Ease of Using Government Services in Botswana: Household Services, Public Education and Public Health

Mogopodi Lekorwe

(Corresponding Author)
University of Botswana
Department of Political and Administrative Studies
P/Bag 00705, Gaborone
E-mail: lekorwem@mopipi.ub.bw

Kekgaoditse Suping

University of Botswana
Department of Political and Administrative Studies
P/Bag 00705, Gaborone
E-mail: kekgaoditse.suping@mopipi.ub.bw

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Abstract

The government of Botswana, like most African governments, provides public services that include, amongst others, household services, public education and public health care to the citizens free of charge or at minimal costs. While this may create a sense of entitlement and dependency on the government, it also ensures availability of such services to the citizens. This paper evaluates the availability and accessibility of public services in Botswana by analysing the results of the Afro-barometer survey of 2012 on the access to household services, public primary education and health services. The paper argues that while Botswana has achieved a lot politically and socio-economically, the benefits of that are not commensurate with the provisions of public services to the citizens. The paper is divided into 3 sections. First, following the introduction which briefly outlines Botswana's socio-economic achievements, the paper reviews the literature on the provision of public services and the justification for governments to provide such services. The second section analyses the provision of and access to public services in Botswana. The last section highlights the possible challenges and prospects for Botswana to provide and ensure ease access to public services.

Keywords: Health, Access, Human Rights, Services, Education and Quality.

1. Introduction

Botswana is regarded as an upper-middle income country by the World Bank and has gone on record as one of the few African countries that transformed their economies from poor to developing. At independence in 1966, Botswana was very poor with a GDP of around \$70.00, and that was transformed over a period of 49 years to a GDP of \$3 047.00in 1986, then \$5 906.00 (1996), before rising to \$ 16 400 in 2013 (http://www.indexmundi.com/botswana/economy_overview.html). This translates into an average GDP growth of 6.8% between 1996

and 2014. The economy of Botswana also grew at an average of 4.6% between 1994 and 2011 while inflation rate maintained single digits since independence (http://www.worldbank.org/en/country/botswana/overview). Besides the World Bank recognition, Botswana has also been hailed by some economists and scholars as one of the most successful African countries politically and economically in the post-independence era (Acemoglu, Johnson & Robinson, 2003; Harvey & Lewis, 1990; Holm & Molutsi, 1989; Picard, 1987; Samatar, 1999; Thumberg-Hartland, 1978; Leith, 2004).

In addition to the economic and political stability that Botswana has experienced, the country also has a relatively small population of about 2 million (Statistics Botswana, 2011). Given these impressive credentials by scholars, economists and the international financial institutions, the assumption is that, Botswana's quality of household services, public education and public health and the provision thereof, is good and proportional to the country's high rankings. However, the results of the Afro-barometer survey of 2012 indicate that Botswana is performing disproportionately to its success in the provision of and access to household services with around 42% of the population indicating that they find it very difficult to access such services (Figure 2), and that is far below the country's economic and political achievements.

I. Accessing Government Services: House Hold Services (Piped Water, Electricity Telephone), Public Education Public Health

Hospitals with nurses; classes with teachers; functioning toilets with running water taps are all distant delusions for a huge population of individuals living in the developing nations across the world. These essential public services (water, good hygiene, health, and education) are the solutions to changing the lives of those individuals dwelling in poverty. The development of robust public services accessible for everyone is not a new thought, but it is the basis upon which the current societies of the rich nations are constructed on. Recently, remarkable outcomes have been noted on the developing nations that follow suit and it has been proven to work. The goal of every nation should be to make poverty a thing of the past. Today, living without these most basic human rights is viewed as a disgrace; however, millions of families still do (Emmett, Duncan Green, Aikman, Kamal-Yanni & Smyth, 2006). This state of affairs prevails because, while the people are aware of their right to government services, most of them still believe that government service provision is 'an exchange of political support by voters for tangible government services by elected politicians' (Wright 2011).

The invigorated stress on infrastructure in Africa is really appreciated, since Africa is currently trailing behind in the coverage of network infrastructure services compared to other parts of the globe. Majority of the nations in Central Asia and Eastern Europe have almost worldwide access so that the discussion in infrastructure policy occurs around there, thus enhancing service quality. Trailing closely behind is the Middle East, North Africa, and Latin America. With regards to gross national income (GNI), Africa is the nearest to South Asia amidst other parts of the globe. Rates of population growth and urbanization are, however, the greatest in Africa, which leads to rapid increments in infrastructure requirements at the household level when compared to South Asia. Generally, Africa trails behind other parts of the world in the provision of enhanced sanitation and water services. When it comes to fixed and mobile phone coverage, Africa is ahead of South Asia, an indication of the floods of cell phone networks, services and users (Banerjee, Diallo, Foster & Wodon, 2009).

Household studies, have for a while now, been utilized in the approximation of inequality and poverty trends, in addition to academic trends and health markers. They have, however, not been utilized to the same degree to gauge trends in the coverage or access to novel infrastructure services, and coverage charges for electricity in households. Nonetheless, there has been a slight development in flush toilets in the last decade. There has been a drop in the

coverage of piped water, whereas a rapid increase in the coverage of landline (including cellular) telephone has been realized. The drop took place in the urban areas, even as the coverage in infrastructure either remained steady or improved in rural Africa. Coverage of all the four services for the needy households remains almost impossible. If business goes on as usual, it would actually take considerably extended time duration to attain widely shared or global coverage even in nations where the coverage is enhanced. These particular outcomes point to the necessity of increment in efforts by international communities and governments to raise access to novel infrastructure services gradually in Africa (Banerjee, Diallo, Foster, & Wodon, 2009).

A visit to the government departments is totally dreadful, it is described by loads of paper work, unending queues, limited spaces, bureaucracy and lots of frustrations. The rising needs of citizens and varying rules and regulations, place the government under stress to deliver at the appropriate times and quality (Nkwe, 2012). For examining the performance of developing nations governments, an Essential Services Index has been developed by Oxfam. It grades nations in four social regions (education, children survival degrees, access to safe water, and access to good health) and makes a comparison of their performance with per capita national earnings. The assessment displays that certain governments have constantly punched above their weight.

a. Services in Africa

According to Afro barometer research survey that can offer policy-makers with essential proof, the first region of service delivery is a sequence of degrees of characteristics of every census enumerator area (EA) that has been collected from the list of every EA in all nations. An EA is the tiniest managerial division utilized by national censuses, normally a few hundred households each. A team of four field workers and a field supervisor together examine these characteristics, and after determination, the characteristics are entered in all questionnaires handed out in that EA. The outcomes imply that the African governments in cooperation with international donors and agencies, and at certain instances with private cooperations, have managed to construct local community schools in a simple walking distance of 9 out of 10 affected persons across the 20 nations incorporated in Round 4 of the Afro barometer study. About two thirds of Africans stay near markets and regions with access to cell phone services. About half stay in EAs having piped water and electricity systems. Approximately a quarter stay in regions with a sewerage system or a post office (Mattes, 2010).

b. Governments and the Provision of Public Services

There exist strong social and economic reasons why governments ought to arrange important services, instead of paying for them via the markets or leaving it up to citizens. First, if citizens are well-enlightened and healthy, it profits the social and economic welfare of the entire population, on top of the economic and health condition of every person. Secondly, the complete information required in coming up with informed decisions about services and who are obligated to provide them, is not available to citizens. This is specifically very essential in healthcare. Thirdly, citizens in poor nations, specifically in rural areas, rarely possess a provider option: whether of clinics, water supply, or schools. Actually, they are frequently lucky to have access to any of these services (Emmett, Duncan Green, Aikman, Kamal-Yanni & Smyth, 2006).

In the nineteenth century, there was an intervention by the governments of well-off nations to improve public services. In the UK, the incompetence, prices, and corruption in the private segment of water supply resulted to the development of sanitation and public water systems. In Germany, several insurance methods were merged into a single equitable system by the

national health system. In Europe, Japan, and North America, obligatory public education efforts spread to accommodate all segments of respective nations in the dawn of the century, and these states developed even more after the Second World War. In order to tackle these issues, political dedication and the will to change is important in assuring the functioning of services, and to accomplish this, governments require to feel the pressure. The government should be demanded to spend more on vital services and exhaust it appropriately across the nation. The national alliance of academic groups, Elimu Yetu (our education), in Kenya, played an essential part in making free primary education a key election matter, making sure it was implemented in 2002; the outcome was that 1.2 million kids attended school for the very first time. The greatest anti-poverty alliance was created in 2005, the Global Call to Action against Poverty (GCAP). It saw more than 36 million individuals take action in over 80 nations. Major requirements thereto are excellent worldwide public services for everyone and a finish to privatization, which leads to poverty and deficiency (Emmett, Duncan Green, Aikman, Kamal-Yanni & Smyth, 2006).

Public sector employees ought to be viewed as heroes they actually are, and kept at the center of developing services for everyone. Every thriving nation has developed a culture of public service, whereby public sector employees are urged to celebrate their contribution to the country, and the community in return should accord them with the status and respect they deserve. Though wages alone do not enhance motivation, it is however, the first priority in cases where pay is meager. One of the main concerns for many teachers is housing, particularly female teachers in the rural areas. Governments ought to combine efforts with the trade unions to realize better conditions and wages, to encourage employees to do their jobs without worries of basic resources. Governments also need to invest in skilled organizers and directors to generate and execute their plans. Wage increment for the public health employees in Malawi is being financed by donors. This is enhancing the quality of care in the hospital wards in addition to greatly causing a reduction in the number of nurses and doctors leaving Malawi for other nations (Emmett, Duncan Green, Aikman, Kamal-Yanni, & Smyth, 2006).

II. Ease of Access to Household Services in Botswana

According to Round 5 of Afro barometer survey (2012), 52% of Batswana find it easy to obtain household services (piped water, electricity or telephone) while 42% find it difficult to obtain such services(Figure 1). More than half of those who find it difficult to obtain household services are people living in rural areas. According to the 2011 population census results indicate that there are about 955 284 people living in rural areas (CSO, 2011) and this number constitutes about 48% of the population of Botswana. Therefore, according to the survey, this large number of people living in rural areas (48% of Batswana), find it difficult to access household services. This suggests that the government's aspirations for socioeconomic development expressed through Botswana's Vision 2016, Millennium Development Goals (MDGs) and the National Settlement Policy of 1995 which "...calls for all basic infrastructure and services to be provided to all settlements with a minimum population of 250 people" (National Settlement Policy, 1995) have not yielded much results to ensure accessibility of household services to rural communities.

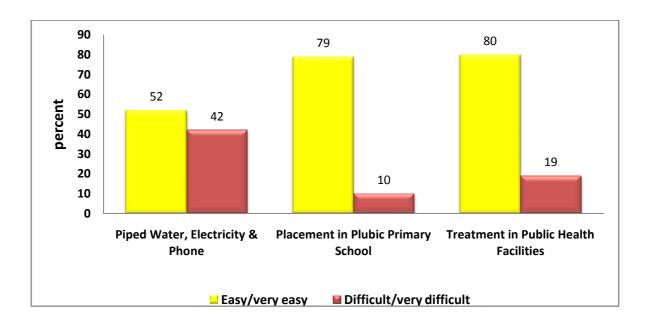


Figure 1: Ease of Access to Household Services

Question asked was: Based on your experience, how easy or difficult is it to obtain the following services from government? Or do you never try and get these services from government?

Compared to other SADC countries, Botswana has a high percentage (42%) of people finding it hard to obtain household services, and that is almost similar to that of South Africa at 41% (Figure 2). One would assume that since Botswana is doing well economically and has a very small population relative to South Africa which is 25 times more, 51 million (Statistics SA 2011), access to household services would be easier in Botswana. However, the rate of dissatisfaction amongst Batswana to obtain basic public services is lower than the average for Africa which stands at 56% (Asunka 2013:2).

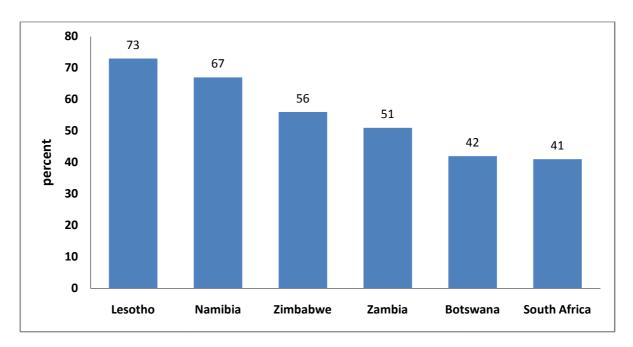


Figure 2: Difficulty with Accessing Household Services from the Government in 6 SADC Countries

Question Asked: Based on your experience, how easy or difficult is it to obtain household services from the government? (% who say difficult or very difficult)

a. Access to Telephone Services and Electricity

As one of the ways to ensure the provision of household services with respect to access to telephone services, the government of Botswana introduced the Telecommunications Policy of 1995 which "proclaims that access to basic telecommunications services is a citizen right and must be made available to all users in Botswana independent of geographical location and at an affordable price" (Telecommunications Policy, 1995). To address the goals of the Telecommunications Policy of 1995, the government came up with the Rural Telecommunications Strategy that targeted around 300 rural communities in Botswana through *Nteletsa I & II Projects* to install telephone infrastructure in rural areas (Rural Telecom Strategy, 2006; BTC Annual Report, 2009). Both *Nteletsa I & II* were not successful and some of the drawbacks cited were failure to install telephone infrastructures in rural areas under *Nteletsa I Project* due to theft of solar energy equipment that the telephone system was to depend on in rural areas where there was no electricity (*Sunday Standard*, 08/03/2012).

On the supply of reliable electricity, the 2012 survey indicates that 65% of Batswana are satisfied with the supply of electricity while 31% said reliable electricity supply was bad or very bad. This was relatively similar to government performance in providing reliable electricity supply in South Africa which stood at 64% (Figure 3). Botswana, improved supply of electricity could be due to government realization of the importance of electricity to socioeconomic development. The government of Botswana also gave attention to the electrification of rural settlements and villages through the "100 Villages Electrification Project" that started in 2007 (http://www.bpc.bw/Pages/rural_electrification.aspx). In addition to village electrification plan, the government introduced subsidized installation of electricity in domestic households, with the help of loans from Sweden and Norway (Kealotswe, 2009).

Botswana's performance also stood in sharp contrast with Mauritius' extremely good performance at 95% very well and 4% bad and Zimbabwe's extremely bad performance at 80% very bad and 14% fairly/very well, while the average for Africa stands at 38% well and 55% bad supply of electricity (Figure 3).

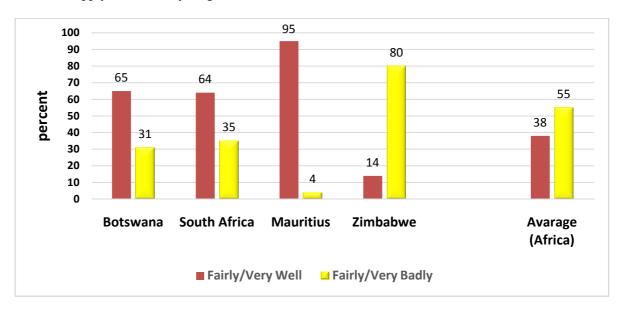


Figure 3: Government Performance in Providing Reliable Electricity Supply, 2011-2013

b. Access to Piped Water in Botswana, 2012

On the government performance in providing water and sanitation services to Batswana, 67% of the participants said the services were fairly/very well while 31% said fairly/very badly. Despite this not so impressive results, Botswana performed above most SADC countries with only Mauritius coming close at 62% fairly/very well and 38% bad while South Africa was 56% well and 43% fairly/very badly (Figure 4).

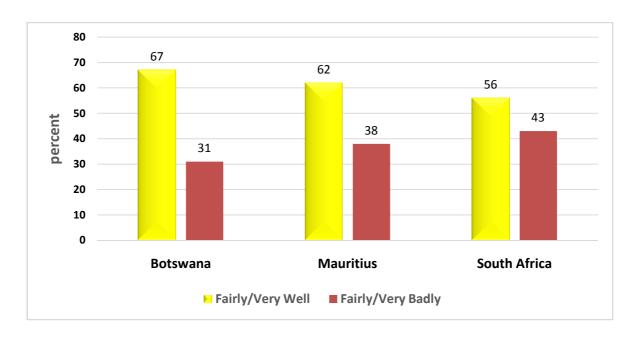


Figure 4: Government Performance in Providing Water and Sanitation Services

Other rankings such as the World Bank 2012 indicated a very high performance of Botswana in providing access to clean piped water at 93% (http://data.worldbank.org/indicator/SH.H2O.SAFE.RU.ZS). However, this high rate of access to piped water as per World Bank rankings does not reflect the reality as it limits itself to the installation of standpipes in households without considering the flow or availability of water in such standpipes.

c. Access to Public Primary Schools and Medical Treatment in Public Health Facilities

On placement in public primary schools, 79% of participants said it was easy while 10% said it was difficult to find a place for a child. 80% found it easy to get medical treatment at a public clinic while 19% said it was difficult (Figure 1 & Figure 5). More females indicated that they found it difficult to get medical treatment than males and this could be due to the fact that Batswana women tend to visit medical facilities more than men. Another observation from the survey is that more rural dwellers (42%) found it easy to access medical services, compared to urban dwellers (37%). This could be suggesting that there is urban migration resulting with overcrowding of health and primary education facilities. It might also be suggesting the possibility of people in rural areas not utilizing health facilities compared to urban dwellers.

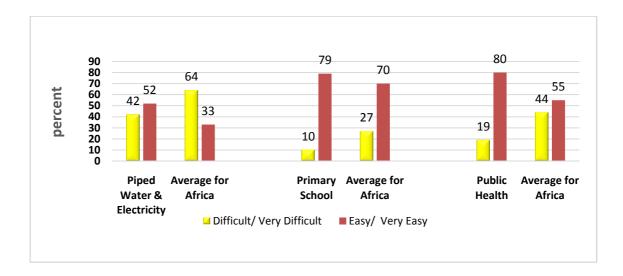


Figure 5: Comparison of Ease of Access to Government Services (Botswana & Africa), 2012

Question asked: Based on your experience, how easy or difficult is it to obtain the following services from government? Or do you never try and get these services from government?

By comparison services accessibility in Botswana is higher for piped water, electricity and phone services compared to the average for Africa at 64% difficult/very difficult and 33% easy/very easy (Figure 5). On access to public primary schools, Botswana stands relatively the same at the average for Africa, but on access to medical treatment in public health facilities, Botswana is higher than the average for Africa (Figure 5).

d. The Quality of Services at Public Primary Schools and Public Health Facilities

The quality of services involve a wide range of issues that include, amongst others, the following: state of the facilities; cost of services; availability of staff (teachers and doctors); attention and respect from staff; availability of supplies and waiting time before being assisted.

2. Quality of Services at Public Primary Schools

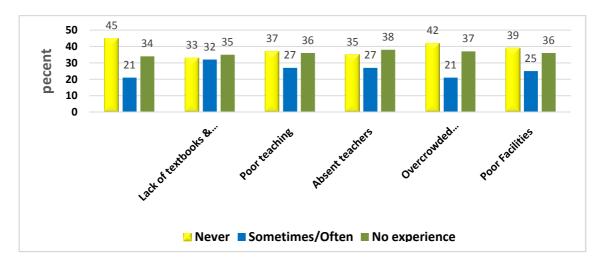


Figure 6: Problems Experienced with Public Primary Schools in Botswana, 2012

Question asked: Have you encountered any of these problems with your local public schools during the past 12 months?

On the cost of primary schools being too expensive or people being unable to pay, 45% of the participants said they never experienced any problems with the cost of education, 21% experienced problems while 34% had no experience with public schools. With access to education in Botswana standing at 80% (Figure 1), it contrasts well that 21% experienced problems with school fees (Figure 6). This could be implying that there are still some people who are not able to pay school fees, thus suggesting a possibility of abject poverty. With 34% participants saying they had no experience with public primary schools and that suggests people probably send their children to private schools. This could also mean that Batswana have lost confidence in public primary schools, especially in urban areas where two-thirds of those who have no experience with public schools come from.

On the issue of lack of textbooks and other supplies, while not a major concern it seem to be a problem at 33% for those who never experienced problems and 32% for those who did (Figure 6). A third of those who experienced problems were in rural areas and this could be due to poor distribution or marginalization of rural areas in the distribution of textbooks and other supplies and providing urban areas with textbooks despite poor teaching in such areas (Figure 6). 37% of participants indicated that they never had problems with teaching. 27% of the participants experienced poor teaching while 36% had no association/experience. According to the survey, poor teaching seemed to be more of a problem in urban areas 31% than in rural areas. The survey also indicated that of those who believed there is poor teaching, more were females (29%) while males accounted for 26%.

Teacher absenteeism also appeared to be a problem as 35% never had a problem while 27% experienced it. The problem was more prevalent in urban areas than in rural areas, and this suggests that teachers in urban areas get involved in other activities that are not related to their work. 30% females said there was teacher absenteeism as opposed to 24%. The low percentages of males who believe that there is poor teaching and teacher absenteeism could be that males in Botswana are not much involved with their children's education compared to females, hence their inability to know about education problems.

The survey also indicates that overcrowding in classroom was a problem with 42% who never experienced it and 21% who said there was a problem. Participants indicated that the problem of overcrowding of classrooms was more prevalent in urban areas and could be due to the fact that there is higher concentration of population (52%) living in urban areas compared to rural areas (Statistics Botswana, 2011).

Although the prevalence of problems that impact directly on the quality of education is low (Figure 6), the 2013 secondary school examinations results suggests that there are serious problems in public schools as evidenced by high failure rates. The high failure rates could also be attributed to a number of factors, amongst them, the 2011 public workers' strikes that included teachers, and the poor conditions of service for teachers could also be another factor. The survey also shows that around 35% of the participants had no experience with public schools (Figure 6). This may be suggesting that Batswana do not have confidence in public schools, instead, they opt to send their children to private schools and pay lots of money.

3. Quality of Services at Local Public Clinic or Hospital, 2012

The afro barometer survey of 2012 indicated a serious problem with the quality of medical services in Botswana. While access to primary health services is not too much of a problem at 80% (Figure 1), the quality of services provided suggests the opposite in some areas (Figure 7).

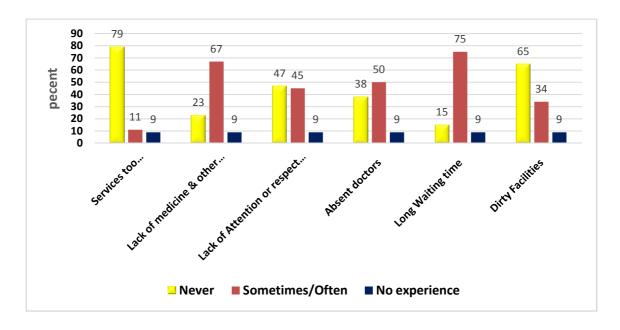


Figure 7: Problems experienced with public health services in Botswana, 2012

Question asked: Have you encountered any of these problems with your local public clinic or hospital during the past 12 months?

Amongst the participants interviewed, 80% indicated that they never experienced problems of costs accessing public health services, while 11% said they did and 9% had no experience. The cleanliness of facilities has also proved not to be an issue as 65% of participants said they never had any problem compared to 34% who experienced problems (Figure 7).

The survey indicated that there were problems with availability of medicine and other supplies with 67% saying they sometimes/ often experience problems while 23% said never (Figure 7). The other problem is also lack of attention/respect by staff with 45% saying they have experienced it and 47% saying they never had any problems. Doctor absenteeism was also pointed out by participants as a major problem with 50% saying they experienced the problem while only 38% have not experienced any problem. This suggests that while people do not have problems accessing health facilities in Botswana, that is to a large extent, mere accessing of facilities and not the services due to serious shortage of doctors and medical supplies. Participants also indicated that there is a serious problem of waiting too long to get service from public health facilities with only 15% saying they never had any problems while 75% said they experienced the problem of waiting too long (Figure 7). This problem could be attributed to the shortage/absence of doctors and lack of attention or respect from staff as indicated by the survey.

Despite challenges with the quality of health services in Botswana, the country has been doing well in improving health services in the past 10 years (2002-2012) as indicated below (Figure 8).

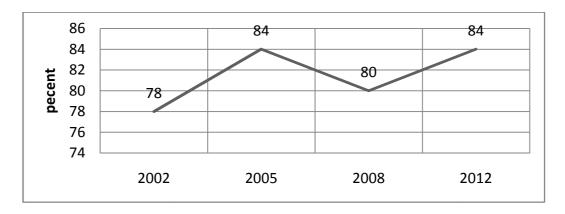


Figure 8: Handling Improving Health Services in Botswana (% Fairly/Very Well)

Relative to some SADC countries, Botswana has also done well in improving the basic health services (Figure 9). However, Zimbabwe has done much better in improving basic health services from 45% (2002) to 69% in 2012, despite its political and economic turmoil during the same period (Figure 8 and Figure 9).

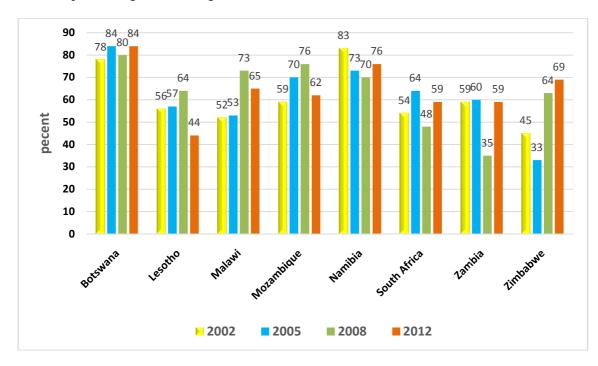


Figure 9: Handling Improving Health Services in Botswana (% Fairly/Very Well)

3. Challenges and Prospects of Improving Access to Household Services

a. Corruption

Corruption is one of the major defeats to the provision of household services in Botswana. Although Botswana continues to be ranked as one of the least corrupt countries in Africa, corruption in the country seems to be endemic and evades the one size-fits-all instruments that are used to measure corruption and transparency in the world. Unlike most countries, the nature of corruption in Botswana is unique and it is over-shadowed by economic growth. It is

more of a matter of influence than of control in which there are 'interlocking groups of top politicians, business figures and bureaucrats who share corrupt benefits amongst themselves' (Johnston 2005:96). Corruption in Botswana is checked to ensure that the levels of corruption do not exceed the growth of the economy or cause a major economic shake-up, thus making it difficult to detect. It is best described by Michael Johnston who terms it as 'Elite Cartel Corruption' in which "money and favours changes hands, with benefits flowing to favoured people and businesses...institutions are weaker...inequality is more pronounced and economy is more dependent upon primary exports...judiciaries are weak and often compromised...political parties have shallow roots...and bureaucracies are large and permeable, in some cases, extensions or political factions..." (Ibid.). This description best fits the situation of Botswana.

In recent years, there have been many reports of corruption and abuse of office in the local media implicating top government officials, politicians and prominent businessmen with close links to the ruling party. Ironically, some of those allegations of corruption had to do with the provision of access to household services such as water and electricity in which unqualified and incompetent companies were awarded tenders to construct schools, Morupule B power station, airports, stadia and North-South Water Carrier (NSWC). None of the companies engaged delivered the projects on time, most did not deliver at all, while others delivered poor quality projects at more than double the initial price, and in almost all the cases, the top ruling party politicians and their allies were alleged to have close ties or vested interests in these incompetent companies, which if, had delivered, access to and availability of water and electricity could have been improved.

According to Johnston (2005), the core function of Elite Cartel Corruption such as in Botswana is "...to protect, as well as to enrich, networks of higher-level elites...the point is not to influence specific policies, but rather to stymie or co-opt competitors, amass enough influence to govern, and insulate economic and policy advantages from electoral and social pressures...and there is no shortage of official anti-corruption proclamations and campaigns, though often they will be used to punish dissidents or rivals rather than to pursue reform as such" (Johnston 2005:97; Cheng & Chu 2002). What makes Elite Cartel Corruption unique is that, it has continued to co-exist with rapid economic development, however, at the expense of democratic development and accountability as has been the case in Botswana, Italy and Korea where it is rampant and the security of property rights, government effectiveness and regulatory quality are generally lower (Johnston 2005:97).

b. Unemployment

Botswana has introduced policies and programmes that have improved access to household service since independence. However, there are still challenges that need to be addressed to ensure improvement in access to household services amongst Batswana. The country has failed to reduce significantly the rates of unemployment and poverty because the economy of Botswana is based on the minerals sector and is undiversified. As a mineral economy, "it disproportionately benefits those employed in mining, government and relatively skilled and technology intensive sectors" (UNDP 2005:17). Consequently, the dramatic economic growth rate experienced by Botswana in1966 has failed to translate into the creation of employment opportunities at the same rate. For example, between 1991 and 1999, the real GDP of Botswana grew by 45%, while "formal sector employment increased by only 13% from 222 800 people in 1991 to 255 607 in 1999" (Ibid.).

Botswana's problem of unemployment is largely that of lack of diversification. The mining sector contributes less than 5% of formal employment sector even though its contribution to GDP amounts to nearly 50%. By 2002, the government sector accounted for only 38% of formal sector employment, thus raising the need to generate growth in high job content

sectors other than the government. A decline in the agricultural sector from 40% contribution to GDP in 1966 to a mere 3% in 2002 has also intensified the problem of unemployment. The agricultural sector employed large numbers of people and helped them to provide for their households. Therefore, a decline in that sector meant loss of employment and income (Ibid, 15).

c. Poverty

Besides the growing unemployment rates, the high poverty rates also continue to prevail. In 1966, Botswana was one of the world's ten poorest countries with a per capita GDP of about \$656 or \$1.80 per day according to the 1993 prices. In 1985, about 59% of the people were estimated to be living below the poverty datum line of approximately P100 per person per month and that dropped to 47% in 1993 (UNDP 2002; UNDP, 2004:21). By 2002, extreme poverty (below \$1 a day) was estimated to be 23.5% while poverty (living below \$2 a day) was estimated to be 47%. These statistics indicate the failure of economic growth to reduce poverty in almost three (3) decades. The poverty rates are higher in rural areas and amongst women, probably because there are fewer opportunities for women in the formal sector employment. That is also an indication of the fact that the problem of poverty in Botswana is structural. It also results from a narrow economic base, "... which limits opportunities for gainful employment – a poor endowment of agro resources; a small and sparsely distributed population – 1.7 million in 2001; ... and a small and fragmented internal market. Collectively, these attributes translate into limited capacity for sustainable employment creation and poverty reduction" (UNDP 2005). More people and households have become more vulnerable to poverty because of a number of reasons amongst them, the erosion of traditional support mechanism as the economy modernises; ill-health, especially HIV/AIDS; lack of access to productive assets; and the lack of access to markets (Ibid). Both poverty and unemployment leave the people of Botswana unable to afford some services offered by the private sector due to high prices.

d. Inequality

A comparative measure of income inequality (GINI Coefficient) for Botswana has been around 0.6 for the past 40 years. This is indicative of inequality prevalence in the country and of the fact that wealth is concentrated on the hands of a few people; whereby "the highest 10% got 56.6% of the national income, [between] 1989 – 2000, and the poorest10% only 0.7%. The ratio between the two was 77.6%" (UNDP 2005). The problem of inequality in Botswana is not a new phenomenon. Prior to independence and the mining sector boom in Botswana, cattle was the main resource and was highly concentrated on a small section of the population. "Among traditional farming households, 47% had no cattle and 24% had between 1 and 11. At the other extreme, the wealthiest 2.5% of farming households owned 40% of the national herd" (Good & Taylor, 2005). This kind of inequality has continued to prevail even in the modern mineral economy of Botswana.

e. Disgruntled Public Service

Another challenge that frustrates the provision and access to household services in Botswana is the low morale of public servants in Botswana due to several reasons amongst them poor working conditions, lack of equipment and strained relations between the government and the workers. The labour laws in Botswana do not seem to guarantee the protection of the employees' right to collective bargaining, except to state that employees have a right to form and/or join unions. The unions do not have enough powers to fully bargain for improved working conditions of their members and they cannot even launch an industrial strike to pressurise employers to the negotiating table for the purposes of improving the welfare of their members. This lack of protection of unionists to collective bargaining has resulted with

close to 700 employees dismissed from work in two major mining companies, Debswana and BCL in less than two (2) years period between 2004 – 2006 for collectively bargaining for improved wages and benefits (Motiki, 2006). Another example is the 2011 public workers strike in which the government had no regard to the demands of public servants resulting with a long and protracted public strike in the history of Botswana (Lotshwao & Suping 2013:350). The lack of legal protection of unionists to have more bargaining powers has and continues to undermine the provision of access to household services in Botswana. The civil society and opposition political parties that could offer some hope for Batswana to collectively hold the government accountable are also weak and the dismissed employees together with the already unemployed add more strain to the existing household services.

f. Economic Liberalisation

Economic Liberalisationis also another challenge for the provision of household services in Botswana because it aims at promoting economic growth at the expense of social justice. It encourages profit maximisation without regard for social welfare and also calls for free trade that can be facilitated by the withdrawal of state from economic activities and the reduction of a welfare state (Overbeek, 1993:177). Economic Liberalisation seeks to promote the competition of enterprises without state intervention in the form of subsidies or welfare (Cox, 1997:168). In the absence of state intervention, there is a likelihood of gross violation of peoples' rights to social protection or security such as, the exposure of people to poor safety at work, high inequalities due to exploitation and increase in poverty due to job losses and insecurity.

Whilst "economic liberalisation can be a force for good through its potential to generate wealth and improve living standards, it is not doing that very well at the moment particularly for developing economies" (UNDP 2005:20) like Botswana. As a developing country, Botswana still faces the need to spend an adequate amount of resources on public services like health and education that ensure social development. With the coming of globalisation and its emphasis on trade liberalisation, Botswana will have to orientate its economy towards producing exports and to reduce its already inadequate public spending on social services. The 'assumed inevitability of globalisation as a technologically driven process that all must adapt to in order to survive or prosper' (Ibid.) will result with thousands of Batswana workers living with greater fear of losing their jobs and/or income, hence social insecurity. However, as part of a global society, Botswana cannot afford to forego the opportunities that globalisation can offer through technological developments such as information, communication and technology. Therefore, the country must "...find better ways to manage and structure globalisation so that it supports fundamental human rights and sustainable development, and generates prosperity for ordinary people, particularly the poorest. Left unchecked, globalisation could lead to their further marginalisation and impoverishment" (Ibid.).

g. Dependency

The government of Botswana also faces the challenge of citizen empowerment which has also led to dependency on the state provision. Since independence, the government of Botswana has put in place "programmes intended to expand people's access to essential services and their opportunities for investment and employment, as well as to ensure minimum welfare for the poor people" UNDP 2005:19). The economic empowerment measures put in place included subsidised credit through the National Development Bank (NDB), the defunct Financial Assistance Policy (FAP), the Citizen Entrepreneurial Development Agency (CEDA) and other policies and programmes. The country also reserved certain economic activities for Batswana. However, these citizen empowerment measures have not been fully utilised or attained, thus creating a challenge for Botswana to improve the capacity of its

citizens to participate in the affairs of their country's economy through ownership of assets, especially fixed ones.

The government's policies and programmes for citizen empowerment have also unintentionally led to dependency on the state. There is a consensus amongst Batswana that the country's welfare policies have promoted a culture of dependency resulting in the rise of poverty. The food transfers to vulnerable groups such as the destitute and school children, as well as the drought relief programmes, have ensured social security for some and created dependency for others. These programmes have also negatively affected investors and those not in needs of assistance from the government. For example, "the debate on cost sharing and cost recovery in the provision of public services suggests widespread and stoic resistance. In the business community, lobbying for generous subsidy support diverts government's attention from more serious constraints on entrepreneurship development, for instance skill and technology" (UNDP 2005:19). While the government cannot neglect its role of putting in place social safety nets, it must also come up with a strategy to reduce and even end the culture of dependency amongst Batswana. This is important because affordability of household services can be ensured or sustained where the people are able to provide for themselves or are empowered to do so.

4. Conclusion

While Botswana has not done enough to ensure the provision of and access to household services to the public, the country has the capacity to improve the situation for the better. Unlike other African countries, Botswana has favourable socio-economic conditions that can enable the overhaul and improvement of access to household services. The economy of Botswana is stable and has been doing well for almost 50 years and the population is very small, and the prospects of ensuring access to household services by all is lack of political will to institute meaningful political reforms. The lack of political will could be a cover up for the rampant and growing levels of corruption, abuse of power, inefficiency or waste of resources and a series of failed projects without anyone held accountable. Until these problems arising from lack of accountability are addressed, the quality of and access to household services in Botswana will be an illusion.

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