

Botswana

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	2.00 M
Urban population (2012)^a	1.25 M
Rural population (2012)^a	0.76 M
Population growth rate (2012)^a	0.86%
Gross domestic product USD (2012)^b	14.50 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)^c	41
Under 5 mortality / 1,000 live births (2012)^c	53.3
Life expectancy at birth (2012)^d	62 yrs
Diarrhoea deaths attributable to WASH (2012)^e	183

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)^f	64%
Use of drinking-water from improved sources (2012)^f	97%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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Sanitation, drinking-water and hygiene status overview

Botswana has recognized the human rights to water and sanitation since 1981. The Public Health Act under section 57 gives authority to health officers to take all lawful measures to ensure the purity of water meant for drinking and domestic purposes by the public.

Reforms in the water sector took place from 2008–2013 as a result of the review of the Botswana National Water Master Plan. The reform reduced the number of water authorities to two: one for water supply and wastewater services and one for resource management. The Department of Sanitation also moved from the Ministry of Local Government to the Ministry of Environment. World Bank consultants assisted in the reforms.

Currently, six ministries/institutions are involved in water, sanitation and hygiene. The Water Utilities Corporation in the Ministry of Minerals, Energy and Water Resources is the lead for drinking-water. The lead for sanitation is shared by the Ministry of Local Government and the Water Utilities Corporation. There is no formal coordination mechanism, but meetings take place on an ad hoc basis as needed.

The National Wastewater and Sanitation Policy and National Master Plan for Wastewater and Sanitation were developed by the Ministry of Environment, Wildlife and Tourism and are implemented by the Ministry of Minerals, Energy and Water Resources. However, there is inadequate funding for implementing the policy and master plan.

Another challenge facing Botswana is that infrastructure in the country is at risk due to inadequate operations and maintenance. Tariffs do not cover the costs of operations and maintenance and there are not finance plans in place to address the issue. A finance plan is lacking for the entire WASH sector; each sector develops their own budgets that are often not adhered to.

While there are not specific human resource strategies for water, sanitation or hygiene, there is a National Human Resource Development Strategy (2009–2022) that forms a framework for sector specific human resource strategies. A human resource challenge for hygiene is that the Ministry of Health does not have any direct control over the local authorities. Institutional coordination for water, sanitation and hygiene would benefit from increased human resource capacity.

Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

The Ministry of Minerals, Energy and Water Resources and the Ministry of Local Government share the lead for sanitation services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Minerals, Energy and Water Resources (MMEWR) – Water Utilities Corporation	✓	✓	
Ministry of Health			✓
Ministry of Local Government (Local Authorities)	✓		

Number of ministries and national institutions with responsibilities in WASH: **6**

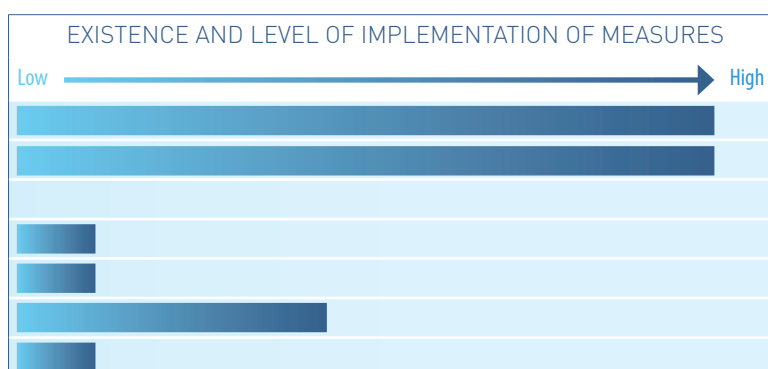
There is no formal mechanism in place to coordinate the work of the different organisations.

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET	
		(%)	YEAR
Urban sanitation	✓	90	2030
Rural sanitation	✓	75	2030
Sanitation in schools	✓	100	
Sanitation in health facilities	✓	100	2016
Urban drinking-water supply	✗	100	
Rural drinking-water supply	✗		
Drinking-water in schools	✓	100	
Drinking-water in health facilities	✓	100	
Hygiene promotion	✓	100	
Hygiene promotion in schools	✓	100	
Hygiene promotion in health facilities	✓	100	

There are specific plans implemented addressing the issues of reliability/continuity of urban and rural water; however, generally Botswana's water and sanitation infrastructure is highly at risk due to inadequate operations and maintenance.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a

Keep rural water supply functioning over long-term
Improve reliability/continuity of urban water supply
To rehabilitate broken public latrines
Safely empty or replace latrines when full
Reuse of wastewater or septage
Ensure DWQ meets national standards
Address resilience to climate change



^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is limited data availability for decision-making for sanitation and drinking-water. Water quality is tested in urban, but not rural areas.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2003		2006		2015–2016
Use of performance indicators^a	✗		●		✗
Data availability for decision-making^a					Health sector
Policy and strategy making	✗		●		✗
Resource allocation	✗		●		NA
National standards	NA		●		NA
Response to WASH related disease outbreak	NA		NA		✗
Surveillance^b	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✓	✗	
Independent auditing management procedures with verification	NA	NA	●	✗	
Internal monitoring of formal service providers	●	●	✓	✓	
Communication^a					
Performance reviews made public	✗	✗	✗	✗	
Customer satisfaction reviews made public					

^a ✗ Few. ● Some. ✓ Most.

^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies are not developed for sanitation or drinking-water. The most important constraints identified are the lack of financial resources, attracting skilled workers to rural areas and recruitment practices.

HUMAN RESOURCES	SANITATION	DRINKING-WATER	HYGIENE
Human resource strategy developed^a	✗	✗	✗
Strategy defines gaps and actions needed to improve^a			
Human resource constraints for WASH^b			
Availability of financial resources for staff costs	✗	✗	✗
Availability of education/training organisations	●	●	✓
Skilled graduates	●	●	✓
Preference by skilled graduates to work in other sectors	●	●	✗
Emigration of skilled workers abroad	✓	✓	✓
Skilled workers do not want to live and work in rural areas	✗	✗	✗
Recruitment practices	✗	✗	✗
Other			

^a ✗ No. ● In development. ✓ Yes.

^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

A financing plan is in place and used for some WASH areas. There is, however, a reported insufficiency of funds to meet MDG targets.

FINANCING	SANITATION		DRINKING-WATER		WASH VS. OTHER EXPENDITURE DATA	
	Urban	Rural	Urban	Rural	Total WASH expenditure ¹	
Financing plan for WASH					NA	
Assessment of financing sources and strategies ^a	●	●	●	●	Expenditure as a % GDP	
Use of available funding (absorption)					Education ²	NA
Estimated % of domestic commitments used ^b					Health ²	5.4
Estimated % of donor commitments used ^b					WASH ³	NA
Sufficiency of finance						
WASH finance sufficient to meet MDG targets ^b	✗	✗	✗	✗		

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.
^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.
² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.
³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.
 NA: Not available.

V. Equity

As a step towards addressing equality in access to WASH services, six disadvantaged groups are identified in WASH plans.

EQUITY IN GOVERNANCE	SANITATION		DRINKING-WATER		DISADVANTAGED GROUPS IN WASH PLAN
	Urban	Rural	Urban	Rural	
Laws					<ol style="list-style-type: none"> Poor populations Remote populations Indigenous populations Displaced persons Ethnic minorities People living with disabilities
Recognize human right in legislation		✓		✓	
Participation and reporting^a					
Clearly defined procedures for participation	✓	✓	✓	✓	
Extent to which users participate in planning	✗	✗	✗	✗	
Effective complaint mechanisms	✗	✗	✗	✗	

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

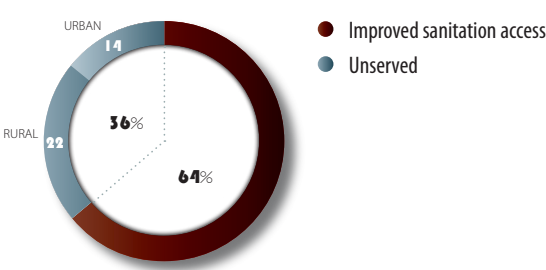
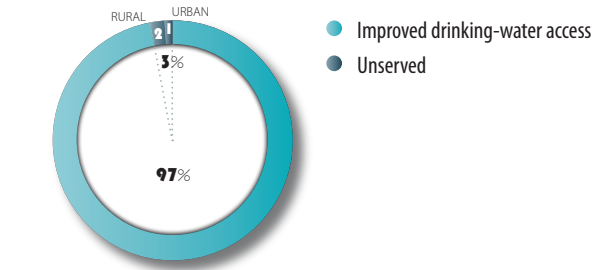


Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.