

# The implications of COVID-19 legislation on chronic ailments patients: perspectives from Botswana

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Received 13 August 2020  
Revised 24 September 2020  
18 October 2020  
Accepted 1 November 2020

## Abstract

**Purpose** – COVID-19 is one of the greatest public health challenges in the 21st century. The World Health Organisation recommended physical distancing to halt the upward trajectory of the infections. Countries including Botswana imposed lockdown for non-essential workers. This paper aims to argue that lockdown as imposed by the Government of Botswana was a necessary measure given the nature of transmission of COVID-19.

**Design/methodology/approach** – The paper uses exploratory research to unpack impacts of the novel COVID-19 regulations or be responsive to new concerns by breaking new ground through delving into new problem areas. The paper used a use case to explain a single outcome for a single case.

**Findings** – The restriction on the freedom of movement is necessary to protect citizens, particularly, those with chronic illness from contracting the deadly virus. The paper further observes that while the legislative intent of the GOB was to protect those with chronic illnesses from COVID-19, the lockdown resulted in near death experiences for some chronic ailment patients. These experiences result from unfettered discretion of functionaries who were policing and manning the streets and those who are conferred with authority to issue travel permits to seek and obtain medical assistance, lack of public transport and the processes of applications for the permits, which exposed citizens to COVID-19.

**Research limitations/implications** – The study was desk based. It may have yielded different results. Lockdowns limited mobility for non-essential services. The full impact of the restrictions and the attendant defaulting was yet to be fully realised. Observing the COVID-19 protocols and bureaucratic requirements for obtaining information from the government offices were major challenges.

**Practical implications** – Achieving total lockdown as an end in itself may amount to a pyrrhic victory – the authorities may successfully achieve total lockdown but with heavy costs on gains made in combating ailments. Botswana has fought many other pandemics and chronic illnesses still subsist and need to be catered for. For patients, there is not only the complexity of dealing with one chronic condition but also the work of trying to live “normal” lives in the face of co-morbidity, which can be overwhelming. The COVID-19 pandemic adds to the “work” that patients must do to manage and live with such health conditions and the psychological distress.

**Social implications** – Authorities need to be fully aware of the consequences of their actions. Abrasive actions may lead to a higher constituency of discontent. Botswana has had a good track record of being democratic, and this needs to be strengthened.

**Originality/value** – The implementation of the COVID-19 regulations particularly the requirement for a travel permit to seek health-care services may hinder access to essential health services and ultimately increase the pressure on emergency services or, at worst, increase mortality. Clear guidelines



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and sober interpretation of the regulations are necessary. This will also make it easier for the frontline security officers manning the streets to correctly understand the prevailing circumstances. In view of the massive gains garnered in combating chronic illnesses, it is important that such gains are not reversed, while the GOB fights COVID-19. People living with HIV/AIDS, the elderly and people with pre-existing health conditions are known to be at significantly higher risk of developing severe illness when contracting COVID-19. Achieving total lockdown as an end in itself may amount to a pyrrhic victory – the authorities may successfully achieve total lockdown but with heavy costs on gains made in combating other chronic ailments.

**Keywords** Botswana, Chronic ailments, COVID-19, Freedom of movement, Lockdown

**Paper type** Research paper

## 1. Introduction

In January 2020, the Novel Coronavirus (SARS-CoV-2) or COVID-19, first detected in Wuhan, Hubei province in the Peoples Republic of China spread in various parts of the world. In March 2020, the World Health Organisation (WHO) declared COVID-19 a global pandemic and recommended physical distancing to halt the widespread of the infections (WHO Report, 2020). Consequently, Botswana imposed national lockdown for a specified time and extreme social distancing. Most African countries declared lockdown at the earliest possible time amidst philanthropists [1] and experts' prediction of gloom that Africa would be hit hard by the pandemic as a result of a normally struggling public health system and a vulnerable population (de Villiers *et al.*, 2020; Ozili, 2020 who discuss COVID-19 impact on South Africa – financial management and Nigeria – economy respectively).

Botswana, like many other African countries, has a considerable number of an immune compromised population from pre-existing medical conditions such as human immunodeficiency virus (HIV), tuberculosis (TB), diabetes mellitus, among others. Chronic ailments patients are vulnerable to contract COVID-19 with a high possibility of death (National Center for Chronic Disease Prevention and Health Promotion, 2020). The call to go on lockdown after registering only four cases [2] in Botswana was pre-emptive and premised on the need to protect especially the vulnerable population.

There has been concern that COVID-19 necessitated lockdowns would have negative effects on access to health for non-COVID-19 related ailments, mental health of citizens, the global economy, the enjoyment of basic human rights and will interrupt the chains of supply with the populations living in abject poverty affected disproportionately (Bozkurt *et al.*, 2020; Leigh, 2020; Marshall, 2020; Muigua, 2020). The natural consequence of a lockdown is to encroach on the freedom of movement. During the lockdown in Botswana, persons seeking to travel to acquire medical essentials could travel (subject to obtaining a permit) within the prescribed time of 0800 to 2000 hours. Ordinarily, the exception regarding travel to acquire medical essentials would have facilitated access to health care for chronic ailments patients, however, that has not been the case.

The COVID-19 pandemic has seriously impacted society, economies and politics across the globe. As highlighted by most authors in this special issue of *Transforming Government: People, Process and Policy*, the current state of emergency potentially serves as a shield for some government actions [3]. The crisis also fostered new ways of collaboration among many actors.

In tandem with all the articles in this special issue where authors addressed issues of governance during the pandemic, this article seeks to explore the implications of COVID-19 legislation on chronic ailments patients in Botswana. The article argues that managing chronic ailments during the COVID-19 lockdown was a Sisyphean fight [4]. As testimony to

the negative implications of the COVID-19 legislation on chronic patients in Botswana, the article considers some “use case” (Penuel and Watkins, 2019) or what Gerring (2006, p. 710) calls “single outcome for a single case”). The use cases are used to demonstrate that the measures put in place to curb the spread of COVID-19 put the lives of chronic patients at risk.

## 2. COVID-19 regulations in Botswana and the freedom of movement

### 2.1 Background

The President of Botswana declared a State of Public Emergency (SOPE) pursuant to Section 17 of the Constitution on the 31st March 2020. In line with Section 3 of the Emergency Powers Act, the President adopted the Emergency Powers (COVID-19) Regulations 2020 on the 2nd April 2020. Pursuant to Regulation 5 of the COVID-19 Regulations, the President declared a national lockdown for a period of 28 days commencing 2nd April 2020. The lockdown has been invoked again when deemed necessary [5].

The Emergency Powers (COVID-19) Regulations, 2020 – Statutory Instrument (S.I) No. 61 of 2020 as read with Supplement C – Emergency Powers (COVID-19) (Amendment) Regulations, 2020 – S.I. No. 62 of 2020 curtailed freedom of movement as provided for in Section 14 (1) of the Constitution. However, the Regulations mirror the Constitutional exceptions in terms of which freedom of movement may be restricted.

### 2.2 The three-part test on restrictions on human rights

In times of a public health crisis, states are still under an obligation to respect human rights and ensure that measures put in place to minimise the impact of the health crisis are legal (Bennett, 2009). There is consensus in the human rights discourse that restrictions on human rights must meet the three-part test. In elucidating the three-part test, the United Nations Human Rights Committee concluded that any restrictions on any human right must cumulatively meet the following conditions: it must be provided for by law, it must address one of the aims enumerated and it must be necessary to achieve the legitimate purpose [6]. This test was further embraced by the European Court on Human Rights (HUDOC, 2020) in *The Sunday Times v United Kingdom (Application no. 6538/74)* where it was concluded that upon establishing that there had been an encroachment on any human rights, the next step was to establish whether the interference was “prescribed by law”, whether it had an aim or aims that is or are legitimate and whether it was “necessary in a democratic society” for the aforesaid aim or aims. It is therefore important to establish whether the curtailment of freedom of movement (occasioned by the COVID-19 Regulations) meets the three-part test.

On whether the restrictions on freedom of movement was done under the authority of law, there are two requirements necessary to establish. The law must be accessible to allow citizens to guard their conduct accordingly and second where the law is a norm, it must be so clear for the citizens to appreciate acceptable and unacceptable conduct (*The Sunday Times Case, Application no. 6538/74*). The COVID-19 Regulations in Botswana took a protracted process to have an end product that eventually governs the conduct of the citizens [7]. In terms of the COVID-19 Regulations, citizens were to remain home unless they belonged to the essential services, and all travels could only be undertaken subject to the acquisition of a permit. This in our view was clear and allowed citizens to guard their conduct. As a result of the foregoing, this article concludes that the COVID-19 Regulations meet the first leg of the three-part test.

On whether the restrictions on the freedom of movement were reasonably required, it is important to establish what purpose the restrictions would serve and whether such purpose is so provided in law (*The Sunday Times Case, Application no. 6538/74*). The COVID-19 Regulations and the resultant lockdown are reasonably required in the interest of public health and public safety and such is mirrored in the Constitution [8]. Interestingly, the lockdown as a means to ensure the downward trajectory of the COVID-19 was not only approved by the World Health Organisation but also adopted by a majority of states [9]. This to a greater extent gives the lockdown in Botswana credence as a means that is reasonably required in the best interest of the public health.

On whether the restriction on the freedom of movement is reasonably justified in a democratic society, it is mandatory to show that the objective for the limitation is sufficiently important to warrant overriding rights and the party limiting the rights must demonstrate that the means employed are reasonable and demonstrably justified (*The Sunday Times Case, Application no. 6538/74*). Arguably, in the instance of the novel COVID-19 and where the means imposed by the GOB are internationally recognised as the best under the circumstances, it may be easy to hold the lockdown as a means that is justifiable in a democratic society. It can be argued that in the event that the lockdown restrictions in Botswana were to be put under judicial scrutiny for limiting the enjoyment of human rights, the Courts would likely find that the encroachment on human rights is necessary and reasonably justified when faced with a novel deadly virus. It is our submission that restrictions on the freedom of movement as adopted by the GOB are neither excessive nor arbitrary.

The full enjoyment of human rights is sacrosanct in any democratic dispensation particularly during crises such as a global pandemic. Freedom of movement is even more critical for patients with chronic ailments as they must be free to move about to seek medical attention. In Botswana, under ordinary circumstances, movement is guaranteed, and the GOB would be at pains to limit the said right. However, COVID-19 presents peculiar circumstances that require encroachment of human rights in pursuit of protecting ultimately the right to life among others. The strict compliance with the prescription on the limitations of human rights in the COVID-19 elimination process is necessary as states are prone to use the law arbitrarily to curtail human rights.

As demonstrated above, the COVID-19 Regulations were done under the authority of the law, in the interest of public health and public safety, and the Regulations are reasonably justifiable in a democratic society, as there were no other means at the disposal of the GOB to curtail the widespread of COVID-19. Given the nature of the pandemic, particularly its novelty, it was only sensible for the GOB to adopt means that have already proved effective elsewhere, in the interest and protection of all including chronic ailment patients.

### 3. Methodology

The COVID-19 pandemic is novel, and its consequences are unfathomable. There has been a spike in global cases and in Botswana. Undertaking research in such a volatile environment is best done as an exploratory research. The initial insights will be a precursor to design and execute a more systematic and extensive study in the fullness of time, in the meantime the authorities can get pointers of potential areas of conflict.

Strydom (2013, p. 151) defines exploratory research as “a form of research that generates initial insights into the nature of an issue and develops questions to be investigated by more extensive studies.” Exploratory research is often a prelude to a more detailed study, but it can also be an important form of research. Strydom (*op cit*) further contends that exploratory research explores a new topic or is responsive to new concerns by breaking new ground

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through delving into new problem areas to work. Exploratory research is conducted on a research problem when there are few or no earlier studies to refer to or rely upon to predict an outcome (Libguides, 2020; Denzin and Lincoln, 2011). Thus, the focus is on gaining insights when research problems are in a preliminary stage of investigation. Exploratory research is effective in laying the groundwork that will lead to future studies and indeed can potentially save time and other resources by determining at the earlier stages the types of research that are worth pursuing (Dudovskiy, 2020).

However, exploratory studies generate qualitative information and interpretation of such type of information is subject to bias. These types of studies usually make use of a modest number of samples that may not adequately represent the target population. Accordingly, findings of exploratory research cannot be generalized to a wider population (Dudovskiy, 2020).

Other authorities have accepted that a single case can be used to explain related phenomenon. Use cases take the form of a schematic narrative that describes how actors interact with each other and components of a system, to help teams and stakeholders arrive at a shared understanding of what a system should accomplish (Penuel and Watkins, 2019).

Gerring (2006, p. 710) interrogates the need to use a “single outcome for a single case”. He cautions that the definition of a case has nothing to do with the temporal or spatial boundaries of a subject. Cases may be big (countries, continents, the world) or small (individuals, events). A case must be “bounded” in some fashion, and it must reflect the primary inference that a writer is attempting to demonstrate or prove.

On the definition of a “single outcome”, Gerring (2006) reiterates that a single outcome study refers to a situation in which the researcher seeks to explain a single outcome for a single case. He explains that this outcome may register a change on Y, if something happens. Or it may register stasis on Y, if something that might have happened but does not. That is, the outcome may be “positive” or “negative”. The actual duration of the outcome may be short (eventful) or long (static).

Penuel and Watkins (2019) contend that a use case must contain three elements – an actor, which is the user, which can be a single person or a group of people, interacting with a process system, which is the process that is required to reach the final outcome goal, which is the successful user outcome. In the use cases that we will outline hereunder – chronic ailments patient is the actor, who needs to have regular check-up and timely supply of medication and medical facilities (the process system) and the final goal would be the enhanced life expectancy and quality of life. These use cases were adapted from headline news stories in Botswana newspapers to demonstrate the implications of restrictions of movement on chronic ailments patients. The use cases were analysed through the grounded theory, which defines relevant processes, demonstrates their contexts and specify the conditions in which these processes occur.

For our purposes, we seek to tease out problematic areas until a full study is feasible. The study is relevant as it may inform the GOB on how to improve the measures put in place to curb the widespread of COVID-19. The GOB acknowledged that COVID-19 was a novel pandemic and authorities were learning-by-doing, as decisions “were made on-the-go” and they “planned-on-the fly” (Magosi, 2020). However, we aver that the omissions and commissions need to be catalogued for future use.

There were methodological challenges in conducting this study. Observing the COVID-19 protocols and bureaucratic requirements for obtaining information from the government offices were major challenges. The GOB has a very elaborate research permit application guide. The government contends that the research permit ensures that information on Botswana is not misrepresented and assists in monitoring the kind of research done in the

country (GOB 2020). The Guidelines for Application for a Research clearly stipulate that not every application, however well substantiated, will meet with government approval and that the issue of a research permit is not necessarily automatic [10]. Given that COVID-19 is nascent and the research design is exploratory, a follow-up detailed study will be pursued in the fullness of time.

For this article, newspaper reported cases and grey literature would be appropriate. Tanacković *et al.* (2014, p. 1) argue that newspapers can be used as a scientific research source and that newspapers (historical and contemporary) are full of different kinds of information that can be used.

Use of newspapers and online media has been enhanced with advances in technology under the rubric of computer-mediated communication (CMC) [11]. Temporally, a distinction can be made between synchronous CMC – where interaction takes place in real time, and asynchronous CMC – where participants are not necessarily online simultaneously (Simpsons, 2002; Lee and Soo Youn, 2017).

#### 4. The implications of the regulations on chronic ailments patients

##### 4.1 Background

The National Centre for Chronic Disease Prevention and Health Promotion (NCCDPHP) broadly defined chronic diseases as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases are the leading causes of disability, morbidity and mortality (NCCDPHP, 2020; Jennens *et al.*, 2020). This may be as a result of patients defaulting from treatment and not adhering to the regime set by the health-care providers. In the case of COVID-19 regulations, it is thus prudent to examine such cases and suggest strategies to improve service accessibility and acceptability. In Botswana, COVID-19 cases are on the rise, and more lockdowns cannot be ruled out.

Achieving total lockdown as an end in itself may amount to a pyrrhic victory – the authorities may successfully achieve total lockdown but with heavy costs on gains made in combating other ailments. Botswana has fought many other pandemics and chronic illnesses still subsist and need to be catered for. Sav *et al.* (2017, p. 1) contend that for patients, there is not only the complexity of dealing with one chronic condition, but the work of trying to live “normal” lives in the face of co-morbidity, which can be overwhelming. The COVID-19 pandemic adds to the treatment burden that patients must do to manage and live with such health conditions and the psychological distress (Sav *et al.*, 2017).

Endjala *et al.* (2017, p. 12) define adherence to treatment as the extent to which the patients take prescribed medication according to the instructions given by health workers or the engaged and accurate participation of an informed patient in a plan of care. Endjala *et al.* (2017) define treatment defaulting as failure or interruption to take the prescribed treatment for a period of two consecutive months or longer. Chalker *et al.* (2008, p. 195) argue that patients could be considered defaulters anywhere from 1 day to 6 months following a missed appointment. This renders any comparison meaningless. However, “the use of data on missed appointments to calculate the rates of defaulters appears to be well established” (*op cit* p. 196). The Botswana National Tuberculosis Programme Manual (Ministry of Health, 2018, p. 42) talks of patients “lost to follow-up”, meaning a patient who interrupts treatment for two consecutive months or more. For most patients, chronic cases like TB and HIV treatment will be ambulatory.

The Botswana National Tuberculosis Programme Manual (Ministry of Health, 2018) prepared prior to COVID-19, envisaged that treatment interruption may be due to poor

adherence, default or adverse events. At that point (2018), COVID-19 and its adverse effects were unimaginable.

Endjala *et al.* (2017) and Fernandez-Lazarol *et al.* (2019) established the following reasons for defaulting – patient-related factors such as community, family, cultural and religious-related factors; socio-economic factors; health service-related factors. Under lock down conditions, the defaulting has been exogenous and externally generated by the restricted movements. The patients would have been willing and keen to collect their medication but could not as a result of the movement restrictions [12]. In the COVID-19 era, states are struggling with health-care workers to attend to non-COVID-19 related cases as priority has been shifted greatly towards containing the spread of COVID-19.

#### 4.2 Findings: use cases

The study used two use cases drawn from national newspapers.

##### 4.2.1 Use Case 1: Police abuse during COVID-19 lockdown? #bwlockdownstories

More than seven police and military vehicles were suddenly parked at my house and I was beaten and kicked by more than 15 police officers and soldiers. My entire body, including my legs, was bleeding and swelling up. I was all the while telling them that I was not a well person. - Castro Mmele.

The *Botswana Gazette* has unearthed two cases in which two Batswana men [13] were allegedly assaulted by members of Botswana’s armed forces. One, while on his way to hospital for a regular medical check-up, the other while on his way to buy groceries. Castro Mmele, a 36-year-old paraplegic claims that he left his house in his Nissan Dyna bakkie to go and get his medication at Selibe-Phikwe Government Hospital. “They asked to see my permit and I told them that I did not have one but had reported my case to the District Commissioner that I needed regular medical attention and therefore needed a permit.” ([The Botswana Gazette, 2020](#)). There were 2,900 comments and 7,500 views (accessed 17 September 2020).

##### 4.2.2 Use Case 2: Boro residents stranded without anti-retroviral drugs

Residents of Boro 2 in the periphery of the Okavango Delta who are on anti-retroviral treatment said they have been left in the lurch due to the State of Emergency travel restrictions. Rahendwa Monnanyana is among the affected residents and told The Voice Online that her immediate concern is that she is already due for collection of her ARV’s at Letsholathebe II Memorial Hospital. “We’ve got no transport and no permits. We can only get permits in Maun but there is no transport to take us there,” she said. When asked about mobile clinic services, she said they do not provide ARV’s and hypertension services.

[Livingstone [Kentshitsuwe \(2020\)](#), The Voice BW April 19]

While the cases appeared in newspapers, we take them to be true because the GOB has not provided any rebuttal on these allegations [14].

These cases demonstrate that while the COVID-19 Regulations were intended to serve a public good, the implementation had challenges. A seemingly prevalent infringement of human rights relates to chronic ailments patients in the following ways:

First, chronic ailments patients had to queue up at public spaces in breach of COVID-19 protocols as the government resorted to online application or physically appearing before a designated officer for seeking the permits [15].

Second, although the regulations are permissive about movement to seek medical assistance, those authorised to issue and enforce permits seemed to have taken a position that they had discretionary powers to deny citizens permits to travel for that [16]. It would be plausible for the movement permit authorities to allow health-care facilities to deal with ambulatory patients than constrict their movement, only to have them back in worse

conditions. The abrasive behaviour also speaks to a lack of training of those charged with the responsibility of enforcing permit regulations. The police brutality would be a serious deterrent to chronic ailment patients who would dare to leave their homes for medication or regular check-up.

Third, even if permits were granted there was no public transport available as the GOB halted the movement of public transport [17]. The GOB had to provide a solution that would ensure that citizens remained confined in their homes and still have their medical needs met.

## 5. Conclusion

This article established how the restrictions on freedom of movement resulting from COVID-19 Regulations impacted chronic ailments patients. The article demonstrated that the Regulations were done under the authority of law, were reasonably required to safeguard public health in the face of a global struggle to suppress the spread of COVID-19 and such restrictions can be reasonably justified in a democratic society.

Despite the finding that the COVID-19 Regulations were legally justifiable, it is without doubt that their implementation had negative implications, which include the time prescription for movement for health related services; second, they halted the operations of other stakeholders such as public transport; third, they provided for online permit acquisition which was not accessible to all; thus, people opted for manual application at densely populated spaces thereby breaching COVID-19 protocols.

### 5.1 Recommendations

To ensure the protection of chronic ailments patients, the GOB ought to have:

- Put measures in place to ensure that patients have reliable supply of their medicines and access health care without risk exposure (Chabalala, 2020 with the South African experience).
- Mobile clinics designated to attend chronic ailments patients with mobile medics on standby in case of emergency.
- Training for permit application officers and those manning the streets/enforcing regulations.

## Notes

1. "I see dead bodies on African streets soon" Melinda Gates predicts [www.newsbreak.com/news/00jx8dOD/i-see-dead-bodies-on-african-streets-soon-melinda-gates-predicts](http://www.newsbreak.com/news/00jx8dOD/i-see-dead-bodies-on-african-streets-soon-melinda-gates-predicts)
2. As of 20 September 2020, there were 2,567 confirmed cases; 13 deaths in Botswana. The Global Situation had 30,369,778 confirmed cases and 948,795 deaths. WHO.int; see also <https://covid19portal.gov.bw/data-dashboard?v=202005211151> Accessed 20 September 2020.
3. Editorial (2020) Transforming Government: People, Process and Policy
4. Camus presents Sisyphus's ceaseless and pointless toil as a metaphor for modern lives spent working at futile jobs in factories and offices
5. Lock down imposed for two weeks in Greater Gaborone on 31 July after the capital saw what the (then) Minister of Health Dr Kwape called a "worrying rise" in local cases of COVID-19. [www.voanews.com/covid-19-pandemic/botswanas-capital-back-lockdown-after-covid-19-cases-double](http://www.voanews.com/covid-19-pandemic/botswanas-capital-back-lockdown-after-covid-19-cases-double)
6. See *Womah Mukong v. Cameroon*, Communication No. 458/1991, U.N. Doc. CCPR/C/51/D/458/1991 1994.



7. Dinokopila, B. R. (2020) Constitutionalism in a Time of Crisis: Botswana's Reaction to the COVID-19 Pandemic, *VerfBlog*, 2020/4/27, <https://verfassungsblog.de/constitutionalism-in-a-time-of-crisis-botswanas-reaction-to-the-covid-19-pandemic/>, DOI: <https://doi.org/10.17176/20200427-165047-0>.
8. See the Emergency Powers (COVID-19) Regulations, 2020 – Statutory Instrument (S.I) No. 61 of 2020 as read with Supplement C — Emergency Powers (COVID-19) (Amendment) Regulations, 2020 – S.I. No. 62 of 2020.
9. See de Villiers, C., Cerbone, D and Van Zijl, W. (2020) The South African Government's response to COVID-19, *Journal of Public Budgeting, Accounting & Financial Management*, Emerald Publishing Limited, pp. 1–15.  
*Peterson K. Ozili (2020) COVID-19 pandemic and economic crisis: the Nigerian experience and structural causes; Journal of Economic and Administrative Sciences*, Emerald Publishing Limited, pp. 1–18.
10. [www.gov.bw/sites/default/files/2020-03/Guidelines%20for%20Application%20for%20Research%20Permits\\_0.pdf](http://www.gov.bw/sites/default/files/2020-03/Guidelines%20for%20Application%20for%20Research%20Permits_0.pdf)
11. Computer-mediated communication is an umbrella term, which refers to human communication via computers (Simpsons, 2002; Lee and Soo Youn, 2017).
12. The Emergency Powers (COVID-19) Regulations, 2020 – Statutory Instrument (S.I) No. 61 of 2020 banned all public transport on the road. See detailed discussions under the cited “use cases”.
13. The man walked to the shops 500 m away from his house to buy groceries. Two soldiers and a police officer called out to him from the roadside and asked to see his permit. “I told them that our Kgosi (chief) had said we did not need permits to go and buy food,” Selelo told *The Gazette*. “They said they used a different law and that I should be punished.” Whereupon a soldier who had no name tag on ordered him to do bare-knuckled push-ups on the gravel surface. “I did 50 push-ups,” Selelo went on. “The soldier then ordered me to do squats. I did but he started kicking me, saying I was doing them the wrong way. The others joined in the beating and I was seriously injured.”
14. For example, the GOB recently issued rebuttals pertaining to its failures to provide COVID-19 food relief package to an alleged diabetes patient who later collapsed at a Francistown-West legislator, Ignatius Moswaane's residence (Mkhutshwa, 2020). Botswana's President Mokgweetsi Masisi expressed concern over the alleged assault and ordered a probe into the alleged police abuses amid COVID-19 (APA-Gaborone 2020).
15. Ramadubu, D. (2020) *Long queues form outside DC's offices in Gaborone as citizens apply for permits*; Botswana Guardian, Saturday, 04 April 2020, [www.botswanaguardian.co.bw/news/item/4365-long-queues-form-outside-dc-s-offices-in-gaborone-as-citizens-apply-for-permits.html](http://www.botswanaguardian.co.bw/news/item/4365-long-queues-form-outside-dc-s-offices-in-gaborone-as-citizens-apply-for-permits.html) Accessed 6 October 2020.  
Botsang, K. (2020) *Permit applicants sent back home*, Daily News 06 April 2020; <http://www.dailynews.gov.bw/news-details.php?nid=55477> Accessed 06 October 2020. See also Keaketswe, K. (2020) Requests for permits overwhelm District Commissioner's office, Daily News 06 April 2020, [www.dailynews.gov.bw/news-details.php?nid=55489](http://www.dailynews.gov.bw/news-details.php?nid=55489) Accessed 07 October 2020. There were a series of chats on Facebook on challenges faced with online permit applications – see: [www.facebook.com/groups/ConsumerWatchdogBW/permalink/3627591200607514](https://www.facebook.com/groups/ConsumerWatchdogBW/permalink/3627591200607514) and [www.facebook.com/groups/ConsumerWatchdogBW/permalink/3627550893944878](https://www.facebook.com/groups/ConsumerWatchdogBW/permalink/3627550893944878)
16. See footnote 13 citing the reasons given by law officers as they assaulted the patient going to buy groceries.
17. See Statutory Instrument (S.I) No. 61 of 2020 as read with Supplement C – Emergency Powers (COVID-19) (Amendment) Regulations, 2020 – S.I. No. 62 of 2020 banned public transport on the road.

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