

Is decentralisation in Botswana a democratic fallacy?

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ABSTRACT

The article demonstrates that decentralisation has been eulogised as a participatory means to development, which enhances good governance and democracy. Developing countries have embarked on various public sector management reforms in an effort to improve public service delivery. These reforms entail among other things redefining the role of the state, hence a shift from a focus on government to governance as nations strive towards lean, decentralised and democratic states. Governments have been urged to decentralise in order to improve service delivery and efficiency. Decentralisation has been eulogised as a participatory means to development, enhancing good governance and democracy. Botswana has been exemplary in public service management; the country has continuously embarked on and successfully implemented various public sector reforms in an effort to improve its public administration. Amid the implementation of decentralisation [as espoused by developing countries] the government of Botswana in 2009 made a decision to transfer the management of clinics and primary hospitals together with the related personnel from local government to central government. Drawing from content-based examination of government's decisions on centralisation of primary health services and rural water supplies, using theories and concepts of decentralisation, the article shows that the discourse of centralisation vis-à-vis decentralisation enhancing participatory democratic governance and service delivery efficacy, or lack thereof, remains an unresolved story for developing countries.

INTRODUCTION

Countries worldwide have embarked on public sector reforms to improve public service delivery and governance. Botswana like the rest of the world has embarked on public sector reforms to improve public service delivery and enhance democracy. With the advent of democratisation the need for inclusive and participatory means of development and decision making also became relevant and apparent. Botswana embraced decentralisation as an efficient means for participatory development. Despite this reform the coordination of state administration in Botswana has remained centralised. The country witnessed a turn of events in 2009 when the government reverted to centralisation by transferring some of the services provided by local government to central government. While the government has pronounced its commitment to local government and decentralisation some factors such as a dominant bureaucracy, fiscal centralisation and centralised planning, poor capacity has worked against the ideal, making decentralisation more of an illusion than a reality. It is against this backdrop that the article adopts a documentary review approach to analyse the implications of reverting to centralisation. Decentralisation has four dimensions namely fiscal, administrative, political and market decentralisation. The article highlights the importance of decentralisation and centralisation and some of the challenges encountered in the process.

LOCAL GOVERNANCE IN BOTSWANA

Botswana has over years held reign serving as a model of good governance and democracy in the African continent. This is evidenced by the country's good ratings in international transparency and governance indexes. For 18 years in a row *Transparency International* has ranked Botswana as the least corrupt country in Africa (All Africa 2013). The government of Botswana has generally fared well in terms of development and service provision for its citizens, maintaining a strong bureaucracy and public service. Botswana has performed impressively in the social sector in the three decades since independence. On the whole, Botswana's two million people enjoy good health care, although the benefits have been distributed unequally (Government of Botswana 1991; Molutsi 1998).

Botswana operates a two-tier system of government consisting of central government and local government. The local government tier is headed by a mayor and a council chairperson in districts. Even though the two tier system has worked relatively well over the past decades, the existing legislation does not provide for mutual relationship between the centre and local government. Unlike in South Africa where the existence of local government is entrenched in the Constitution, local government in Botswana is not provided for in the constitution, instead it is established by *Local government (district councils) Act, 1965* and the *Township Act, 1965*. Maundeni (2004) argues that Parliament regards local authorities as its own creation rather than as equals and competitors. The assertion confirms the principal agent theory tenets that the principal will always have an upper hand and treat agents as its own creation. In concurrence Poteete (2010) argues that decentralisation reforms proposed in the *Report on the Second Presidential Commission on the Local Government Structure in Botswana* (GOB 2001), known as the Venson-Moitoi report rejected almost all of the recommendations that would have enhanced the authority and autonomy of the councils.



Additionally, the mandate of local government is determined by the central government, which can decide to increase or decrease the mandate of the local government institution more so that the former control resources required for implementation.

Local government institutions depend on central government for their operations and sustenance (Dipholo & Gumede 2013). One of the key challenges facing local government in Botswana is lack of financial muscle “the limited financial strength of local authorities has been a critical factor inhibiting the effectiveness of local government in Botswana” (Sharma 2003:233). The high financial dependence has implications on local governance autonomy. As stated in the government’s *National Development Plan 8* financial dependence on the central government breeds an unhealthy reliance upon central government forcing local authorities to look to the central government for advice and direction even on the smallest matters, this reverses the desirable direction of accountability, making local authorities less responsible for the needs of their constituents (Government of Botswana 1997:467). Central government provides 90% and 80% of district and urban councils recurrent budgets respectively and 100% of their capital budgets (Dipholo & Gumede 2013), hence local government institutions can barely be autonomous. Without the required local government financial strength and autonomy decentralisation is meaningless (Sharma 2003).

Poorly defined relationships between the central government and local governments lead to dysfunctional local governance which further perpetuates dominance by the central government. The common challenges relating to the power dynamics include lack of political will and weak legislation to support decentralisation and lack of human, technical and financial resources. Inefficiencies in local governance result in the promotion of centralisation.

The development trend of Botswana is different from those of other countries, a pacesetter for most developing countries. Botswana is among the few African countries to have decentralised for pragmatic reasons, and this partly explains why decentralisation failed: there was not enough international pressure for its realisation. Unlike in other African countries, the decentralisation process in Botswana was not initiated by external actors neither was it a response to pressure, but a noble local reform to improve development. Botswana has rightly been criticised for good policies and poor implementation (Kaboyakgosi and Marata 2013), and decentralisation is one such policy. The process like most others has been flawed with challenges. Decentralisation in Botswana has been faced with issues of human resource capacity, and most daunting lack of financial resources. The decentralisation practice in Botswana has generally been characterised by deconcentration (which entails giving some responsibilities but retaining control and power). This is the weakest form of decentralisation. According to Cohen & Peterson (1999:24), “deconcentration is the transfer of authority over specified decision making, financial, and management functions by administrative means to different levels under the jurisdictional authority of the central government”. It involves the shifting of workload from central government ministry headquarters to staff located in offices outside of the national capital and the staff may not be given the authority to decide how these functions are to be performed (Fernando 2002:120). Deconcentration is basically the transfer of implementation roles while the centre retains power and control. This frees the centre of the burden of service delivery enabling it to concentrate on national priorities. Here, institutions have little control over financial management and personnel.

Although desirable, there has been reluctance towards devolution in Botswana. Devolution occurs when authority is transferred by the central governments to autonomous local level governmental units holding corporate status granted under state legislation (Cohen & Peterson 1999:26). The coordination of state administration in Botswana is generally characterised by structural rigidity, and centralisation of power. The relationship between the centre and local government institutions has been characterised by dominance, and heavy reliance on the centre. The level of autonomy granted to local institutions has been limited hence with negative implications on performance. Devolution requires national legislation and supporting regulations. It is the most extensive form of decentralisation. In Botswana the centre retains a significant level of power; and, this translates into limited decentralisation in reality. The centre, Ministry of Local Government has the power and the political formula to decentralise but appears to lack the will to do so. The local authorities have the will, and the capacity, to effect decentralisation, but in practice appear to be prevented from taking over responsibility (Karlsson *et al.* 1993). As such devolution of authority to localities has not been achieved. What occurs in Botswana is what Ringo & Mollel (2014:177) have described as a “situation where local governments function as bureaucratic instruments of the centre rather than as generators of alternative values, preferences and aspirations”. The local government has operated as an extension or implementing arm of the central government. Ryan & Woods (2015:24) argue that it is not a question of whether to decentralise, but rather that “since decentralisation will take place anyway, what kind of decentralisation is most appropriate?”

RESEARCH PROBLEM AND OBJECTIVE

The failure to decentralise implies limited commitment to plural institutions, participatory and democratic governance. From the foregoing discussion it can be established that decentralisation in Botswana is obscured with unrelenting challenges, which have hindered its success. Sharma (2010) highlights limited capacity, limited autonomy, central government's dominance in formulation of policies and development plans and their implementation as some of the challenges. These challenges have persisted since the formative years of the reform. Despite the challenges, the government has over the years consistently pronounced its commitment to decentralisation and strengthening local government. This is evidenced by the establishment of Presidential Commissions in 1977 and 2001 relating to local government structures in Botswana. Furthermore, the government's commitment to decentralisation is also clearly demonstrated in NDP 7 in which the government commits to strengthening the role of the local authorities in promoting economic development and delegating greater responsibility for development planning, finance and implementation to the local authorities while increasing their capacity to manage these responsibilities (Government of Botswana 1991).

The challenges faced by local government and possible solutions are well known to the government. At a time when one would expect the government to resuscitate and empower local authorities, to grant them autonomy, the government makes a decision on the contrary, withdrawing major responsibilities as primary health and rural water supplies from local authorities to central government. This move exhibits tenets of centralisation.



This article examines and analyses the concept of decentralisation under the premise of the government's decision to centralise primary health services and rural water supplies. It highlights the implications of such a decision.

METHODOLOGY

The article used of desktop research methodology or desk based research. Secondary data was collected from journals, books, internet and official documents (Mogalakwe 2006). It draws from literature on decentralisation, on policy documents and reports. The research method used has advantages in that it is relatively inexpensive, good source of background information and unobtrusive (Information Collection Tools 2010).

THEORETICAL FRAMEWORKS

The article discusses two relevant principles to the subject of interests; they are: principles of subsidiarity and principal agent.

Principle of Subsidiarity

The principle of subsidiarity has been incorporated in political science, Public Administration, Theology and Economics. The Principle was originally “popularised by Catholic theologians and the Catholic Church in order to recognize the autonomy and dignity of the individuals vis-à-vis the state” (Stoa 2014:33). It embodies the notion that power should rest with the local people. The principle regulates authority within a political order, directing that powers or tasks should rest with the lower-level sub-units of that order unless allocating them to a higher-level central unit would ensure higher comparative efficiency or effectiveness in achieving them. Vischer in Ryan & Woods (2015:6) argue that the health of a society is in great part a function of the “vibrancy and empowerment of individuals acting together through social groupings and association” and it consequently promotes a tendency toward solving problems at the local levels and on fostering the “vitality of mediating structures in society”. Ranjault (1992) argues that the principle is essential to a definition of federalism and on any decentralised political organisation. The principle seeks to influence decentralised service. It draws attention to (central) government, the individuals, and the mediating structures which are bulwarks against government authority. Subsidiarity calls “for the recognition of mediating structures and for their empowerment” (Vischer cited in Ryan & Woods 2015:6). According to the principle of subsidiarity, allocation of authority must satisfy the notion of comparative efficiency. When the central government reverts some services to its jurisdiction or when it retains certain services it should qualify that it is efficient and effective compared to local units. The principle also mandates that there should be a *necessity condition*. This allows the centre to act when the local units are failing to achieve the desired results on their own. In instances where local units are failing the centre can intervene, and it should only be when it is comparatively more efficient. Article 235 of *Maastricht* supports this notion, on centralisation of authority where local units are failing.

Principal Agent Theory

The principal agent theory states that there is a difference between the principal (government) and the agents (local authorities). Normally a principal would expect a return on their investment, therefore, they employ mechanisms of monitoring what the agents does. The principal incurs some expenditure on the agents and they expect the agents to do their jobs without increasing the cost to them. According to Moffit & Bordone (2005), the principals and the agents have three fundamental differences: *firstly*, agents have different incentives from principals; *secondly*, each party may have information that is not available to the other and *thirdly*, agents may have different preferences from principals. For example, government may have a priority on a certain project like building a school while the local authorities' priorities may be in the provision of water to the rural areas. The differences between the principal and the agent may lead to poor service delivery, coordination and monitoring of projects in the public service. Normally, the principal endeavours to control the agent; and, the former ultimately pays for the failures of the latter's actions.

DECENTRALISATION AS REFORM

Decentralisation has been viewed as a synonym or related to participatory development, efficient and effective service delivery and responsive government, yet the benefits or espoused positive contributions have not been proven. There is limited empirical evidence to support the purported benefits of decentralisation. Nonetheless there is some interminable value in the principle of decentralisation hence the unceasing call for decentralisation and participatory governance. The World Bank (2001) associates the contribution of decentralisation to improved governance and service delivery to: (i) allocative efficiency – *better matching of public service to local preference*; and (ii), productive efficiency – *increased accountability of local governments to citizens, fewer levels of bureaucracy, and better knowledge of local costs*. Similarly, Seleke (2015) argues that if governance is about the rules that distribute roles and responsibilities among societal actors and that shape the interactions among them, then decentralisation is a specific case of governance. Polycentric systems, with appropriate levels of central and local institutional responsibility for the same resource, have been proposed (Colman 2013). Seleke (2015) further argues that decentralisation specifies the arena – national, provincial or state, district or county, or municipality – that is addressed by interest groups from civil society, where the political processes over specific policymaking are made and determines who participates in those decisions and who is responsible for implementing those policies.

Decentralisation is desirable as it promotes public participation; it allows the public to participate in issues that affect their lives; and this enhances transparency and fosters accountability. According to Easterly (2008), bottom up evolution can be better than a delusory top down attempt to leap to institutional perfection. It promotes responsive service delivery as local governments are closer to the people and sensitive to their needs and demands. Local officials are knowledgeable about local conditions hence can come up with better informed policies addressing specific local needs.



While decentralisation is acknowledged as a mechanism for good governance and effective service delivery achievable through giving citizens a voice, providing outlets for oversight and accountability, the outcomes of decentralisation vary greatly among countries. Some studies argue that decentralisation has failed to improve service delivery and equity. For example, Seleke (2015) argues that decentralising health systems has failed to alleviate drug shortages or increase efficiency of resource utilisation. He further notes that decentralisation actually disrupts health systems, leading to fragmentation, inadequate funding, disruption of centralised logistics and information systems, and a breakdown of relatively successful vertical programs such as family planning and immunisation. This implies that there are other factors that contribute to the successful implementation of decentralisation. Decentralisation does not take place in a vacuum. The socio-political, economic, ideologies, institutional setup, processes and procedures, the strength and level of democratisation play a role in the extent and outcome of decentralisation. Politics play an important role as it determines the level of power to be relegated to the bottom. The level of fiscal resources available to local governance determines the capability to implement policies, programmes and projects. Even though it is desirable the design and implementation of decentralisation are key preconditions.

Centralisation

Centralisation of power and decision making has generally been perceived as negative. The concept has been referred to in relation to tyranny, dysfunction and poor governance. Literature places emphasis on decentralisation and its value. Wunsch & Oluwu (1990) state that “centralisation is the cause of underdevelopment in Africa”. One of the challenges associated with centralisation is that one mistake hurts all. Additionally, a centralised system is bound to mistakes as it relies on a few individuals or decision makers. In a decentralised system a mistake may not necessarily affect all as decisions are made by different people at various levels. Zaharia (2012) argues that centralisation neglects cooperation, impoverishes social dialogue and underestimates the essential problems of everyday life.

Centralisation has generally been portrayed as unfavourable. However, De Tocqueville (1840 cited in Stegarescu 2005) argues that there is a natural tendency towards increasing centralisation among democratic nations which results from the striving for equality and uniformity. Boffa *et al.* (2012) argue that centralisation enhances government accountability and efficiency. According to Gennaioli & Rainer (2007 cited in Boffa *et al.* 2012:2), “Centralised political institutions in pre-colonial Africa reduced corruption and fostered the rule of law, causing a long lasting increase in the provision of public goods that endured into postcolonial period”. Although underplayed centralisation has some benefits. For instance, China has grown faster than Russia due to greater strength of central government compared to local government (Boffa *et al.* 2012). The transfer of service to central government is supported by the subsidiary principle that it is justifiable to transfer some essential services to the centre if efficiency is compromised at local level.

Reverting to Centralisation

Despite enduring decentralisation reforms Botswana has in some quarters recently reverted to centralisation. The government of Botswana has decided to transfer primary health

services and rural water supplies from local government to central government. The government also transferred resource royalties related to tourism from the councils to the Ministry of Environment, Wildlife and Tourism (MEWT) in 2008-2009 and there is “planned transfer of responsibility for the education department to the Ministry of Education and Skills Development” (Poteete *et al.* 2010:9). Responsibility for the *Self Help Housing Agency* (SHHA) was moved from local councils to the Ministry of Housing in May 2012. These decisions pose questions and casts doubts on the value and viability of decentralisation and on the government’s commitment to decentralisation. Perhaps it validates the perception that the country’s leadership is autocratic and that the country’s democracy is on the decline (Bothomilwe *et al.* 2011; Poteete 2014). However, on the contrary the decision was made on the basis of rationalisation to improve efficiency, as the government deem local government to be inefficient. The transfer of some services from local to central government could be seen as a part of a wider pattern of dealing with what was seen as underperformance of local government.

TRANSFER OF RURAL WATER SUPPLIES

The Department of Water Affairs (DWA) was charged with providing potable water in rural villages. It operated independently of Water Utilities Corporation (WUC). However, the enthusiasm within the DWA and within local government to collect water charges from individual consumers at the village level had been uneven, leading to significant backlogs in the collection of outstanding debts (Colman 2013). With poor performance of the DWA the government of Botswana sought advice from the World Bank (WB) in 2008 on choices for water and sanitation services delivery. The recommendation by the WB was for the government to introduce increased accountability, to enable the public to know who was responsible for their own delivery of water and sanitation services, and that through centralisation with a single provider the cost of provision would be lower (Colman 2013). The WB’s view was centralisation would deliver these objectives because WUC would be vertically integrated and responsible for bulk water, water supply and sewerage, and reuse of water throughout Botswana (Colman 2013). This led to consolidation of all water and sanitation services under the Water Utilities Corporation (WUC), a parastatal established in 1970 by an Act of Parliament, to manage water supply and distribution. The parastatal reports to the Minister of the Ministry of Mining, Energy and Water Resources (MMEWR). The corporation took over the previous responsibility of government set out in the *Water Works Act*, 1962 for the supply of safe drinking water in urban areas in so-called *waterworks areas*, such as Gaborone, Francistown, Lobatse and Selebi-Phikwe. WUC was seen as a better substitute for water supply and sanitation services because in all areas of delivery it performed better than DWA. Therefore, the transfer of the said services was basically for purposes of equity, efficiency and sustainability. According to the principle of subsidiarity, there was a necessity condition to transfer the services from local units to central government. Central government in Botswana is comparatively more efficient than local government.

A further driver was the increasingly understood unacceptable level of unaccounted for or lost potable water. This had been assessed at over 46% due to a combination of



poor infrastructure, up to 50 years old and uncharged-for water often from free standpipes (Kholoma 2011). The increase in water borne sanitation without infrastructure would only make this worse. Colman (2013:180) notes that “One of the drivers for the water reforms was to ensure that water was paid for within the existing tariff structures and that there are no freeloaders”. Colman (2013) argues that in the majority of areas taken over by the corporation, the billing was not done and the registration of new customers in those areas was low. Further, Colman (2013) asserts that WUC had inherited a debt of P76million [£8M] from DWA. Additionally, WUC inherited old and incapacitated water supply infrastructure from DWA. The pipes were old and their maintenance was not properly done as they had poor workmanship. This led to poor performance as low quality pipes had “frequent bursts leading to interruption in water supply” (Colman 2013:184). With an effort to rectify the undesirable state of affairs from DWA, “WUC made an unprecedented loss of about P260 million this year [2012], which was projected to continue” (Colman 2013:184).

TRANSFER OF PRIMARY HEALTH SERVICES

At a national level, Botswana has invested significantly in health infrastructure in terms of hospitals and primary healthcare clinics and ensuring access to services. The primary health care services were devolved to local authorities in 1973. Primary health care regional teams were established to support and supervise health care. By 1987 the regional teams had become viable units giving extensive backing to rural health care. As such the Ministry of Health (MOH) had no direct responsibility for carrying out primary health care operations at local level. This gave MOH enough time to concentrate on important issues like mobilising resources for capital development, training and supervision of health facilities. However, the organisational structure of Botswana public hospital system remained hierarchical and highly centralised. In 2009 the government of Botswana decided to transfer primary health services from local government to central government. All government hospitals report to the headquarters, which is MOH. Kgokgwe *et al.* (2014) argue that this leaves hospital managers with limited control of key resources necessary for delivery on health services such as the budget, equipment and human resources. Lack of management autonomy limits a manager’s capacity to respond to local needs and priorities and may also act as a disincentive for cost containment and quality improvement creating inefficiencies in the delivery of services, as noted elsewhere (Kgokgwe *et al.* 2014).

Some of the reasons that led to transfer from the local government controlled clinics to the central government included poor service delivery and lack of resource (ambulances, personnel, electricity and others) in the local councils. It goes without saying that both central and local governments are important for development. The issue is how to strike a balance between these two tiers of government. The public have decried centralisation due to its far reaching negative consequences. According to Motshegwa (Health Workers Union secretary general), the movement of health services from the Ministry of Local Government and Rural Development was the “genesis of problems for the local healthcare sector” (Baboki 2015). The health care unions argued that the current situation is worse compared to when the primary health care services were under local government. They

argue that they used to have their own ambulances and ordered drugs for themselves, things were manageable that way, but with the centralised system it is very difficult to service all health posts because everything is controlled from one place (Seleke 2015). The Ministry orders everything for all public hospitals and clinics and this has proven to be too much work for them because it delays drugs to arrive well in time and impacts heavily on patients (Seleke 2015).

Centralisation has reduced community participation. According to Moalosi (1991), self-reliance and self-help by communities, an important health care strategy, is undermined. The health workers now owe greater allegiance to their employer, the central government, than to the communities they serve. The heads have been reduced to mere messengers, conveying messages to headquarters. The overall effects on the health sector were major improvements in quality, but not necessarily in efficiency.

Centralisation has had negative effects on maintenance of equipment and hospitals. In a study conducted by Kgokgwe *et al.* (2014:184), more than half of the health workers (57%) in the survey reported that equipment in their hospitals was poorly maintained. This view was shared by 64% of the managers. About 60% of the managers also indicated that their hospitals do not have functional procedures for equipment maintenance and the same proportion felt that hospital management had no control over the maintenance of equipment. Centralisation meant that minor maintenance issues such as toilet leakages, locks, broken doors and windows, were to be manned by the centre. According to Baboki (2015), only one company has been charged with maintenance throughout the country. This implies that health facilities will not be looked after properly since decisions are based in Gaborone.

On centralisation of water supply the public argued that centralisation is breeding disaster because the former arrangement was convenient and effective in that DWA had proximity to the people and thus provided effective service. With the takeover by the centralised WUC, the bills are really high as subsidies have been removed. In a study conducted by Colman (2013) the public argued that when they go to WUC, they found that the expenditure is high and it is not the same as what they used to pay with Water Affairs. The public argued that with DWA they used to pay between P30.00 and P45.00, but with the transfer to the Water Utilities Corporation they are paying between P100.00 and P300.00.

From the above, it is clear that decentralisation has taken away primary healthcare and water supply from liaison with stakeholders such as councillors, *dikgosi* (chiefs), and communities. Colman (2013:254) argues that "the removal of formal accountability from tribal and local institutions to a central government parastatal has not been replaced by accountability mechanisms beyond the tribal and local government meetings". Centralisation is thus a means to disempower the local institutions. Colman (2013) argues that there is a lack of a more systemic method of accountability such as water user associations and consumer consultative committees in each District to ensure that "*botho*" (together we respect each other and sort out our differences) is the proposed way for the detailed implementation of the water supplies. Colman (2013) further notes that the village committees are weak as a counterpoint to a national parastatal in resolving local access to water. This is contrary to the former arrangement in which council committees and village committees were responsible to their communities. Thus with centralisation the communities and local leaders are mere spectators.



IMPROVING SERVICE DELIVERY

The government of Botswana decided to employ centralisation of some services presumably in an effort to enhance service delivery. The decision could be genuinely pragmatic. While it is not necessarily glorified centralisation it has its own benefits. Centralised planning may mean coordination, equity and standardisation. According to Andrews (2009:6) “centralised decision making leads to better performance by facilitating greater decision, speed, providing firm directions and goals, and establishing clear lines of hierarchical authority, thereby circumventing the potential for damaging internal conflict”. Most importantly “centralised decision making is integral to the effective and efficient functioning of any large bureaucracy” (Andrews 2009:6).

Even though the government of Botswana has committed itself to decentralisation as demonstrated in NDP 7, the reality is different (GOB 1991). Decentralisation is not that robust as espoused by government, there is no political will to have a robust decentralised system in place. According to the United Nations Development Programme (UNDP) (2002) the planning process in Botswana is not fully decentralised, central government officials are the key actors as they determine the use of resources. The assertion here supports both the principle of subsidiary and the principal agent theories. One can therefore argue that the perceived decentralisation of water supplies and primary health services was pseudo therefore not much authority is transferred. The councils have limited autonomy. Poteete, Mothusi & Molaodi (2014) indicate that most council decisions are subject to central government approval, the Ministry mobilises human, financial and technical resources and transfer them to councils. As such devolution of authority to localities has not been achieved.

Despite centralisation of power in state administration, it is generally agreed that the government of Botswana has been able to deliver services to its people. This perhaps leaves little room for input by the masses. What occurs in Botswana is what Ringo & Mollel (2014: 177) have described as a “situation where local governments functions as bureaucratic instruments of the centre rather than as generators of alternative values, preferences and aspirations”. The local government has operated as an extension or implementing arm of the central government. There has not been a significant transfer of authority and power but instead the local government has served as a medium between the people and the government.

CONCLUSION

This article concludes that whereas decentralisation of Botswana’s government has been favourably pronounced in public stunts, it has never been complete or pure in its application. Instead, the system has always exhibited elements of centralisation, with the local government lacking autonomy and independence and operating as an extension and implementing arm of central government. Indeed, decentralisation has been practiced albeit with limitations. Botswana is a strong and stable state; and, therefore relatively better placed to make pragmatic policy decisions. As in other arenas, government should take the lead in implementing appropriate decisions. In this case, the decision entails making a choice between eulogised participation and a promise of effective service delivery. Government

needs to be articulated about its position on decentralisation. It should clearly state its intention be it efficiency or participation, meeting different tastes in different localities or satisfying universal or basic needs, enhancing diversity or emphasising uniformity and equality. On centralising, government could undertake the process gradually, and most importantly consult the public and related staff to avoid resistance to change which can negatively affect the reform. Government decision to centralise primary health and rural water supplies demonstrates a gap between rhetoric and practice, it also signifies a shift from using decentralisation as a tool for political mileage to placing emphasis on efficient service delivery. However, government should apply caution to avoid an overburdened and bloated public sector.

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