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Standard of Living, Well-Being and Community Development: The Case of Botswana

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Abstract

There is considerable evidence in literature that suggests that the concept of standard of living has tended to be predicated on the notion of income alone. However, exploring this concept further, evidence suggests that the notion of standard of living goes beyond simply looking at income to include Gross Domestic Product (GDP), life expectancy, and economic opportunities available to individuals. This suggests that in a given country, when the above-mentioned 'components' are accessible to individuals, the expectation is that these will translate into realization of meaningful standards of living and wellbeing. This chapter seeks to explore how standard of living and well-being in Botswana have metamorphosed over time, from the pre-colonial period, through the early years of independence and the time of the discovery of diamonds, up to the present. Additionally, the article examines how community development initiatives across the country, have impacted standard of living and wellbeing of the population. The chapter concludes by suggesting strategies the government of Botswana could adopt in efforts to strengthen community development, with a view, ultimately, to further improve standard of living and wellbeing of the country's population.

Keywords: wellbeing, Botswana, standard of living, community development, poverty, social protection

1. Introduction

There are many ways in which the standard of living and wellbeing of a population can be measured in a particular country. In the context of most states shelved under the category of developing countries, Botswana included, the level of community development activities is considered key in measuring the standard of living and wellbeing of the people. Incontrovertibly, there is an obvious link between standard of living and wellbeing. Let us commence by briefly unpacking the meanings of the concepts of wellbeing and standard of living, before we explore the link with community development.

Many authors confess that the concept of wellbeing is difficult to define, comprehend and measure [1, 2]. This concept can however, be understood in varied ways [3]. According to Axford [4] the notion of wellbeing revolves around issues of

needs, rights, poverty, quality of life, and social exclusion. Stratham and Chase [5] add that this notion can be comprehended in two broad ways: first, through objective indicators such as household income, health status and educational resources, and secondly, through subjective indicators which include perceptions of one's quality of life, life satisfaction and happiness.

While the notion of wellbeing has traditionally tended to focus on the individual, some commentators take a broader perspective of this concept (wellbeing) and emphasize community rather than individual circumstances. Marshall et al. [6] observed that, "...wellbeing is a state of being where all members of a community have economic security; are respected, valued, and have personal worth; feel connected to those around them; are able to access necessary resources; and are able to participate in the decision-making process affecting them" (p. 1). Hence, viewed this way, wellbeing, as a concept, is envisioned to encompass economic, physical, social, emotional, environmental, spiritual and political factors. Deneulin and McGregor [7] corroborates this contention by the standpoint that wellbeing should be conceptualized and measured on the basis of psychological, political and social perspective within a specified socio-cultural context. The structural systems, especially the socio-economic and political spheres are important in assessing and defining wellbeing because there are varying levels of power embedded within them which is likely to empower or disempower people, and consequently exposing them to better or poor wellbeing respectively. In today's world, attainment of meaningful wellbeing is considered a goal that is immensely valued, especially in development circles. The essence of this concept is succinctly captured in Goal 3 of the UN's Sustainable Development Goals (SDG), which contends thus: 'Ensure healthy lives and promote wellbeing of all ages.'

The term standard of living (SL), on the other hand, basically refers to the amount and quality of material goods and services available to a given population [8]. Standard of living, as a concept, is apparently narrowly focused on the value of goods and services produced and consumed. Measurement of standard of living, therefore includes basic material factors such as income, gross domestic product (GDP), life expectancy, and economic opportunity [9]. The World Bank [10], put it more succinctly when it noted that standard of living is essentially measured by the Gross Domestic Product (GDP) per capita. Each individual in any given society has a right to an adequate standard of living. This is a fundamental human right as stipulated in the Universal Declaration of Human Rights crafted by the United Nations in 1948. Basing on the above observations, it can be surmised that attaining a certain standard of living, therefore, does impact an individual's wellbeing [11]. Thus the terms standard of living and wellbeing enjoy a symbiotic relationship. The current paper considers issues around standard of living, well-being and community development, with particular focus on Botswana's experience.

The Community development and wellbeing cannot be disassociated because they tend to coalesce [12]. Community development is critical because in most instances it uses participatory methods that help people to have a sense of improved wellbeing. Participatory methods are important in the achievement of wellbeing because they empower people. The use of participatory methods makes people to have a sense of ownership of the end results; local needs are accurately identified and met. Participatory methods also enhance team work and provide space to challenge certain ideas that do not benefit the community [13].

2. Wellbeing: concepts and theory

Sen's capabilities framework, as well as human needs, and adaptation theories have been used in efforts to understand the concept of wellbeing. Sen's capabilities

approach in particular emphasizes individual's capability and functioning to achieve a state of wellbeing [14], while the theory of human needs considers needs as universal and important for health and people's autonomy [15]. Adaptation theory, on the other hand, shows that diverse components of wellbeing are dynamic and that people's adaptation to similar situations differs [16] hence similar factors cannot be used to define wellbeing.

Fisher [17] criticized current theories of wellbeing for their failure to capture the psychological status, hence making them irrelevant for social or public policy. Most literature points to two dominant ideologies, namely: (one) objective and (two) subjective conceptual frameworks to wellbeing. An objective perspective of wellbeing is consistent with Sen's capability model as it tends to focus on a variety of components or factors that have an impact on the quality of life such as physical health, emotional expressions, and one's ability to use educational achievement to attain life goals as well as dignified life that gives one the right to autonomy and participation in societal platforms that are meaningful to the individual. According to Kuklys and Robeyns [14], the capability model describes wellbeing as a personal achievement that is determined by a person's life choices and access to basic needs or rights. Sen's capability model has, however, been criticized for being narrowly constructed, with limited consideration of the contribution of structural systems on people's functioning or capabilities.

The subjective approach, on the other hand, tends to limit the conception of wellbeing to a few items that influence the quality of life such as income and employment status. According to Gasper [18], subjective wellbeing encompasses "feelings and/or judgements of the person whose wellbeing is estimated" (pp. 14). Western and Tomaszewski [19] argue that the definition of wellbeing should be inclusive of the socio-economic, political and environmental factors as they determine life satisfaction in one way or the other. The two authors further argue that measuring wellbeing from an objective perspective is not always fair because it often overlooks other important factors that interplays such as class, age and gender. In addition, wellbeing can be measured using social indicators, a framework which theorizes and measures wellbeing using social factors such as summative status of education, security, income and socio-political status. Theories of human need [15] consider wellbeing as the fulfillment of basic needs, health included. Gasper [18] argues that defining wellbeing from a need basis is normative and similar to the objective approach as emphasis is on external assessment and approval of subjective factors of a people's lives such as mobility and morbidity.

In the paper, the authors adopt Sen's theoretical (capabilities) approach to understanding wellbeing and standard of living as the paper focusses essentially on the government of Botswana's efforts to improve the quality of life of the people through various platforms of community development.

3. Botswana – socioeconomic and political profile

Before considering the nature of standard of living and wellbeing with particular focus on Botswana over the years, it is perhaps pertinent to commence by providing a brief account of the historical evolution of Botswana, with particular focus on the country's socio-political and economic factors. Botswana is a landlocked country situated in the southern part of Africa, covering 581,730 km² (see [20]). It is bordered by Zambia in the north, Zimbabwe in the northeast, Namibia to the northwest, and South Africa to the southeast. Botswana, which is a member of the 16 state economic block – the Southern African Development Community (SADC) - started off as a British Protectorate, before eventually gaining independence.

During the period 1895 to 1965 Botswana was administered by the British High Commission in Cape Town and Mafeking, South Africa. The country then attained Independence from Britain in 1966. As at 2014, the country's population was estimated at 2,024,904, having risen exponentially from 550,000 in 1966 [21]. The majority of the population is concentrated in the southeastern and eastern regions of the country given that much of the western part of the country is a desert [21]. At independence (in 1966) Botswana was considered one of the poorest countries in the world, but as will be seen later, the situation changed dramatically over time. Let us commence by looking at standard of living prior to the arrival of the colonial power, Britain.

4. Socioeconomic status in pre-colonial period

During the pre-colonial period, Tswana societies were self-sufficient as the people relied on subsistence farming [22]. Parsons [23] observed that during the precolonial era, the economy of Tswana societies was based on cattle rearing and food crop production, supplemented by hunting (and gathering). Strong traditional structures existed and these were based on the notion of the extended family network and the community which both played a pivotal role in addressing individual and family needs [24]. Community obligation was the backbone of the social and economic fabric of the people, and this helped meet their needs. As indicated by Schapera [25], members of Tswana societies during that period were socialized within the norm of collective participation in family and communal activities. The family and the community ensured that every person received essential services such as food and shelter [25]. The community was compelled to care for the needy out of moral obligation. All these endeavors, predicated on the notion of *botho* (Ubuntu), ensured that the community's standard of living was maintained at a reasonable level, with communal support helping to improve their wellbeing.

During the pre-colonial period, the institutionalized traditional frameworks and systems in place helped communities contain hunger and poverty. For example, there was the *mafisa* system whereby those with cattle would lend a number of beasts to the poor (without asking for payment in return), to allow them to use as draught power and to benefit from milk; the *majako* initiative whereby the poor would provide their labor to the rich during the plowing season in return for part of the harvest; *go tshwara teu* or *bodisa*, a system which allowed the rich to provide an opportunity to poor people to serve as cattle herders, and receiving as payment, a cow each year as a way of breaking the poverty cycle [26–28]. Furthermore, traditional ceremonies such as “*motshelo*” or “*molaletsa*” assisted the homeless to construct houses with assistance from the community [25]. Moreover, traditional leaders (*diKgosi*) collected levies from the community which would later be distributed during periods of drought and economic strife, to benefit the poor.

These traditional frameworks and systems benefited those who did not have such resources as land and cattle, as well as those living in poverty, hence the gesture helped improve their standard of living. The community in some instances, also relied to some extent, on the positive socio-cultural practice of volunteerism that enhanced solidarity and social protection [27, 29].

5. Socioeconomic environment during colonial era

As noted earlier, in 1885, the British government colonized Botswana (naming it Bechuanaland Protectorate) and adopted indirect rule as its governance policy. The

arrangement, as noted, involved the British controlling the country through *Bogosi* (chieftainship) [30]. During that time, the extended family network and the community ensured they continued to appreciate their obligation to care for their own. With time, the colonial government introduced taxes, which policy then radically transformed the traditional frameworks, which all along had relied on subsistence farming. The tax obligation meant a considerable segment of the population was obliged to go and work in the mines in South Africa [31, 32]. This therefore, unsettled family welfare arrangements as able-bodied young men in particular, were forced by circumstances to relocate to South Africa in search of work [23]. As young men became economically independent, the dependence on the extended family became considerably reduced [25]. Agricultural activities that families had depended on were negatively affected as too were the institutionalized traditional frameworks and systems. Nthomang, Malinga-Musamba and Kubanga [24], have argued, “Thus, *the erosion of the traditional welfare structures left many households vulnerable to poverty, hunger and in need of basic food, education, health, and housing services which the extended family used to provide but was now unable to*”(pg. 58). The same sentiments were echoed by Parsons [23] who lamented that: “...by 1939, a Botswana child could look forward to a malnourished and uneducated childhood; grow up to spend his/her adult energies as a hired labourer for low wages; and at old age become impoverished and a burden on his/her children.”

The above observation has succinctly captured the reality that obtained in many Tswana societies during the colonial period. Many families during that period, struggled to sustain themselves and fell into poverty which development had negative effects on standard of living and wellbeing. Due to the socio-economic shocks that obtained in the country at the time, the social welfare approaches in place then failed to cushion communities from poverty and vulnerability. This disturbance of the economic structure of the Tswana traditional societies therefore, called for external intervention [24].

During the 1950s and 1960s, the colonial government introduced social policies meant to somewhat cushion the locals; and these initiatives included the Bechuanaland Soldiers Benefit Fund, introduced to help the loss of livelihood and impoverishment suffered by soldiers returning from world war; and the Grant-in-Aid meant to help the country meet its recurrent and related expenditure [33, 34]. In addition, the Protectorate Five Year Development Plan which was launched during that period, provided a blueprint on socio-economic development in the emergent state of Botswana. This period marked the beginning of formal social welfare provision which is in place in Botswana today [24]. Furthermore, formal institutions for the provision of health services, education and social welfare services to address vulnerability to poverty and destitution, were also introduced. However, poverty remained an issue of some concern during this period.

Wass [35] explained that the main reason for the widespread poverty at the time was that there was lack of commitment on the part of the colonial administrators to develop the country in any meaningful way. In fact, British rule was apparently characterized by neglect, with only rudimentary health and education services in existence. Osei-Hwedie [36]: 80 corroborated this observation, and further explained that the services provided during this era did not develop into a coherent system of social protection across the country. Apparently the services were only rudimentary and most remarkably, were communally oriented and, as mentioned earlier, administered essentially by *Dikgosi* (i.e traditional chiefs).

Wass [35], further explained that while, during those early years, the country depended mostly on agriculture, however, over time the importance of agriculture began to decrease due to such factors as perennial drought, aridness of the land coupled with poor rainfall patterns. It is little wonder therefore, that during those

days, the country served as a reservoir of cheap labour [37], with many young people opting to try their luck in the mines and plantations in neighboring South Africa. The country found itself in an untenable situation whereby many in the population, depended essentially on remittances from migrant labour. Obviously dependence on remittances does not always augur well for meaningful standard of living and wellbeing.

6. Socioeconomic environment in post-colonial era

As previously noted, at Independence in 1966, Botswana was one of the poorest countries in Africa, with a GDP per capita in the region of US\$70 [38–40]. Economic opportunities were limited and the five-year drought period that hit the country severely impacted on subsistence agricultural production that many families had relied on. In an effort to move the country out of poverty, the new government had to make critical decisions regarding what social and economic policies to adopt in order to reduce extreme poverty at both national and household level. Chiepe [41] quotes the then President, Quett Masire as grappling with several questions: *‘Because Botswana is such a poor country, we can undertake only a few projects and the task of choosing is much harder. Do we provide more schools or more hospitals ... Do we improve roads or water facilities.’* Clearly, the government at the time had difficult decisions to make (regarding what to prioritize) particularly in the first couple of decades following Independence [42]. In many ways, the authorities were caught between a rock and a hard place. As such, during the Transitional Plan for Socio-Economic Development (1966–1969) [33, 43], the government adopted a dual economic development strategy. This strategy allowed for investment in the productive sectors such as mining and agriculture [33, 43].

Botswana’s fortunes turned around markedly in the 1970s following the discovery of large deposits of diamonds. This development led to the country, almost overnight, becoming one of the world’s development successes [44]. Diamond mining, and good governance together with a relatively small population, enabled Botswana to rise from poorest to upper middle income status. Incontrovertibly, prudent management of resources and political stability had combined to see the country realize and maintain a high economic growth rate. Mafela et al. [45] stated that the phenomenal economic growth trajectory which was achieved, paid off as it resulted in the country attaining upper middle income status in 1991. These authors added that today, Botswana is a shining example of democracy, with a stable government, peace and tranquility. They might as well have added, ‘with a stable economy’ which had facilitated realization of meaningful standard of living and wellbeing for the population.

Evidently, as a consequence of the discovery of diamonds, Botswana has, over the years, experienced stable economic growth, which has been supported by prudent policies [44]. Gross Domestic Product (GDP) rose from an estimated US \$2.2 million at Independence to \$2.6 million in 2007/08 and rocketed to US \$18.34 Billion as at 2019 – a phenomenal jump indeed by any standard. Life expectancy too continued to improve through the years, moving from 46 years in 1965, through 55.5 years in 1971 to 65.3 years in 1991 and 68 years in 2011 [44]. Furthermore, the crude death rate per 1000 people fell from 13.7 in 1971, to 11.5 in 1991 and 6.25 in 2011. Even though the crude death rate rose to 12.4 in 2001 due to the impact of the HIV and AIDS pandemic, the government was quick to address this anomaly, *inter alia*, by introducing free antiretroviral therapy (when this became available), thereby considerably lowering the death rate once more.

Through the years, the country did experience serious challenges that threatened to reverse the improved standard of living and wellbeing. The country continued to struggle with such factors as drought and poverty, economic disparities, unemployment and HIV, and AIDS [30, 46]. These challenges obviously impacted negatively on standard of living and wellbeing of the country's population.

As the economy grew through reliance on wage employment and the cash based economy and formalized services guided by national state policies [47], traditional social structures became even more weakened and eroded mostly as a consequence of modernization and rural–urban migration [48]. These social changes affected family welfare practices such as volunteerism, communal spirit, and collective participation, which traditionally had enhanced solidarity and social protection [28, 47]. Standard of living and individual wellbeing were therefore adversely affected. The government, however, continued to intensify and improve standard of living through innovative economic development strategies, which included the rolling out of fairly comprehensive social protection and welfare programmes. Provision of welfare programmes and a marked increase in provision of social services yielded positive results as shown by poverty reduction and increase in literacy rates, among other indicators [49]. Social and economic development in the country, lead to improved wellbeing and quality of life of the majority of people in the country.

7. Community development and citizen wellbeing

While the discovery of diamonds was a major game-changer as far as Botswana's socioeconomic fortunes were concerned, it is common course that improved standards of living and wellbeing could not have been realized in the absence of meaningful community development. The Government appreciated that the wellbeing of the people could not be improved without community participation, hence in 1965, the authorities proceeded to establish a community development office [50] as a strategy to foster more sustained development of the country. The authorities indicated that community development would help build solidarity and agency by adhering to three practice principles namely, self-help, felt needs, and participation.

Thus the idea of introducing community development as a strategy for national socioeconomic advancement was a masterstroke given that almost all communities across the country believed in the main principles of communal or public participation and ownership of development. The government made the decision to create several community development positions to ensure that development would be balanced across the country. Consequently, as early as 1965, the country recruited and deployed community development workers across the country to facilitate all welfare activities [50]. The goal was that there would not be differing standards of living nationwide.

To a large extent, since Independence Botswana has performed extremely well in terms of improving both the standard of living and wellbeing of the people through community development approaches. However, implementation of this initiative has not been without hiccups; the strategy has always been accompanied by diverse and complex challenges that continue to threaten the wellbeing of the people. The early commentators on the history of socioeconomic development in Botswana such as Livingston [51] and Mitchison [52] highlighted that some people were unlikely to earn positive fruits out of the community development efforts being rolled out to improve the wellbeing and standard of living of the people. The reason for the failure realize benefits was that community development as a tool always tended to generate some social ills. For example, to improve the wellbeing of the people, community development efforts included the building of clinics, schools and also

creation of white collar employment; but this led to diminished reliance on agricultural production. Whereas these developments met the main domains of education, health and material wellbeing that are used to measure standard of living [53], the initiatives also had negative outcomes in some instances, given that ordinary people's way of life and even their eating habits had dramatically changed, creating new health challenges for the people in the process [51].

Other social ills that were noted to accompany community development, improved standard of living and wellbeing of the people included: disparities in rural and urban life, the tendency to put political interests ahead of the needs of the people, as well as poor implementation of policies and programmes meant to improve the wellbeing of the people [51]. The possibility that disparities in the wellbeing of the people would emerge in the country due to embracing of Western lifestyles introduced by foreigners, had been anticipated. And indeed this did come to pass. Mitchison [52] among others, highlighted the marked differences in lifestyle between people residing in urban (areas) and those based in rural contexts. Hesselberg and Wikan [54] too highlighted the widening gap in standard of living that had emerged between communities at the time, a pattern that apparently continues to exist even in present day Botswana.

To more clearly illustrate the rocky yet positive development pathways the country has trodden since Independence en-route to attaining upper middle income status, the next few paragraphs will now examine issues around how the standard of living and well-being of the population in Botswana have experienced drastic changes through the years, as well as the role played by community development in this regard.

8. Community development, standard of living and well-being in Botswana today

There is broad consensus that the government of Botswana has, over the years channeled a considerable amount of resources towards community development, thereby positively impacting the standard of living and wellbeing of the population [55, 56]. The poverty headcount index, for example, declined from 59% in 1985/1986 to 30.2% in 2002/2003 [26, 57] and then again to 23% in 2009/2010 [58]. Apparently, poverty in Botswana, as in many other developing countries, has mostly been measured using the poverty datum line (PDL), which is an estimate of the monthly cost of a basket of goods and services required to adequately meet the needs of a household. Currently, the country's PDL is calculated at P878.87 (\$97.65), and basing on this figure, nationally, a whopping 19.3% of the population lives below the PDL. While some of those living below the PDL have wages from employment, pensions, and remittances, those in extreme poverty are often unemployed or engage mostly in household and caregiving roles [59]. This group is the main target of the country's social safety nets, otherwise called the social protection system. Let us consider the impact of the social protection initiative in some detail.

To ensure opportunities for healthy and sustainable livelihood, and improved standard of living and well-being, especially for those living below the PDL, the government of Botswana, as noted earlier, introduced a formal social protection system, which constitutes public measures to provide income security for individuals [27, 47]. The social protection system is a public intervention mostly to support the poor and help households and communities to manage risk, and reduce poverty and vulnerability among the population [60]. Ntseane and Solo [28] concurred that, the government of Botswana, in an attempt to improve livelihoods and reduce poverty, introduced social safety nets for individuals,

families and groups. The packages introduced included *social allowance schemes* (e.g. orphan care basket, school feeding programme, community home based care); *social assistance schemes* (e.g. destitute persons programme, needy students programme, labour based drought relief programme, *ipelegeng*) and *social insurance schemes* (e.g. pension scheme, workman's compensation) [27].

The various social protection schemes have played a major part in terms of preventing and protecting individuals against life cycle crises and helped many meet basic needs and enhance their welfare [27, 28]. Over the years, the government of Botswana has invested a fair share of the national income towards social protection programmes, to shelter the said vulnerable and disadvantaged groups from poverty, even though spending has declined due to diverse challenges that the country has faced [61]. Well-managed mineral wealth and political stability have however made it possible for the government to promote these social protection measures to improve standard of living and wellbeing [42, 62]. Even though the government has introduced social protection programmes to address the burden of poverty, apparently a considerable majority of the population continues to struggle in economic terms [42, 57, 63]. Even so, heavy social development investment by the government has paid tangible dividends in promoting social services, including literacy (education) and health.

Apparently literacy did not feature highly on the list of priorities in the precolonial and colonial eras; it was only 10 years after Independence that the government seriously took note of this need [64]. Ever since, education has been adjudged a critical developmental priority in Botswana. The government therefore has invested quite considerably in education through expanding infrastructure and services [65]. The heavy investment in education has been meant to ensure that all citizens have access to at least 10 years of basic education. The National Commission on Education of 1976, and the National Policy on Education of 1977 proposed changes in the education policy, to allow those who were illiterate to get back into the education system and access basic education [64]. According to The Revised National Policy on Education of 1994 Botswana's priority is universal access to basic education (10 years in school) [66].

The increased education expenditure allowed free education in all public schools and reduced average distance to school). Furthermore, government efforts went into ensuring that vulnerable groups had access to education by introducing needy students assistance programme for children from poor families, as well as a school feeding programme [28]. Other than that, the government established a national literacy programme to improve literacy levels, as well as free distance learning programmes [28]. These improvements over the years have seen a rise in the adult literacy rate in Botswana, which as at 2014 was reported to stand at 85.9%, an increase from 68.58% in 1991 [40, 67]. There is some consensus that those with higher education tend to have lower rates of poverty and a better standard of living. It would therefore not be far-fetched to assume that these efforts have had a positive impact where standard of living and wellbeing of the masses is concerned.

Health standards have been improving since Independence. However, it experienced a drawback when the country was hit by the HIV and AIDS pandemic in the 1990s, which caused a decline in economic growth as the government was forced to divert a considerable amount of resources to fighting HIV [46]. The government however, vigorously fought this scourge with all its might. HIV and AIDS awareness and education campaign measures were put in place and by 2002, free HIV Antiretroviral (ART) medication had been introduced to all HIV positive citizens. Currently, it is estimated that about 90% of those requiring ART do have access [68, 69].

Even so, as can be imagined, these initiatives came at a cost in financial terms. The consequences of these challenges and the limitations of Botswana's diamond-led development model became apparent: economic growth slowed down, while inequalities remained high and job creation became limited [10], threatening standard of living and wellbeing. Despite the challenges, the government has forged ahead with its commitment to ensuring better standard of living and wellbeing of its citizens. Evidently, the government's commitment to the provision of social services to improve standard of living, remains unquestionable. This is confirmed by such indices as improved performance in universal access to health services, and also the fact that over 95% of the population live within 15 kilometers radius of a health facility [70].

Furthermore, apart from health, the government has also, over the years, invested heavily in such services as shelter [71], water and sanitation for the wellbeing of individuals [70, 72]. Additionally, efforts at provision of social welfare services have continued. As indicated in the National Development Plan 11, '*... existing social protection programmes were strengthened through enhancement of policies and strategies that aimed at cushioning the vulnerable and disadvantaged groups of the society, restoring their dignity, and improving their quality of life*' ([70]: 193). This clearly demonstrates that the government is seized with efforts to improve standard of living and wellbeing of the population.

9. Conclusion and way forward

The paper has demonstrated that in the context of Botswana, standard of living and well-being have varied by historical period, beginning from pre-colonial, through colonial, and post-colonial eras to the present. Also evident is the fact that community development has been a key tool for promoting social development, with a view to improving standard of living and wellbeing of the population. The variations in levels of social provision noted, have essentially been a function of the social and economic changes, and challenges that the country has experienced over the years, and which in some respects it continues to experience. However, despite the noted challenges, Botswana's socioeconomic trajectory, including its social protection regime, remains quite robust and has, over the years, grown from strength to strength. Be that as it may, a number of shortfalls have been noted in regard to the social development efforts of the country, particularly if Sen's capabilities framework is used to define standard of living and well-being.

Some commentators have expressed concern that the government's approach to some community development initiatives has tended to be rather top-down, suggesting lack of participation of the masses in decision making. This of course does not augur well for successful community development. Ferguson-Brown [73], among others, argued that the top-down approach (to community development) which involves trying to change attitudes to suit national plans rather than identifying needs at community level may actually have alienated the people. Alienated people do not participate; they may become overly dependent on the government. The government does seem to admit that some of its strategies may have inadvertently created a dependency syndrome among the populace. The Ministry of Local Government, for instance, while addressing this theme, observed that emphasis on service delivery, rather than on strengthening community governance structures for economic empowerment, had led to unbridled dependency on government social support mechanisms [55].

The country's social protection regime appears to be doing relatively well. According to the Regional Hunger and Vulnerability Programme (RHVP),

Botswana boasts of one of the most comprehensive state-led social protection regimes in the southern African region. The same agency further noted that in Botswana, “Programming for poor, vulnerable and excluded groups is comprehensive by African standards...” ([62]: 1). The RSVP has gone so far as to claim that the social protection system in Botswana can serve as a ‘model for Africa’. Even so, concerns have been raised in respect of the social protection system, and these include the apparent tendency on the part of the relevant authorities to simply focus on ensuring that social protection services are made ‘available’ and ‘accessible’ to everyone who qualifies, without putting sufficient attention to whether indeed the services are actually ‘being utilized’ by all concerned. Apparently, this has essentially been a function of inadequate monitoring and evaluation measures in place [28]. Other areas of concern raised in regard to social protection initiatives in place include lack of clear mechanisms that are in place for effective redistribution of the national wealth. Such is bound to impact negatively on standards of living and wellbeing.

RHVP [62]: 3 has observed thus, “*While most Batswana have benefited from these achievements, the new wealth is very unevenly distributed and many individuals and groups are marginalized economically, socially and/or geographically*”. Other than that, there has been concern that the social protection schemes had tended to suffer from lack of coordination, poor implementation, ineffective utilization of resources and lack of accountability [28]. Concern has also been expressed to the effect that some of the schemes have promoted a dependency syndrome. Gadbolae [74], for instance, argued that one of the social protection schemes (Destitute Persons Programme) had ushered in a dependency syndrome. What was needed, he argued, are effective mechanisms to facilitate capacity building and empowerment with a view to facilitate self-reliance.


To its credit though, the government appears to be open to learn from experience, which in itself is a major plus. It (government) has continued to push ahead with its community development agenda, as well as expansion of its social protection regime meant to benefit mainly the needy. It is little wonder therefore that Statistics Botswana [75] reported a decline in the overall number of persons living below the poverty datum line from 499,467 in 2002/3 to 373, 388 in 2009/10. Though more recent figures were not immediately available, this positive trend appears to be continuing, suggesting the standard of living and wellbeing of the population (as defined by Sen,) continues on an upward trajectory, credit to the various community development initiatives currently in place across the country.

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