (1997). *Vision 2016 – Towards prosperity for all*, Associated Printers, Gaborone.

18. Reisch M & Wenocur S (1984). 'Professionalization and voluntarism in social welfare: Changing roles and functions, in F. S. Schwartz (ed.), *Voluntarism and social work practice: A growing collaboration*, University Press of America, New York.
19. Republic of Botswana (1997). *National Development Plan 8*, Government Printer, Gaborone.
20. Republic of Botswana (2003). *National Development Plan 9*. Government Printer, Gaborone.
21. Sabrina O, Kirkpatrick J M & Jeylan T M (2004). Volunteerism during the transition to adulthood: A life course perspective. *Social Forces*, vol. 823. no. 3, pp.1123-1149.
22. Schapera I (1970). *A handbook of Tswana law and customs*, Frank & Cass, London.
23. Schwartz F S (1984). Volunteerism, volunteers and social work practice, in F.S. Schwartz (ed.), *Voluntarism and social work practice: A growing collaboration*. University Press of America, New York.
24. Sebego M (2003). *Family care-giving demands in life-threatening illness in Botswana*, University of Rochester School of Nursing, Rochester, New York.
25. Thupayagale C & Rampa M (2005). *Volunteerism in Botswana: Survey report*. Presented at the Workshop on Extent, Scope and Pattern Of Volunteering in Nigeria and Botswana, 2<sup>nd</sup> & 3<sup>rd</sup> November 2005.
26. United Nations Volunteers (1999). 'Expert Working Group Meeting on Volunteering and Social Development', New York, 29-30 November, Viewed on 13 March 2006, <<http://www.unvolunteers.org>>.
27. United Nations Volunteers (2005). 'Final Report: International Conference on Volunteerism and the MDGs', Islamabad, 5-7 December 2004, Viewed 13 March 2006, <<http://www.worldvolunteerweb.org>>.
28. Voicu M & Voicu B (2003). Volunteering in Romania, in P. Dekker, & L. Halman (eds.). *The values of volunteering: Cross-cultural perspectives*. Kluwer Academic/Plenum Publishers, New York.
29. Widner J & Mundt A (1998). 'Researching social capital in Africa', *Africa*, vol. 68, no. 1, pp.1-24.

# Appendix A: List of Participating Organisations

<b>Organisation</b>	<b>Service Area</b>	<b>No. of Volunteers</b>
Social and Community Development, South East District Council, Ramotswa	Social and community development Social welfare	N/A
Botswana Network of People Living with HIV/AIDS, Mogoditshane	Health and HIV/AIDS	20
Childline Botswana, Gaborone	Child welfare and children's rights	15
Tirisanyo Catholic Commission, Mogoditshane	Orphan care	10
Notwane VDC, Gaborone	Infrastructural development	8
Neighbourhood Watch, Gaborone	Crime prevention	7
Shelter for the Hopeful Community, Ramotswa	Orphan care, HIV/AIDS and Elderly	12
Emmanuel Counselling Centre, Ramotswa	HIV/AIDS and Psychosocial counselling	5
Ramotswa VDC	Infrastructure development	8
Botswana Work Camps Association, Gaborone	Community development	80
Thusano Burial Society, Gaborone	Financial and psychosocial support	45
St. Paul Apostolic Church, Mogoditshane	Spiritual development and healing	4
Botswana Police, Gaborone	Criminal justice and community policing	N/A
Community Relief Day Care Centre, Tlokweng	HIV/AIDS and psychosocial counselling	15
Gabane Home-Based Care	AIDS home-based care	25
Social and Community Development, Francistown City Council	Social and community development Social welfare	N/A
Department of	Gender and development	N/A

<b>Organisation</b>	<b>Service Area</b>	<b>No. of Volunteers</b>
Women's Affairs, Francistown		
Botswana Red Cross Francistown	Health and Rehabilitation Health, social welfare and emergence response	55
Botswana Widows Association	Psychosocial support	8
Tebelopele Voluntary Counselling and Testing Centre, Francistown	HIV voluntary testing HIV counselling HIV/AIDS IEC	5
True men Sector, Francistown	HIV/AIDS	20
Light and Courage, Francistown	HIV/AIDS Psychosocial support	3
Roman Catholic Church, Francistown	Spiritual development and orphan care	15
Botswana Christian AIDS Intervention Programme, Francistown	Health and HIV/AIDS, preschool education and orphan care	5
Department of Agriculture, Francistown	Community development	N/A
Bopaganang Basha, Francistown	Sports and recreation	25
Gender Committee, Francistown	Gender and development	12
Fountain of Joy	Gender and development	8