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Batswana approve of government's COVID-19 response, but think resources lost to corruption

Afrobarometer Dispatch No. 649 | Mogopodi Lekorwe, Thabo Bogopa, and Hazel Ntuane

Summary

Three days after reporting the country's first case of COVID-19 on 30 March 2020, the government of Botswana declared a state of emergency and imposed an initial 28-day lockdown, allowing the country to prepare quarantine facilities in case of an upsurge in cases (Komane, 2020).

After four waves of sharp increases in the number of infections and hospital admissions over the next two years, Botswana has recorded a total of 329,905 cases and 2,797 deaths as of 1 June 2023, with no new cases in recent days (World Health Organization, 2023).

The pandemic response has been an interesting learning experience for Botswana. Quick action and assistance from the World Health Organization (WHO) helped the country contain the outbreak. Training was provided for health workers, the media, and other stakeholders, and planning was formalised and coordinated through key documents such as the Public Health Multi-Hazard Plan, National Action Plan for Health Security, and COVID-19 Strategic Preparedness and Response Plan. Pandemic-related restrictions on movement and activities, which continued at various levels of severity during 2020-2022, were generally accepted by citizens, with few public protests.

As of 1 June 2023, more than 1.95 million Batswana (75% of the population) had received at least one dose of a COVID-19 vaccine (WHO, 2023).

In 2020, the government also introduced a broad COVID-19 wage-support scheme to help mitigate the economic impacts of the pandemic as the national economy contracted by 8.7% (KPMG, 2020; World Bank, 2023).

A recent Afrobarometer survey confirms the pandemic's massive toll on Botswana, both through health consequences and economic effects. But self-reported vaccine uptake is high, and most Batswana express satisfaction with the government's response to the pandemic, even though a majority believe that funds intended for the pandemic were lost to corruption.

Batswana are divided on whether the government is prepared to deal with future public health emergencies, but a majority say it needs to invest more in preparations for such a crisis.

Afrobarometer surveys

Afrobarometer is a pan-African, nonpartisan survey research network that provides reliable data on African experiences and evaluations of democracy, governance, and quality of life. Eight rounds of surveys have been completed in up to 39 countries since 1999. Round 9 surveys are to be completed in early 2023. Afrobarometer conducts face-to-face interviews in the language of the respondent's choice.

The Afrobarometer team in Botswana, led by Star Awards, interviewed a nationally representative, random, stratified probability sample of 1,200 adult Botswana in June and July 2022. A sample of this size yields country-level results with a margin of error of +/-3 percentage points at a 95% confidence level. Previous Afrobarometer surveys were conducted in 1999, 2003, 2005, 2008, 2012, 2014, 2017, and 2019. Surveys are conducted in English and Setswana.

Key findings

■ Effects of the COVID-19 pandemic:

- Almost one-third (32%) of Botswana say they or a member of their household became ill with or tested positive for COVID-19, while 35% say a household member temporarily or permanently lost a job, business, or primary source of income due to the pandemic.

■ Attitudes toward vaccines:

More than nine in 10 citizens (92%) of Botswana say they have been vaccinated against COVID-19. Only 4% say they are unlikely to try to get the vaccine.

- A slim majority (53%) of respondents say they trust the government “somewhat” or “a lot” to ensure that COVID-19 vaccines are safe.

■ Government response to COVID-19:

- About three-quarters (74%) of citizens say the government has managed the response to the COVID-19 pandemic “fairly well” or “very well.”
- More than six in 10 respondents say they are “fairly satisfied” or “very satisfied” with the government’s efforts to minimise disruptions to children’s education (63%) and to ensure that health facilities are resourced to deal with the pandemic (61%).
- But seven in 10 Botswana (70%) believe that COVID-19 relief assistance was distributed unfairly, and 68% think “some” or “a lot” of the resources intended for the pandemic response were lost to corruption.
- Eight in 10 citizens (81%) approve of using the police or security forces to enforce public health mandates during a pandemic, but fewer than half endorse postponing elections (45%) and censoring media reporting (37%) in response to a public health emergency.

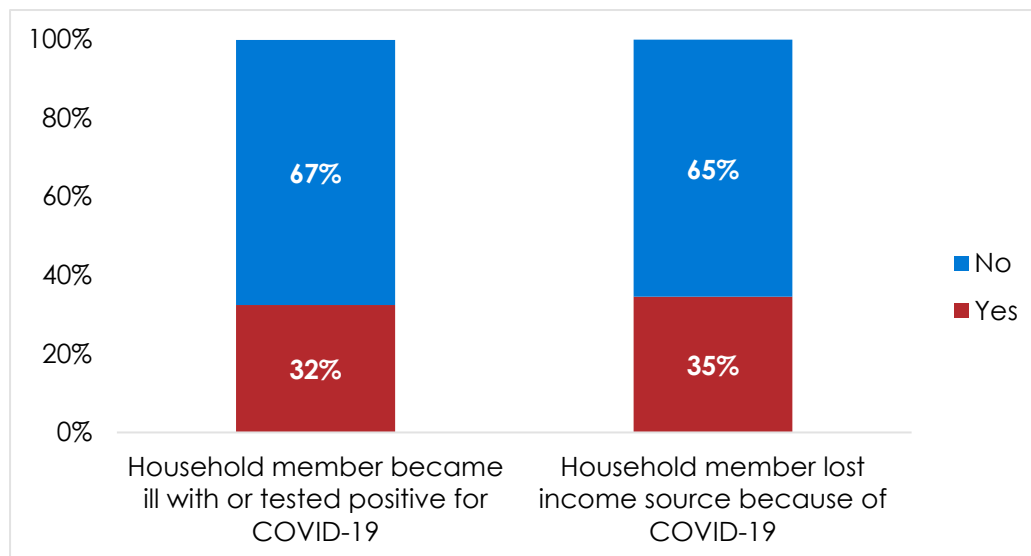
■ Looking ahead:

- Citizens are divided on whether the government is prepared to deal with future public health emergencies: 46% say it is, while 45% disagree.
- More than half (56%) of respondents say the government needs to invest more in preparations for future health emergencies, even if it means fewer resources are available for other health services.

Effects of COVID-19

Nearly one-third (32%) of Batswana say a member of their household became ill with or tested positive for COVID-19, while slightly more than a third (35%) report that someone in their household either temporarily or permanently lost a job, business, or primary source of income (Figure 1).

Figure 1: Effects of COVID-19 | Botswana | 2022



Respondents were asked: Please tell me whether you personally or any other member of your household have been affected in any of the following ways by the COVID-19 pandemic: Became ill with, or tested positive for, COVID-19? Temporarily or permanently lost a job, business, or primary source of income?

Urban residents are about twice as likely as their rural counterparts to report having tested positive or fallen ill from COVID-19 (43% vs. 22%), but only slightly more likely to say that a household member temporarily or permanently lost a primary source of income (37% vs. 33%) (Figure 2).

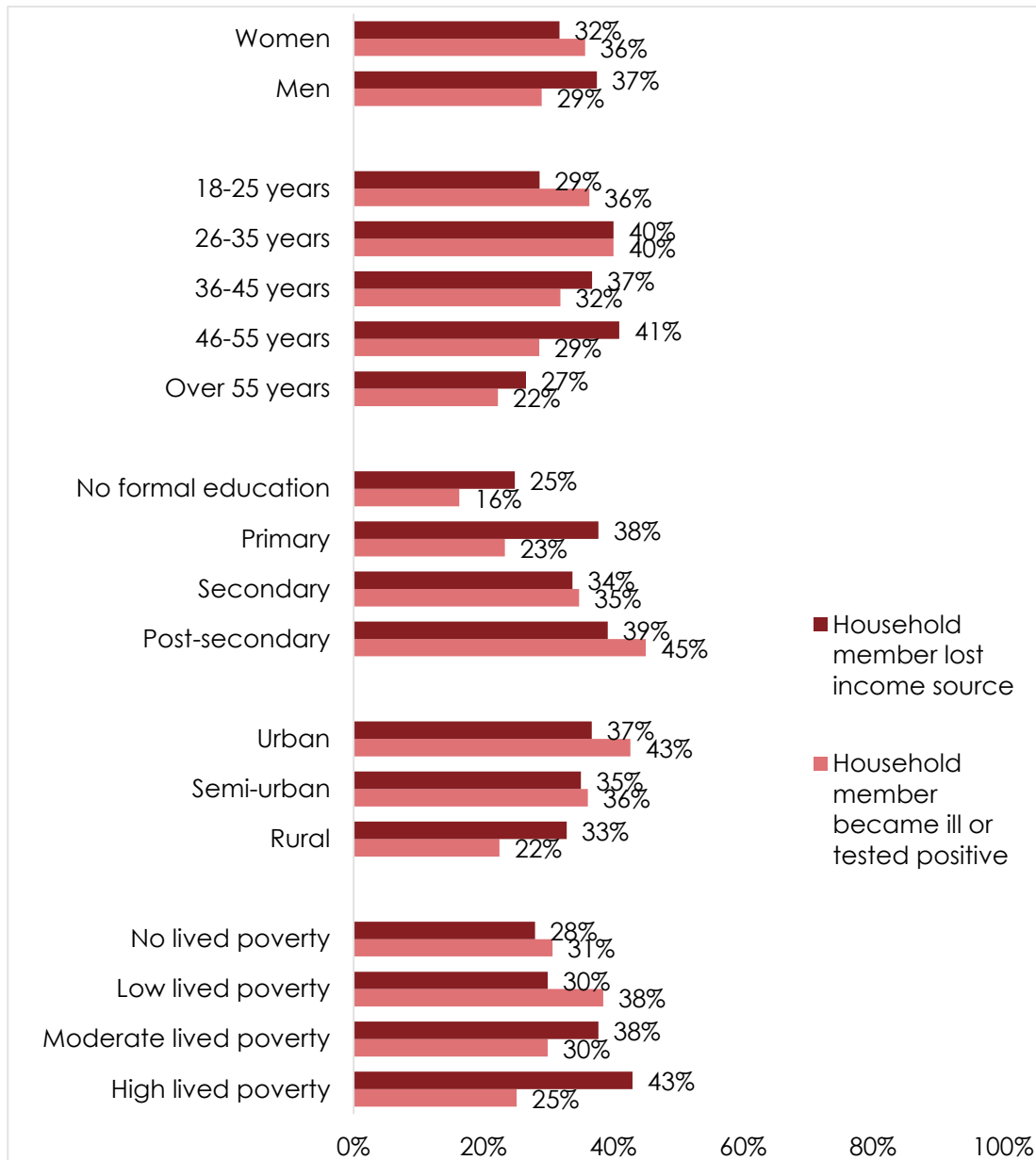
More than one-third (36%) of Batswana women report that they or a family member tested positive or became ill with COVID-19, compared to 29% of men. But slightly fewer women (32%) than men (37%) say a household member lost a primary source of income.

Illness and/or positive COVID-19 tests were somewhat more common among the youngest respondents (36%-40% of 18- to 35-year-olds) than among those over age 45 (22%-29%), and increase in frequency with respondents' education level, ranging from 16% of those with no formal education to 45% of those with post-secondary qualifications.

Loss of an income source was less common among respondents with no formal education (25%) than among those with more schooling (34%-39%). But it was also less common among economically better-off citizens (28%-30%) than among those experiencing moderate or high lived poverty¹ (38%-43%).

¹ Afrobarometer's Lived Poverty Index (LPI) measures respondents' levels of material deprivation by asking how often they or their families went without basic necessities (enough food, enough water, medical care, enough cooking fuel, and a cash income) during the preceding year. For more on lived poverty, see Mattes and Patel (2022).

Figure 2: Effects of COVID-19 | by demographic group | Botswana | 2022

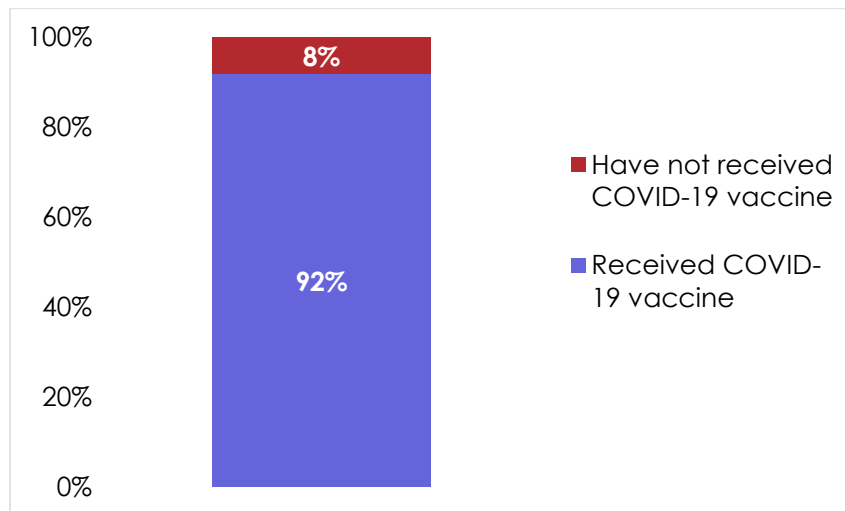


Respondents were asked: Please tell me if you personally or any other member of your household have been affected in any of the following ways by the COVID-19 pandemic: Became ill with COVID-19? Temporarily or permanently lost a job, business or primary source of income? (% who say "yes")

Attitudes toward vaccination

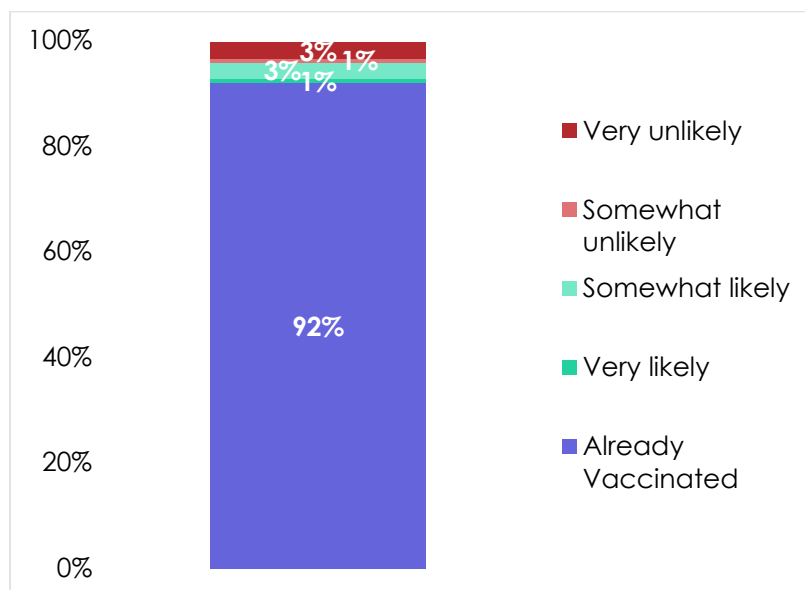
More than nine-tenths (92%) of Botswana say they have received either one or two doses of a vaccine against COVID-19 (Figure 3). Only 4% say they are "somewhat unlikely" or "very unlikely" to try to get the vaccination, while 4% say they are likely to do so (Figure 4).

Figure 3: Received COVID-19 vaccine | Botswana | 2022



Respondents were asked: Have you received a vaccination against COVID-19, either one or two doses?

Figure 4: Likelihood of trying to get vaccinated | Botswana | 2022

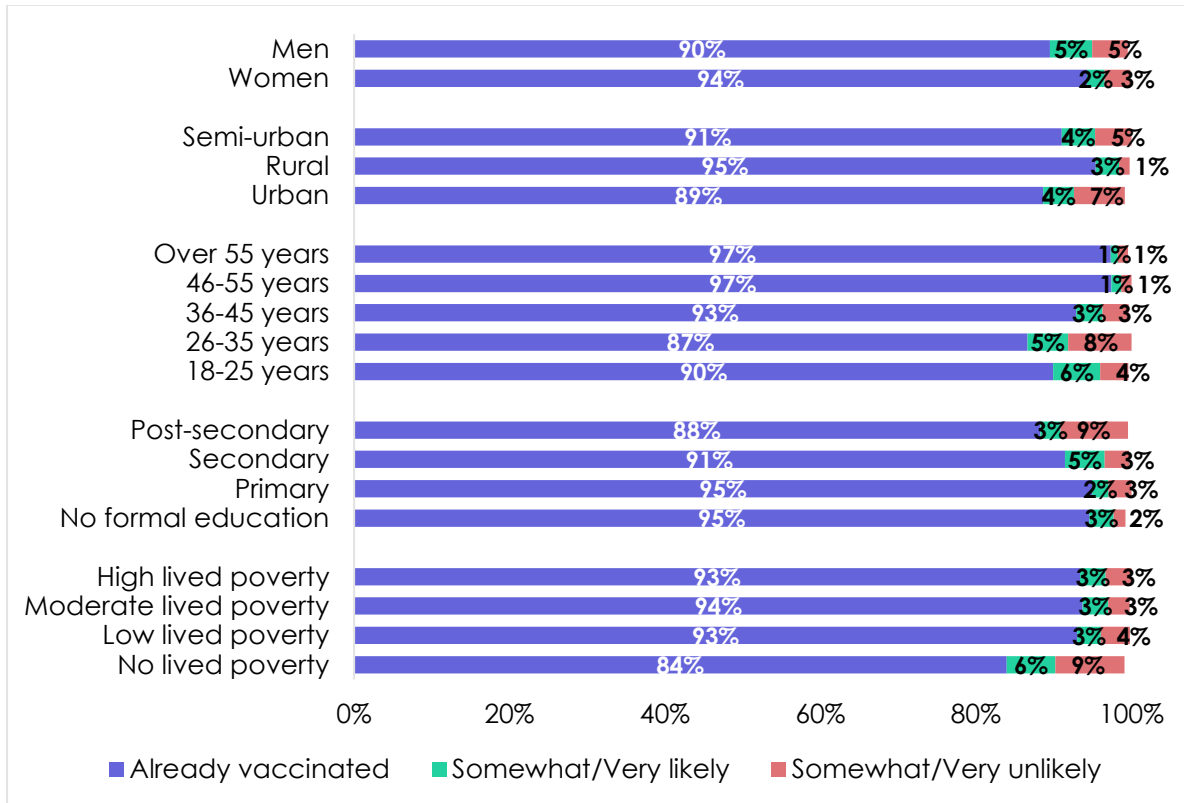


Respondents who have not yet been vaccinated against COVID-19 were asked: If a vaccine for COVID-19 is available, how likely are you to try to get vaccinated?

Though vaccination rates are high across all demographic groups, vaccine resistance is slightly higher than average among urban residents (7%), respondents aged 26-35 years (8%), citizens with post-secondary education (9%), and those experiencing no lived poverty (9%) (Figure 5).

While the number of survey respondents who say they are unlikely to get vaccinated is too small to provide reliable breakdowns, their most commonly cited reasons for vaccine hesitancy are mistrust of the vaccine, including worries that they might get a counterfeit vaccine, that the vaccine might not be safe or might cause bad side effects, and that the vaccine might not be effective.

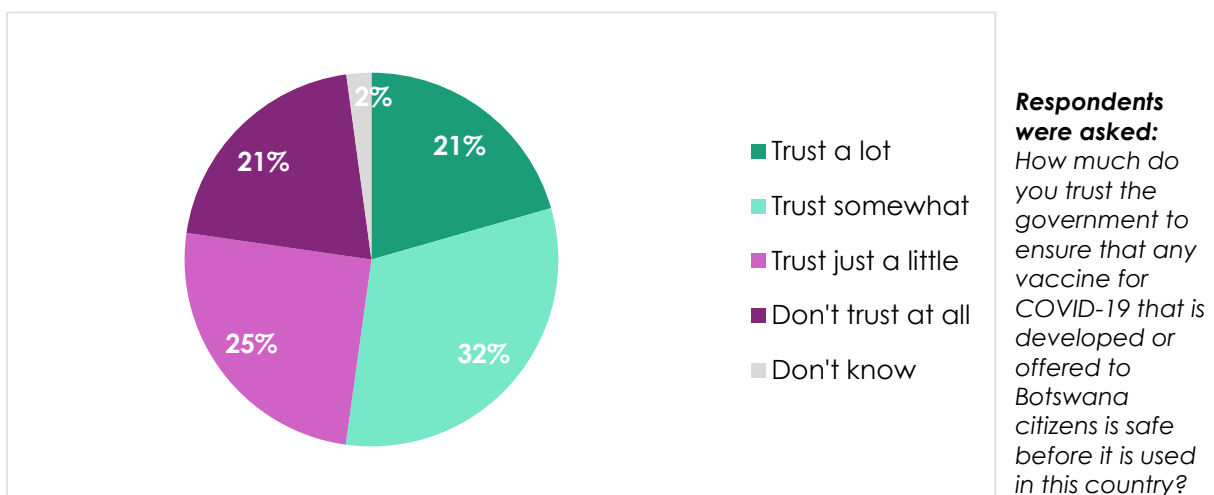
Figure 5: Likelihood of trying to get vaccinated | by demographic group
 | Botswana | 2022



Respondents were asked: *If a vaccine for COVID-19 is available, how likely are you to try to get vaccinated?*

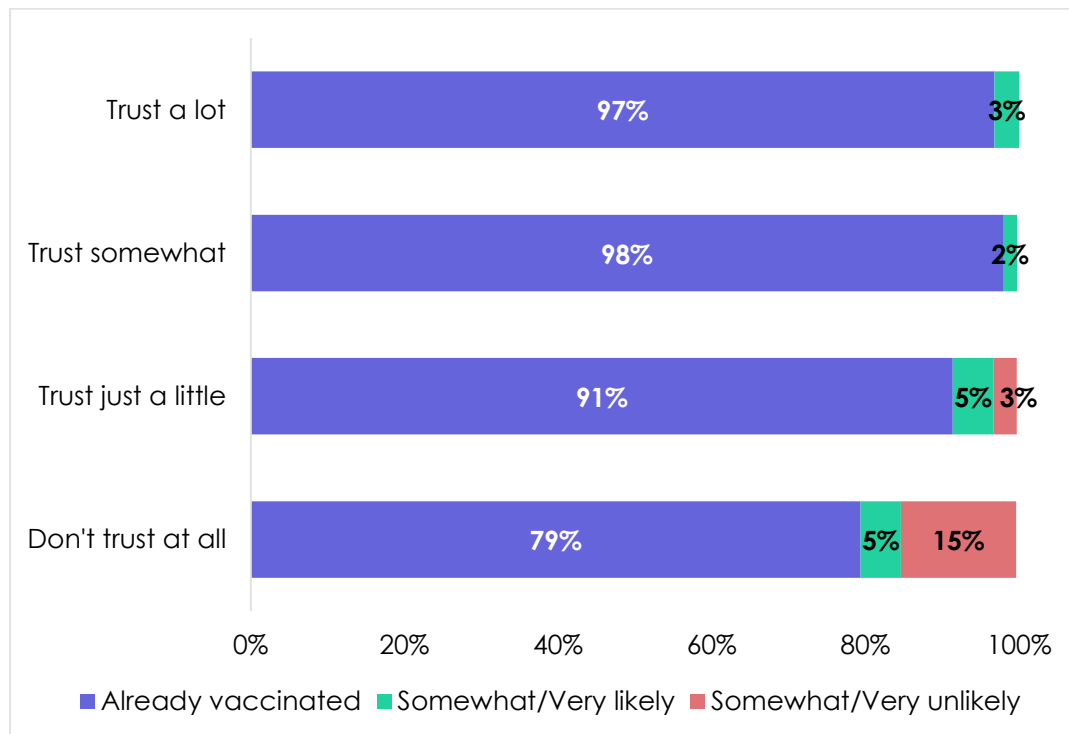
Self-reported vaccination rates are high despite significant doubts about the government's ability to ensure that COVID-19 vaccines are safe. While a slim majority (53%) of respondents say they trust the government "somewhat" or "a lot" to ensure vaccine safety, almost as many (46%) express "just a little" trust or no trust at all (Figure 6).

Figure 6: Trust government to ensure vaccine safety | Botswana | 2022



Even so, doubts about the government's capacity to ensure vaccine safety can contribute to vaccine hesitancy. While no respondents who trust the government "somewhat" or "a lot" to ensure vaccine safety say they are unlikely to get vaccinated, the proportion of vaccine-hesitant citizens reaches 15% among those who don't trust the government at all (Figure 7).

Figure 7: Likelihood of trying to get vaccinated | by trust in government to ensure vaccine safety | Botswana | 2022



Respondents were asked:

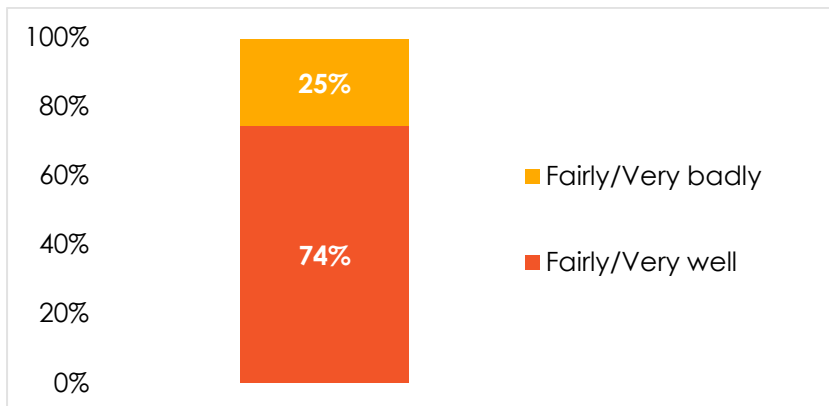
*How much do you trust the government to ensure that any vaccine for COVID-19 that is developed or offered to Botswana citizens is safe before it is used in this country?
 If a vaccine for COVID-19 is available, how likely are you to try to get vaccinated?*

Government response to COVID-19

Almost three-quarters (74%) of Botswana the government has managed the response to COVID-19 "fairly well" or "very well," while only a quarter (25%) are critical of its overall handling of the pandemic (Figure 8).

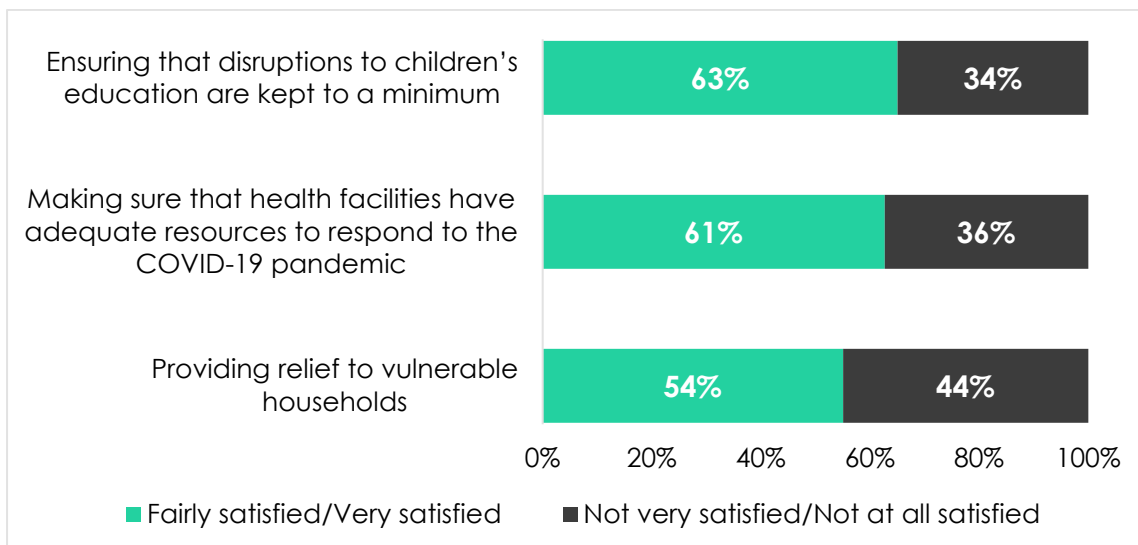
On specific aspects of the COVID-19 response, majorities say they are "fairly satisfied" or "very satisfied" with the government's efforts to minimise disruptions to children's education (63%), to ensure that health facilities are adequately resourced to deal with the pandemic (61%), and to provide relief to vulnerable households (54%) (Figure 9). However, close to half (44%) of citizens express dissatisfaction with the government's efforts in providing assistance to vulnerable households.

Figure 8: Government response to COVID-19 | Botswana | 2022



Respondents were asked: How well or badly would you say the current government has managed the response to the COVID-19 pandemic?

Figure 9: Satisfaction with aspects of the government's response to COVID-19 | Botswana | 2022



Respondents were asked: How satisfied or dissatisfied are you with the government's response to COVID-19 in the following areas?

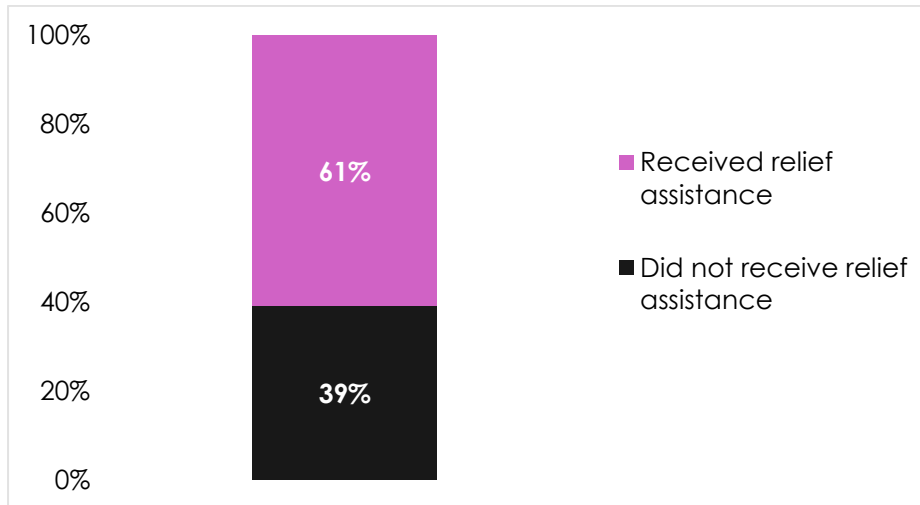
COVID-19 relief assistance

Six in 10 (61%) Botswana report that their household received COVID-19 relief assistance from the government, while four in 10 (39%) say they did not (Figure 10).

Rural households (67%) were somewhat more likely to benefit from government assistance than those in urban and semi-urban areas (57%-58%), as were women compared to men (64% vs. 57%) (Figure 11). Respondents with no formal schooling (65%) are more likely to report having received assistance than citizens with post-secondary education (56%), but respondents' level of lived poverty seems to make no difference in whether they received assistance.

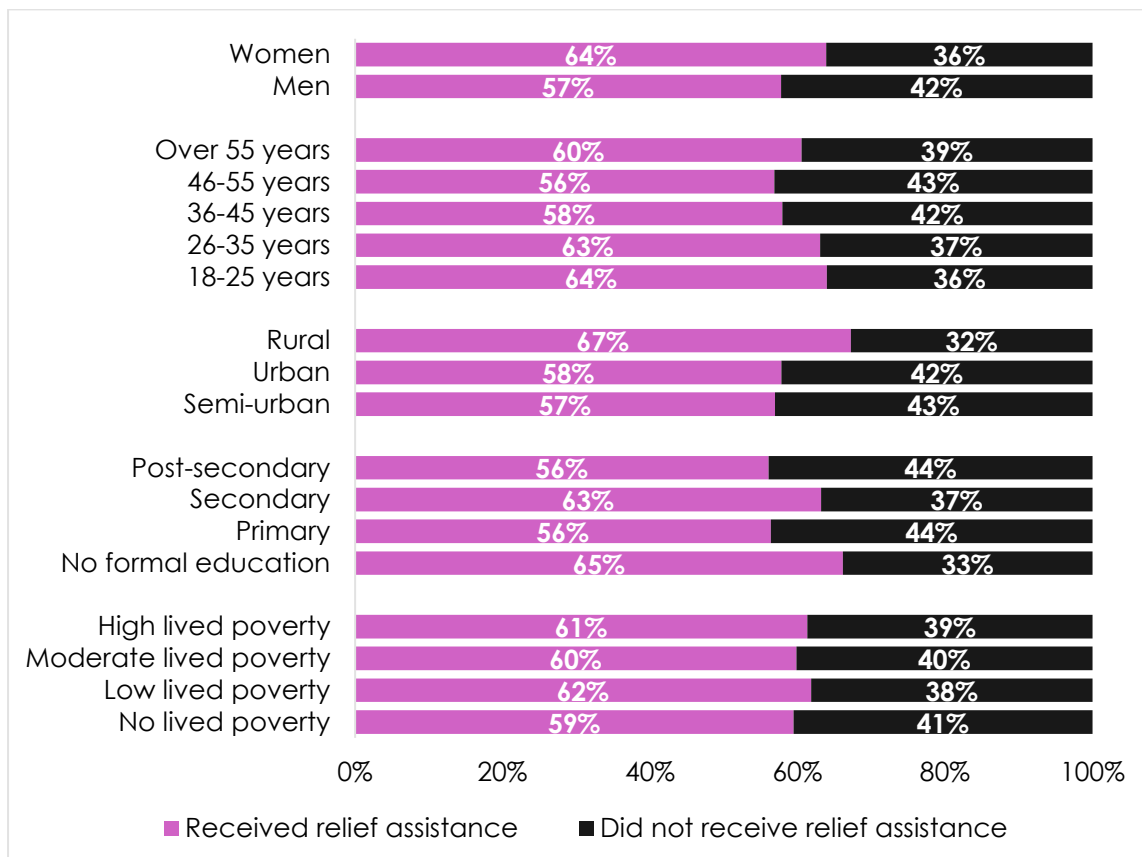
Seven out of 10 Botswana (70%) say that COVID-19 relief assistance was distributed "somewhat unfairly" or "very unfairly," while only a quarter (25%) say that it was distributed fairly (Figure 12).

Figure 10: Access to COVID-19 relief assistance | Botswana | 2022



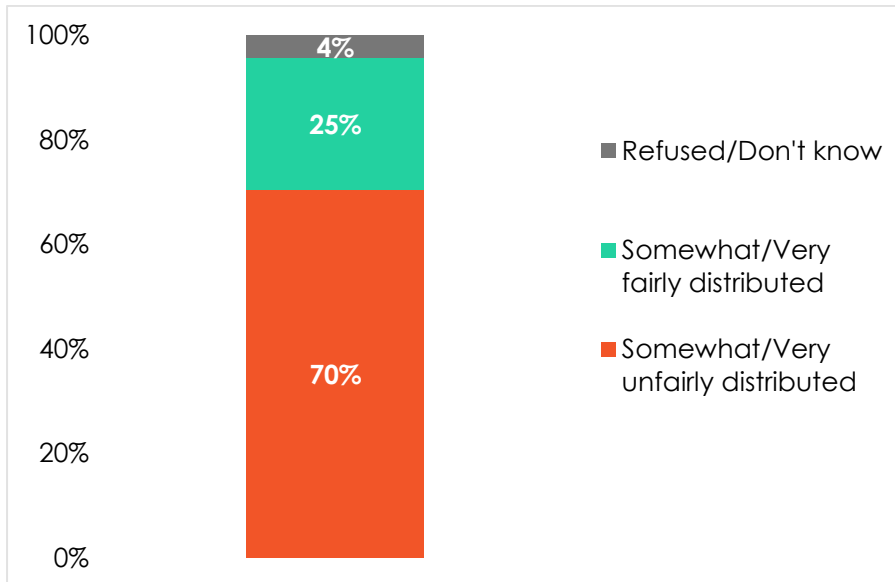
Respondents were asked: Since the start of the COVID-19 pandemic, have you or your household received any assistance from government, like food, cash payments, relief from bill payments, or other assistance that you were not normally receiving before the pandemic?

Figure 11: Received COVID-19 relief assistance | by demographic group | Botswana | 2022



Respondents were asked: Since the start of the COVID-19 pandemic, have you or your household received any assistance from government, like food, cash payments, relief from bill payments, or other assistance that you were not normally receiving before the pandemic?

Figure 12: Was COVID-19 relief assistance distributed fairly? | Botswana | 2022

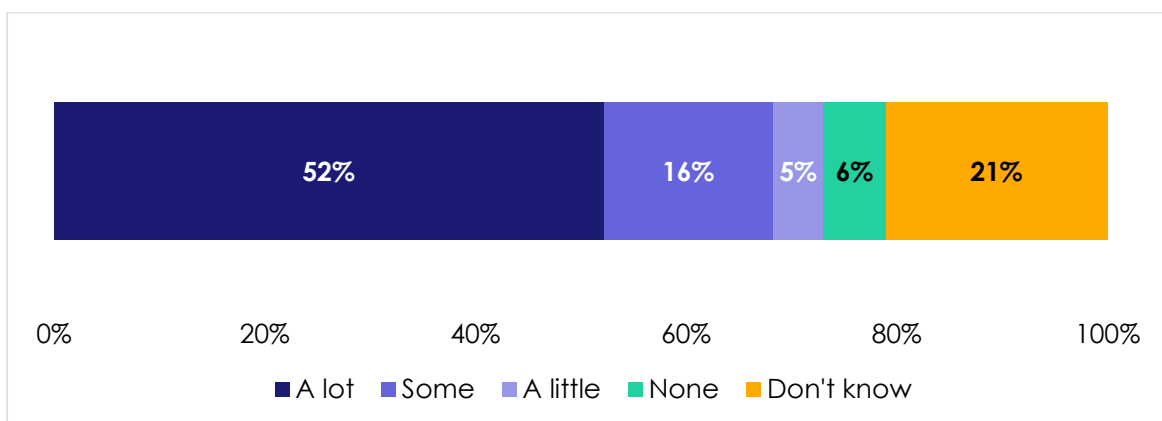


Respondents were asked: Do you think that the distribution of government support to people during the COVID-19 pandemic, for example through food packages or cash payments, has been fair or unfair?

Corruption related to COVID-19

In addition to expressing significant dissatisfaction with the fairness of government relief assistance, more than two-thirds (68%) of Botswana believe that "a lot" (52%) or "some" (16%) of the funds and resources that were available to the government for combating and responding to the COVID-19 pandemic were lost or stolen due to corruption (Figure 13). Only 6% think that none of these resources have been embezzled.

Figure 13: Perceived COVID-19 related corruption | Botswana | 2022



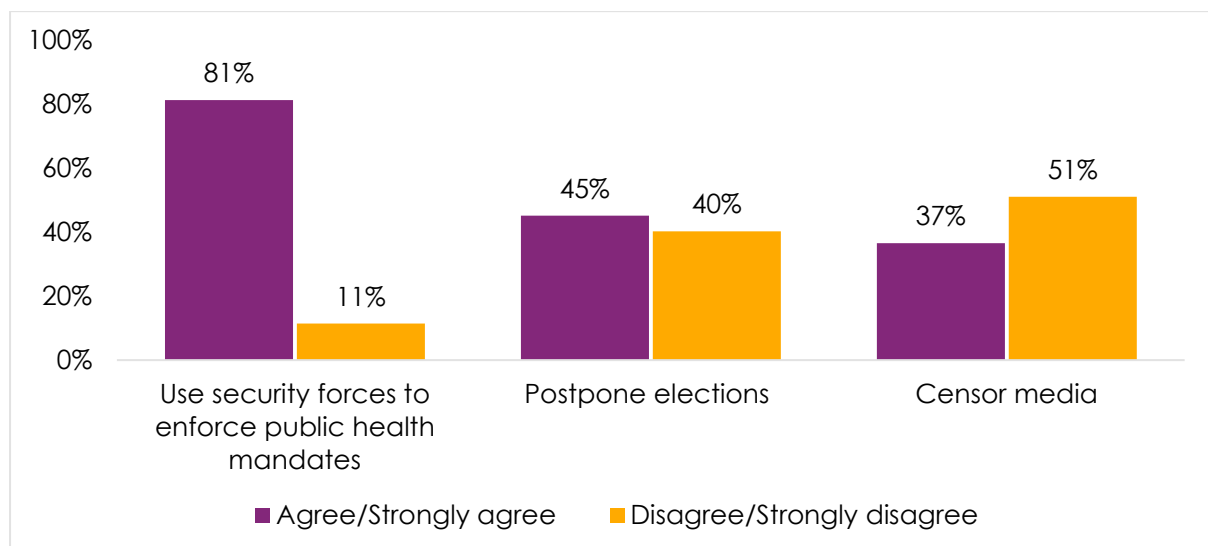
Respondents were asked: Considering all of the funds and resources that were available to the government for combating and responding to the COVID-19 pandemic, how much do you think was lost or stolen due to corruption?

Limit democratic freedoms during a pandemic?

Lockdowns and other pandemic-related restrictions in some countries have raised questions about the extent to which citizens are willing to forego certain freedoms, even temporarily, to protect public health.

In Botswana, most citizens (81%) “agree” or “strongly agree” that it is justified for the government to use the police or armed forces to enforce public health mandates during an emergency like the pandemic (Figure 14). But fewer than half of citizens (45%) would support postponing elections, and even fewer (37%) would endorse censoring media reporting in response to a public health emergency.

Figure 14: Limit democratic freedoms during a public health emergency?
 | Botswana | 2022



Respondents were asked: When the country is facing a public health emergency like the COVID-19 pandemic, do you agree or disagree that it is justified for the government to temporarily limit democracy or democratic freedoms by taking the following measures?

Censoring media reporting?

Using the police and security forces to enforce public health mandates like restrictions on public gatherings or wearing face masks?

Postponing elections?

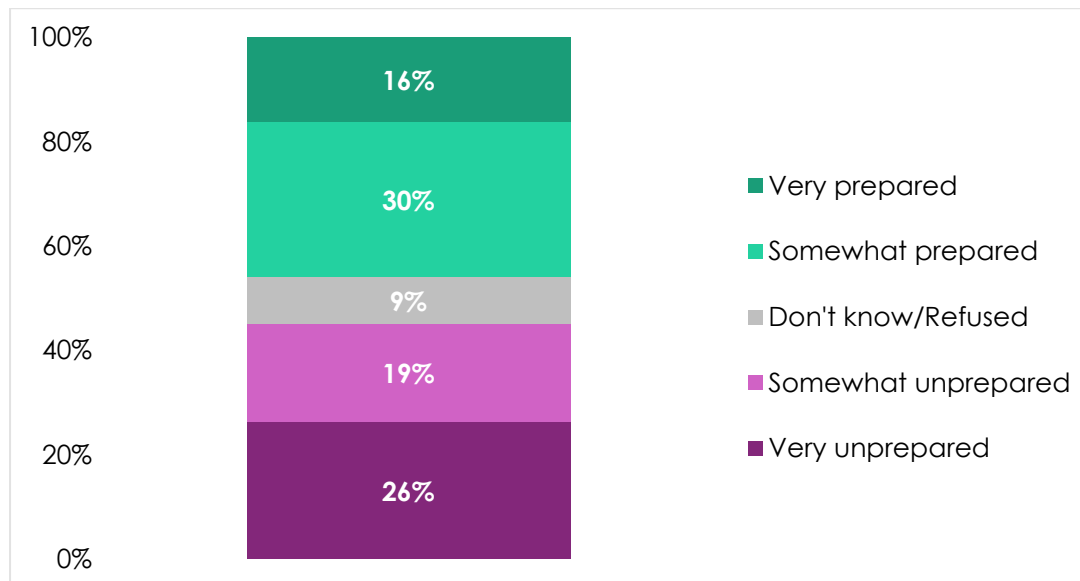
Looking ahead

After experiencing the COVID-19 pandemic, how prepared will Botswana's government be to deal with future public health emergencies?

On this question, citizens are evenly divided: 46% think their government is “somewhat prepared” or “very prepared,” to deal with future public health emergencies, while 45% say the government is unprepared” (Figure 15).

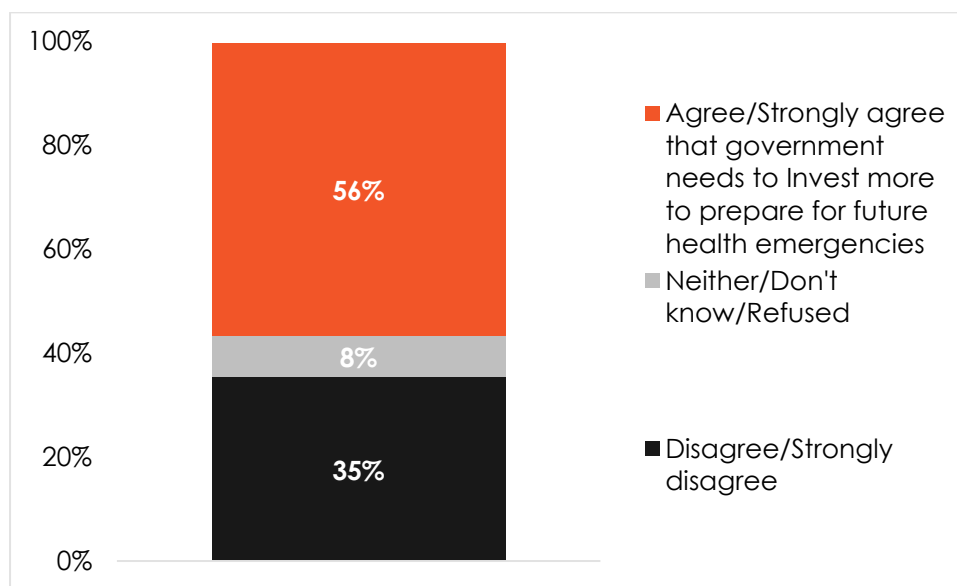
But a majority (56%) of citizens “agree” or “strongly agree” that the government needs to invest more in preparing for future public health emergencies, even if it means fewer resources are available for other health services (Figure 16). More than one-third (35%) disagree.

Figure 15: Preparedness for future health emergencies | Botswana | 2022



Respondents were asked: After experiencing the COVID-19 pandemic in Botswana, how prepared or unprepared do you think the government will be to deal with future public health emergencies?

Figure 16: Invest more to prepare for future health emergencies? | Botswana | 2022



Respondents were asked: Do you agree or disagree with the following statement: Our government needs to invest more of our health resources in special preparations to respond to health emergencies like COVID-19, even if it means fewer resources are available for other health services?

Conclusion

Afrobarometer survey findings show that the Botswana government enjoys majority approval of its overall COVID-19 response and overwhelming compliance with its vaccination campaign. But many Botswana believe that resources intended to help with the pandemic were lost to corruption, and they express dissatisfaction with the way relief assistance was distributed.

Despite their favourable assessment of the government's pandemic management, almost half of adults doubt its readiness for future health emergencies, and a majority call for more investment in preparing for such crises.

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