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Country Statistical Bulletin

Botswana: assessing progress to human development

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Measuring Service Delivery in Southern Africa Project

Study 3: Developing measures and methods for measuring progress towards service delivery targets

Country Bulletin

Botswana has made progress towards meeting the MDGs as a whole but progress has been insufficient in meeting the MDG targets in all the sectors. This appears somewhat contradictory to the evidence that the Botswana government has placed considerable resources into a number of key sectors such as education and health. In addition the country has adopted a higher level of service than most African countries in water and sanitation and succeeded at the higher level in sanitation.

This document provides a compressed summary of the reports on progress towards service delivery targets in four sectors of human services: water, sanitation, education and health.

There are two sections; firstly a summary review of all goals in these sectors, and secondly a review of indicators linked to each sector. The first provides the "big picture" of progress, the second a set of snapshots of the components making up each part of the bigger picture.Table 1 below, summarises progress towards the MDGs, which could be summed up as "making progress", but at an insufficient pace to meet the MDG in the goals related to the four sectors under review.[1]

Table 1. Botswana's progress towards the MDG

		Score
Goal 2: Achieve universal primary education		5/10
Goal 3: Promote gender equality and empower women		5/10
Goal 4: Reduce child mortality		5/10
Goal 5: Improve maternal health		5/10
Goal 6: Combat HIV/AIDS, malaria and other diseases		0/10
Goal 7: Ensure environmental sustainability		8/10

KEY

0	No Progress in meeting target (0/10)
5	Some progress but will not meet MDG target (5/10)
8	Progress, some targets met (8/10)
10	Target will be met in 2015(10/10)

[1] The background to each of the colour-coded conclusions is contained in a set of four sectoral reports which analyse in detail the indicators linked to targets. These indicators have been awarded an unweighted numbering process similar to that of the Human Development Index, which provides a checking system on the results.

What is immediately striking is that, despite considerable investment and commitment in a small nation, the indicators which come closest to measuring impact (such as child mortality) appear those which are most difficult to achieve.

Of the 6 MDG assessed here, five show some progress is being made but not at a level to bring the MDG in reach. A later starting point for Botswana in 1990 than other African countries has resulted in more vulnerable adverse conclusions of progress towards these human development indicators. In relation to access to improved water sources, for example, Botswana initially has a high level of access and (as in the case of South Africa) but has found it difficult to halve the remaining un-served population. It is, however, regarded as having met this target.

Country political and socio-economic context

Botswana is presented as an African success story mainly due to efficient management of natural resources, particularly diamonds and tourism. It has risen from among the 25 poorest countries in 1966 to the upper middle income category by the 1990s. The economy has maintained an average annual growth rate of 13 percent between the 1970s and 1980s, which then dropped to 5.5 percent in the early 2000s and was further reduced further to 4.7 percent in 2009. Like other countries, Botswana has suffered from the global financial crisis resulting in a deficit of P31.9 billion in constant prices in 2009. This has resulted in planning for the current National Development Plan 10 somewhat uncertain, and declining growth threatens to the gains that have been made so far particularly in poverty reduction. Furthermore, overdependence on mineral revenue threatens to slow down the rate of social progress due to unstable global market prices. Over the past two decades government has been focusing on diversifying the economy away from minerals without much success.

Since independence in 1966, the Botswana Democratic Party (BDP), which has continuously been in power, has promoted economic development with the social objective of redistribution of national resources to rural areas that have a weak economic base. Service delivery has been influenced by the national vision (Vision 2016), National Development Plans, and District and Urban Development Plans (DDPs/UDPs). A unique feature of Botswana's democracy is that it has been characterized by political stability, free and fair elections, good governance and rule of law. Government has recently underscored the importance of delivery through the adoption of the latest National Development Plan (NDP 10) with its emphasis on a broad, multi-sectoral and long term approach to social and human development. Government emphasizes a results-based approach to development as well as value for money.

Government has since 1997 adopted a national long term strategy (Vision 2016) to guide its national and district planning processes. Further, the DDPs and UDPs have since 2009 adopted MDG-based district planning in an effort to strengthen national efforts to achieve the MDGs and the seven pillars of Vision 2016. The Vision 2016 Coordination Council

has been charged with the mandate of tracking MDG and Vision 2016 trends as the country comes closer to these milestones.

1. Public participation, budgetary monitoring, civil society engagement

Botswana has a decentralized system of governance with the central government responsible for policy development and the allocation of resources while local government focuses on implementing those policies. Many development initiatives are a result of governmental action with the support of international development partners. It is important, however, to note that Botswana's decentralized system of governance allows for citizen participation through the Village / Urban Development Committees that identify development issues for consideration and inclusion in DDPs/UDPs and NDPs. Furthermore, the civil society constantly engages in budget debates to try and influence public policy on service delivery through the Botswana Council of Non-Governmental Organizations (BOCONGO). The full impact of civil society is yet to be realized as it generally lacks capacity to meaningfully and independently engage government on service delivery issues. Budgets are overseen by Parliament and Councils at the national and district levels, respectively. Funding for NDPs and DDPs/UDPs is approved by Parliament while the Public Accounts Committee of Parliament holds the executive accountable for sectoral budgets.

2. Progress towards human development targets

In this section of the report social progress is assessed in four sectors. The four sectors include water, sanitation, education and health. This has been the focus of this Project, which focuses on service delivery improvement to reduce poverty, and separate reports on these four sectors have been compiled and are the basis for this country report. The sectors are assessed in terms of indicators of progress made towards MDG targets, which relate to the sector and reference is made to the RISDP which sets the MDGs within a regional framework.

In the water sector, for instance, the target is the halving the proportion of those not accessing safe drinking water and in the sanitation sector, halving the proportion of those without access to improved sanitation. In education, assessment is made with reference to enrolment, completion of primary education, and gender parity. The health sector is assessed through indications of better service, reduced disease, and impact indicators such as child and maternal mortality.

This perspective enables a reflection on progress made within the sector with a figure compressing progress by indicator. The country report brings together data summarising progress across sectors, briefly reviews progress by sector, and provides some account of the challenges and achievements at a national level.

The sectors are reviewed in the following order: water, sanitation, education and health.

3. Water

Botswana has a dry semi-arid climate thereby making surface water difficult to store and conserve due to high evaporation levels. Rainfall is seasonal and unevenly distributed with the north-eastern region attracting better rains than the south-western region. Botswana experiences recurrent droughts, which make it difficult to achieve food security. Due to a sparse population the development of water resources and infrastructure is expensive. Vision 2016 advocates for a national water development strategy that will make water affordable and accessible. The current NDP 10 has introduced reforms to rationalize water delivery and improve efficiency.

Goal 7: Ensure environmental sustainability: water

		Score
Target 7.8 Access to improved water source		5

KEY

0	No Progress in meeting target (0/10)
5	Some progress but will not meet MDG target (5/10)
10	Target will be met in 2015(10/10)

Water delivery in Botswana faces serious climatic challenges. There are inadequate perennial rivers, high evaporation rates and recurrent drought. Consequently, water is transferred over long distances from the north-eastern region to the south-eastern region. Apart from access to water, the quality of water differs across the country, especially from ground water sources. However, the government is committed to observing water quality standards as set by the Botswana Bureau of Standards (BBS) and the World Health Organization (WHO). There is need to explore modern technologies and methods of water management to enhance rural water supply. Currently, not much has been done in the area of rain water harvesting and waste water reuse. In order to meet this target larger amounts of resources are required in order to reach the sparsely populated settlements.

The MDG sets out the target of halving the backlog of those not accessing safe drinking water. Botswana has entered the 1990s with a high level of access and the sector review shows that further reduction has been a major challenge. Although the data is not definitive on the forward projection to 2015 because of irregular fluctuations, the current level of access is very high and progress is being made. Drawing an overall conclusion from the data available it appears that the MDG in water will be met.

4. Sanitation

Unlike many other African countries which tend to combine water and sanitation to the detriment of equal attention being given to sanitation, Botswana has a separate sanitation policy.

The policy of government has been to promote access to sanitation at a higher "improved" level; that of the Ventilated Pit Privy (VIP). To ensure comparability with other countries in the study, assessment of sanitation in Botswana is conducted at two levels. Firstly, at the broad definition of sanitation and secondly, at the higher level set by the Botswana government.[2]

Goal 7: Ensure environmental sustainability: sanitation

		Score
Target 7.9 Access to improved sanitation (broad)		10
Target 7.9 Access to improved sanitation (higher)		5

KEY

0	No Progress in meeting target (0/10)
5	Some progress but will not meet MDG target (5/10)
10	Target will be met in 2015(10/10)

At the broad definition of access to sanitation based on the projections of available data, the backlog will be halved in the year 2012, thus reaching the MDG target.

At the higher level of access to sanitation (that of the Ventilated Pit Privy), access to improved sanitation rose from 16 percent in 1991 to 54 percent in 2006. Projections indicate that the backlog has been halved in 2008 and the MDG reached at this level.

This indicates an unusual development in Southern Africa with Botswana significantly advancing in sanitation at the higher level of Ventilated Pit Privies and flush toilets. However, a major challenge for the sanitation sector is the provision of water borne systems of sanitation, especially in low income urban households and rural areas. While government has heavily subsidized sanitation systems, many poor people in urban and rural areas still do not afford them. Furthermore, the scarcity of water makes it difficult to provide water borne sanitation services. At the same time, government is aware of the dangers of pollution associated with insanitary pit latrines and "use of the bush" or open defaecation.

5. Education

In reviewing progress in education attention is given to the completion of primary education, net enrolment, the adult literacy rate, and gender parity.

Assessment of the completion of primary education in Botswana has been difficult largely due to fairly high existing levels of access that make the identification of trends

[2] This is also the standard adopted by the South African government in sanitation.

difficult. The completion of primary education is measured by two indicators, firstly that of net total enrolment and secondly by the completion rate itself.

Projections from the data available on the 4 indicators reveal that in 2 of these (male and female completion rate and gender parity) have been met. The remaining 2 (net enrolment ratio and literacy rate) has made some progress to meeting the target but fall short of meeting the target in 2015.

Goal 2: Achieve universal primary education and Goal 3: Promote gender equality and empower women

		Score
Goal 2: Achieve universal primary education		
Indicator 2.1 Net enrolment ratio in primary education		10
Target 2.1 Male and female primary completion rate		5
Target 2.3 Literacy rate (male and female) 15 and above		5
Goal 3: Promote gender equality and empower women		
Target 3.1 Gender Parity Index		10

KEY

0	No Progress in meeting target (0/10)
5	Some progress but will not meet MDG target (5/10)
10	Target will be met in 2015(10/10)

Overall, education has improved steadily towards the achievement of universal primary education. The budgetary allocation for education has increased from 8.4 percent in 1992 to 10 percent of the Gross Domestic Product in 2005. There have been considerably greater numbers of students in secondary schools with an increase of over 50 percent from 108,373 in 1996 to 164,200 in 2006. Access to tertiary education, which is not assessed here, has been increasing over the last five years from 7.7 percent in 2003/04 to 11.4 percent in 2007/08 (Vision 2016 Botswana Performance Report, 2009).

Botswana has increased net enrolment at all levels, high and rising literacy rate at 81 percent, improved access to information, print and electronic media, and improved connectivity (mobile phones 91 percent). On average a computer is available for every 28 students (Vision 2016 Botswana Performance – Progress Report, 2010). Gender parity in primary level enrolment is 1.0 (MDG Monitor - Quick Facts Botswana, 2010).

The major challenges in the delivery of education are as follows:

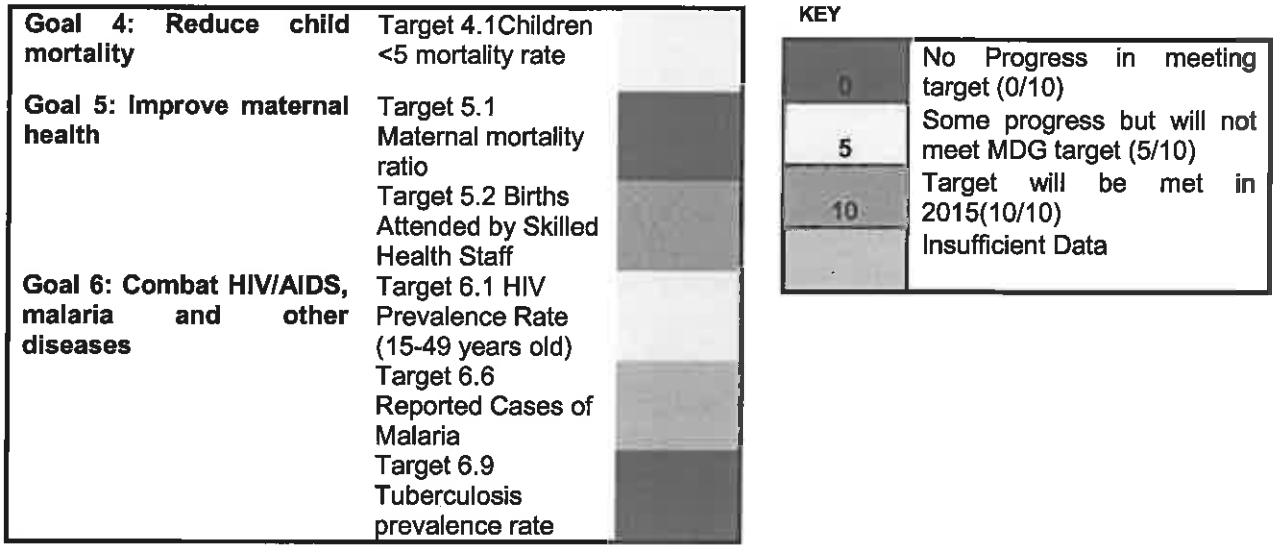
- the quality of education;
- the low priority placed on early childhood education; and
- a lack of commitment to the use of mother tongue across the country.

Other than these challenges, there is an overall disparity in school performance between urban, rural and remote settlements with the latter being at high risk of having high student-teacher ratios and low performance scores.

6. Health

In this study progress is related to three MDGs and six related indicators. The goals include those of reducing child mortality by two-thirds, improving maternal health by reducing maternal deaths by three-quarters, and halting and reversing specific diseases (HIV/AIDs, Malaria and Tuberculosis).

Goal 4: Reduce child mortality; Goal 5: Improve maternal health and Goal 6: Combat HIV/AIDS, malaria and other diseases



The MDG target for **child mortality** is established at reducing child mortality to 19 per 1,000 live births by 2015. The forward projection of the data from 2007 indicates that progress is being made but not quite to the level indicated by 2015 will be reduced to 24 of 1,000 live births.

Therefore, the trends indicate that the MDG target of reducing child mortality by two-thirds will not be reached by 2015 but that progress is being made.

In relation to Goal 5, **reducing maternal mortality** by three-quarters has been difficult to measure as data for the early 1990s is not available. However, the data available since shows there has been a trend moving against improvement in the period 2005-07, unless this trend is reversed this MDG will not be reached.

There are indications of considerable health service intervention to improve conditions. However, the target of having skilled health staff attended at birth, which is associated with maternal mortality shows progress in the right direction and the forward projection of the existing trend indicates that all births could be attended by skilled health staff by 2015.

The reduction of **specific diseases** such as HIV&AIDS, malaria and tuberculosis is the objective of Goal 6, which sets out to halt and reverse these diseases.

While there has recently been a slight reduction in the HIV prevalence rate among those 15-24 years old the forward projection of incidence on the basis of existing trends within the target population during the period 2001-2009, does not indicate an appreciable decline. Indeed it is not clear that there is consistent decline. The conclusion is thus that the trend in the MDG target is in the right direction and that the disease is being "halted" in the sense that there is a vacillation between trends to continue on a straight line or to decline. While there is evidence of lower infection levels among younger groups this is not yet visible in the target 15-49 age group. Therefore, the MDG target in HIV&AIDS will not be met, but progress is being made.

There has not been data available on malaria as it does not appear to be a disease of consequence in Botswana.

In relation to tuberculosis the trend in the MDG target is not yet in the right direction and incidence is rising. Forward projections on this basis measured on this MDG indicator shows a stark increase in tuberculosis. Due to this rate of increase it is not possible that the disease will be halted and reversed by 2015 and the MDG is not met.

Health service and impact

Botswana faces an invidious situation in health; considerable improvements have been made in health service since independence but particularly with the onset of HIV&AIDS this improvement has not made a difference to the overall health levels in the sector.

Initially after independence remarkable progress has been attained in health care provision. Since independence in 1966 and 2002 the number of health centres has increased more than 10 fold: from 100 to 1426. Life expectancy at birth rose from 46 years in 1966 to 65.3 years in 1991. At a similar period infant mortality rate fell from 108 per 1000 live births in 1966 to 48 per 1000 in 1991. However, this progress has been reversed by the HIV&AIDS scourge and significantly compromised the health care system by eroding such advances made.

Considerable progress has been made in improving the health system by providing skilled health staff resulting in a high level of births being attended at health care facilities. While considerable progress has been made in immunization of children against, for example, measles (90 percent), infant mortality will not decline to the desired level by

2015. Similarly, child mortality will also not reach the desired level. Also, gains in maternal mortality will not reach the MDG target by 2015.

The major challenge facing the health sector is the HIV&AIDS scourge. The HIV&AIDS epidemic requires serious behavior modification, which is not easy to achieve. This has exerted pressure on health care services, facilities and personnel.

Government is committed to addressing the negative impact of the HIV&AIDS scourge through the Masa Programme which provides free ARVs and food baskets to citizens. Botswana is among four SADC countries earmarked for the Pre-elimination phase of malaria by 2015 with 5 cases per 100 population (Botswana Review, 2010).