Situation Analysis of Disability Rights in the Context of Botswana

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ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACRWC</td>
<td>African Charter on the Rights and Welfare of the Child</td>
</tr>
<tr>
<td>BCD</td>
<td>Botswana Council for the Disabled</td>
</tr>
<tr>
<td>BGSCE</td>
<td>Botswana General School Certificate</td>
</tr>
<tr>
<td>BOCODOL</td>
<td>Botswana College of Distance and Open Learning</td>
</tr>
<tr>
<td>BOFOD</td>
<td>Botswana Federation for the Disabled</td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
</tr>
<tr>
<td>CPWP</td>
<td>Care for People with Disabilities</td>
</tr>
<tr>
<td>DCEC</td>
<td>Directorate of Corruption and Economic Crime</td>
</tr>
<tr>
<td>DPOs</td>
<td>Disability People Organisations</td>
</tr>
<tr>
<td>DPSM</td>
<td>Directorate of Public Service Management</td>
</tr>
<tr>
<td>ENT</td>
<td>Ear, Nose &amp; Throat</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>ICCPR</td>
<td>International Covenant on Civil and Political Rights</td>
</tr>
<tr>
<td>ICESCR</td>
<td>International Covenant on Economic, Social and Cultural Rights</td>
</tr>
<tr>
<td>IWDs</td>
<td>Individuals with Disabilities</td>
</tr>
<tr>
<td>JC</td>
<td>Junior Certificate</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental Organisation</td>
</tr>
<tr>
<td>NPCPD</td>
<td>National Policy on Care for People with Disabilities</td>
</tr>
<tr>
<td>PWDs</td>
<td>People with Disabilities</td>
</tr>
<tr>
<td>SCI</td>
<td>Spinal Cord Injury</td>
</tr>
<tr>
<td>UB</td>
<td>University of Botswana</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UN-CRC</td>
<td>United Nations Convention on the Rights of Children</td>
</tr>
<tr>
<td>UN-CRPD</td>
<td>United Nations Convention on the Rights of People with Disabilities</td>
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1.0 EXECUTIVE SUMMARY

1.1 About the Research

A large number of individuals with disabilities experience barriers in accessing education and succeeding therein, sustaining employment, as well as engaging in community life. Recent years have however brought some encouraging international legislation: the United Nations Convention on the Rights of Persons with Disabilities [UN-CRPD] (2009). Although, many African countries have ratified the Convention, the Government of Botswana has not yet done so, but has nevertheless, established within the Office of the President, an office to oversee various disability issues, including the rights of people with disabilities.

This situational analysis is the result of an initiative by The Department of Law at the University of Botswana, through OSISA funding, to map out disability rights in Botswana. The study examines the experiences of people with disabilities in exercising disability rights in Botswana. The research has taken a broad approach to the impact of the disability rights on people with disabilities. It is important to underscore that the terminology around disability rights is not well-defined, and it is often used interchangeably with human rights. In this report we have used disability rights as an encompassing term to include the violation of basic human rights that is directed towards people with disabilities.

1.2 Research Methods

The overarching goal of the study was to conduct a situational analysis regarding the practice of disability rights in Botswana. Specific objectives of this project are:

- To investigate and comprehend the level of understanding of disability rights in Botswana.
- To analyze the legal framework in relation to disability rights in Botswana.

The current situation of disability rights in Botswana was analysed based on the review of current literature and disability statistics, as well as data gathered from the individuals with disabilities so as to identify the gap between individuals with and without disabilities. The research was carried out in two phases:

**Phase 1**

The first phase involved a desktop literature review that focused on disability statistics and policies related to people with disabilities. The literature review highlighted the existing evidence base and its strengths, weaknesses and gaps. It revealed evidence relating to opportunities and barriers that people with disabilities experience in exercising their rights both nationally and internationally. This process helped in crafting the instrument for data collection used in the phase 2 of the study.

**Phase 2**

The second phase involved in-depth one-on-one semi-structured interviews with 30 people with disabilities in and around Gaborone. Interviews with individuals with disabilities explored experiences at greater depth, and identified key barriers and suggestions for breaking these barriers down.
1.3 **Current Situation**

The history of disability in Botswana is dominated by exclusion, discrimination and stigmatization. Negative attitudes combined with a lack of education and employment opportunities; inaccessible buildings, facilities and information; and low employment rates have created significant barriers for individuals with disabilities. The 1996 National Policy on Care for People with Disabilities [NPCPD] (Government of Botswana), recognizes the importance of disability rights and dignity for all individuals. This policy further stresses the importance of integrating people with disabilities and ensuring equal opportunities for all. Despite policy intentions, the disability movement in Botswana is weak and the efforts to advocate for the rights of people with disabilities is yet to initiate. Added to that, the constitution of Botswana, did not include disability specific legislation. The National Policy on Care for PWDs recommended multi-sectoral responsibilities to implement the policy. Based on these recommendations, in 2010 the Government of Botswana established an office for people with disabilities within the Office of the President, with a mandate to coordinate disability-related policies and initiatives. Unfortunately, other than that, the implementation of this policy has been slow. Therefore, some DPOs have strongly called for the ratification and domestication of the UN-CRPD. These DPOs are of the view that until the UN-CRPD is ratified and a disability-specific legislation is in place, the rights of PWDs will not be recognised. There is a severe scarcity of robust and representative national-level data on disability, with little comparison being made between people with and those without disabilities, and among different groups of people with disabilities.

1.4 **Experiences of people with disabilities**

Some data sources on the rights for people with disability are available at present. It is however difficult to apply them in the context of Botswana. Although, available data is limited by technical issues surrounding collection and analysis, it provided valuable information about the types of disability violation experienced by individuals with disabilities in Botswana. Six areas of violation of disability rights that are experienced by people with disabilities in this research were identified. They are:

i. Physical access to buildings and transport
ii. Access to education and retention for completion
iii. Access to health services and equality
iv. Access to employment and retention in employment
v. Access to information and ICTs
vi. Political participation

While some violation incidents are severe and more visible, this research has identified other areas that may go undetected which are yet likely to appear at some point.

Many participants strongly observed that the Government of Botswana did not ratify and domesticate the UN-CRPD. At the same time, there was a view that the NPCPD (1996) did not address the rights issues. On top of that, awareness on disability rights among PWDs, care-givers and the general public was generally low. As a result, many individuals with disabilities were not alert to their rights and therefore cannot exercise their rights fully. It was also reported that research conducted by various organizations was not easily available on the public domains, neither was it found in forms accessible to PWDs. Therefore, organisations
or policymakers often commission new research without a clear understanding of what is already available or what untapped resources already exist. That led to a duplication of information.

1.5 **Limitations of the study**

This is a preliminary research that looked into the situations of disability rights in Botswana. This study has several limitations. Therefore, the findings of the research should be interpreted bearing in mind the following limitations:

1. There is a serious dearth of empirical literature related to disability in Botswana. At the time of this research there was no empirical data related to disability rights in Botswana.
2. Most of the literature data that were reviewed are from other countries and of personal opinions of other researchers.
3. The qualitative research approach and only interview technique was used.
4. Due to lack of time and funding, most of the participants were from the Gaborone region.
5. Only 30 participants with disabilities participated in this research. This research report was based on the perspectives of these individuals. Perspectives of other stakeholders were not considered.

As a result, the findings of this research can not be generalised as applicable in the context of the whole of Botswana. However, this preliminary research identified key issues related to disability rights and pave the foundations for largescale comprehensive research to address the limitations of this research.

1.6 **Recommendations**

On the basis of major findings and conclusions, the following recommendations are suggested:

1. **Policy makers should:**
   - Assess disability rights policy initiatives and IWDs should be part of decision making processes. Disability is highly heterogeneous therefore members form each disability group should be included.
   - Enact disability specific legislation to redress inequality of exercising rights.
   - With the Government of Botswana providing leadership, review the existing disability policy and use it to re-evaluate its approach to tackling inequality.
   - Ratify and domesticate the UN-CRPD while taking into account the context specific issues regarding to disability issues in Botswana.

2. **Office of Persons with Disabilities should:**
   - Employ the social justice framework to advance the disability rights agenda.
   - Develop clear public messages around disability rights and the benefits of a more equal society for everyone in Botswana.
   - Analyze the ways to tackle the violation of disability rights.
   - Work with established DPOs or research teams to look into the violation of disability rights and organize funding for research to evaluate the effectiveness of current policies to promote disability rights.
• Create a database on disability information (exact number of IWDs, nature of disabilities, support needs); this will provide information for future research and for developing policies in the area of disability.
• Create databases on published research in the area of disability in Botswana and provide them in accessible formats so that IWDs, NGOs, researchers, and the general public can use them.
• Disseminate and circulate policies pertinent and relevant to IWDs for the consumption of IWDs, parents and NGOs.

iii. **UB Law Department and Academics should:**
• Conduct multidisciplinary research in the area of disability rights and examine the barriers that IWDs face in the society.
• In the interim, put in place measures to have a disability rights course as an elective across faculties.
• Offer public seminars or a lecture series on disability rights in collaboration with DPOs.
• Identify cases of discrimination due to disability, for strategic litigation purposes.

iv. **DPOs should:**
• Work closely with the IWDs, parents of children with disabilities and NGOs to develop a coherent and relevant approach on disability rights, to address inequalities.
• Develop guidelines on promoting and protecting the rights of IWDs and organize regular workshops for IWDs, parents of children with disabilities, and service providers.
• Explore opportunities to collaborate with the UB Department of Law, Disability Support Services, Law Society, and the Attorney General’s Chambers to promote disability rights.
• Encourage policymakers and service providers at local levels to gather and use relevant information on disability rights and equality.
• Organize regular workshops to empower people with disabilities and create awareness on disability rights.

v. **The Government of Botswana should through its responsible ministries make sure that IWDs are:**
• Able to access all public buildings and transport systems.
• Able to access health facilities and health literacy materials, thus create provisions for sign language interpreters in hospitals.
• Able to cast votes and participate in the electoral process, as well as access information on elections.
• Able to access application forms in formats appropriate to the various disability needs.
• Trained to gain meaningful employment and retain their employment status.
• Able to access all the policy and legislative documents.
• Provided on the job training to retain employment; incentives should be provide for companies to employ qualified people with disabilities.
2.0 INTRODUCTION

2.1 Disability Rights Perspectives

Until recently, international human rights law was relatively slow to recognise the rights of PWDs. Since 2008, with the UN-CRPD coming into force, the situation is improving. The UN-CRPD was the first disability rights treaty to be concluded after the Vienna Declaration and Programme of Action. It was adopted by a resolution of the General Assembly for the United Nations on 13th December 2006, and it was opened for signatures on the 30th of March 2007. It came into force on the 3rd May 2008, 30 days after the 20th signature of ratification. Over the last six years the ratification of the UN-CRPD has taken place at record pace. By September 2013, 134 state parties and the European Union had ratified the Convention and the number rose to 157 by August 2015 including many from the developing countries (UN Enable, 2015). The UN-CRPD is an instrument that revolutionized the way the legal framework responds to the rights of PWDs. It has the potential to protect the rights of individuals with disabilities as well as help the individuals with disabilities to come out of a benevolence welfare mind-set that creates the ‘dependency syndrome’. In addition, it places the dignity of PWDs at the forefront to promote and protect equal opportunities. It is important to underscore that the agenda of the UN-CRPD is not to create a new set of rights for people with disabilities; it articulates and asserts the application of disability rights instruments to PWDs and provides a conceptual framework for ensuring those rights.

2.2 Practice of Disability Rights

The context of disability rights broadens our understanding and goes beyond traditional medical/clinical or social framework. This section discusses the disability according to international and local perspectives.

2.2.1 International Perspectives

The UN-CRPD is considered “a paradigm shift in political conceptions of disability” (Mannan, MacLachlan, & McVeigh, 2012, p. 172) and it has initiated a new disability discourse that focuses on empowering civil society (Harpur, 2012), to “legislate a belief change regarding persons with disabilities” (Stein & Lord 2009, p. 32). Cobley (2013) argues that the UN-CRPD equally has the potential to remove societal barriers that create and reinforce undesired conceptions towards disability. However, the roles of DPOs cannot be ignored. DPOs play a critical role in the empowerment of individuals with disabilities as well as in promoting inclusive society.

Although, a significant body of literature (Hammell, 2016, 2015, Malhotra, 2006; Shah, Tsitsou, & Woodin, 2016) indicated that empowering individuals with disabilities is a key factor for establishing and demanding rights, the process of empowerment could be slow. Nevertheless, disability related acts and legislations could equally play a critical role in securing free and equal rights. Related studies in Uganda and Nigeria affirm the similar claim. Maru (2010) reported that legal empowerment helped in mobilizing a community to pressure politicians to improve the healthcare system in Uganda. In Nigeria, Grandjean (2010) reported that legal empowerment through UNICEF produced better legal access for children by pressuring lawmakers to reform the court system. Unified voices are critical for rights-based approaches such as the UN-CRPD. For example, Lang, Kett, Groce, & Trani
(2011) reported that success in implementing the UN-CRPD has been hampered in many developing countries due to poor governance (inadequate national disability laws, limited political will). Another compounding factor was the weaknesses within DPOs functionality (underfunding, overwork, control by paternalistic urban elites). This is particularly troubling; in order to exercise their rights, IWDs require adequate resources and support systems compared to individuals without disabilities (Eleweke 2013; Lang et al. 2011). Such limitations have also been identified in South Africa (Heap, Lorenzo, & Thomas, 2009), Kenya (Opini, 2010), and Ghana (Nepveux, 2006; Sengooba et al. 2012). The setbacks are further compounded by a lack in: decision making power, financial resources, and/or education as experienced by IWDs (Russell, 2002). If the situation continues unchecked for the protection of IWDs, “rights can do nothing but reinforce the status quo, as those left powerless can do nothing [but] make sporadic and/or symbolic claims” (Young & Quibell, 2000, p. 122). In this regard, Malhotra (2008) asserts that individuals with disabilities need to be supported by a more powerful and/or wealthy patron, or perhaps by moves up the social ladder, to avoid an outcome whereby a rights-based approach would actually promote the marginalization of individuals with disabilities.

It is estimated that roughly 15% of the world population experiences some form of disability (activity limitations) while 80% of them live in the developing countries (World Health Organisation, 2014). More often than not, Individuals with Disabilities (IWDs) are denied access to education, basic medical care and support services (WHO, 2005). The World Report on Disability testified that IWDs face significant physical, attitudinal, and institutional barriers that directly affect their lives (World Health Organisation, 2011). Situations of IWDs in Botswana are not exceptional, since they equally experience these barriers.

In the developing countries especially, IWDs face barriers to access most of the services; these barriers could emerge from both micro and macro factors and they include inadequate funding, negative societal attitudes, inadequate service provision, inaccessibility to buildings, inappropriate technologies, and inappropriate formats for information and communications as well as lack of participation in the decision making processes. These are the injustices that the United Nations Convention on the Rights of People with Disabilities (UN-CRPD) was to address when it was passed in 2008 as an international legally bindings disability rights instrument intended to “promote, protect and ensure the full and equal enjoyment of all persons with disabilities, and to promote respect for their inherent dignity” (UN General Assembly, A/RES/61/106, 2006, Article 1). With this treaty, IWDs are allowed to exercise their civil, political, social, economic and cultural rights on an equal basis with those others not in the category of ISWs.

Regrettably, the Government of Botswana, neither signed nor ratified the UN-CRPD, and as a result, individuals with disabilities are failing to exercise their rights and are mostly dependent on the whims and fancies of the policy makers. It is important to highlight that the numbers of PWDs is on the rise in Botswana, thus it is crucial to have policies that offer equal opportunities to PWDs and as stated earlier, the UN-CRPD has the potential to protect basic rights.

Although, the ratification is the first step in protecting the rights of PWDs, its application comes when the signatory countries review all existing legislation, policies and programmes and align their policies with the UN-CRPD framework. In addition, signatory countries are required to submit reports regularly. As a result of these expectations, some countries are hesitant to sign this convention. However, it is important to underscore that, a
transparent legal framework is the cornerstone for democracy. It provides guidelines for the decision making processes and is the only way to hold governments accountable for the services delivered and could at the same time shape societal views towards PWDs as well as empower PWDs to fight for their rights. Therefore, this study was designed to investigate the level of understanding of disability rights, by IWDs and Disability People Organisations (DPOs) in order to evaluate the existing framework in relation to disability rights, particularly in the context of Botswana.

2.2.2 **Botswana Perspectives**

The history of disability in any nation is characterized by exclusion, discrimination and stigmatization (Mukhopadhyay, 2009) and Botswana is no exception to this (Dart, 2010; Ingstad, 1995). Negative attitudes combined with a lack of education opportunities, inaccessible buildings, facilities and information, and low employment rates have created significant barriers for individuals with disabilities in Botswana (Moswela & Mukhopadhyay, 2011). The disability movement in Botswana is weak and this hinders efforts to advocate for the rights of people with disabilities. Botswana has no disability specific legislation and is yet to sign or ratify the UN-CRPD (Pfumorodze & Fombad 2011).

The country has the National Policy on Care for People with Disabilities [NPCPD] (1996) that provides the framework for acting on disability issues. In recognising the disability rights, the 1st Principle of this policy points to the “Recognition and protection of the disability rights and dignity of every individuals” (p.5). This policy further stresses the importance of integration for people with disabilities (Principle-6), as well as ensuring equal opportunities for all (Principle-8). As a guideline, the policy recommended a multi-sectoral approach for implementing the policy with responsibilities for the various sectors outlined. Based on these recommendations, in 2010 the Government of Botswana established an Office for PWDs within the Office of the President, with a mandate to coordinate disability-related policies. Even with those efforts in place, it remains unfortunate that the implementation of the NPCPD has been slow. Therefore, as Pfumorodze & Fombad (2011) strongly advocate, it is imperative that Botswana ratifies and domesticates the the UN-CRPD.

2.3 **Project Goal and Objectives**

The overarching goal of this preliminary study was to conduct a situational analysis regarding practice of disability rights in Botswana. Specific objectives of this projects are:

i) To conduct a desktop review on disability rights.

ii) To analyze the legal framework in relation to disability rights in Botswana.

iii) To investigate the level of understanding of disability rights by individuals with in Botswana.
3.0 METHODOLOGY

3.1 Methodology for Desktop Review

A systematic search of internet sources was conducted for the desktop review. This search focused on abstracts and academic databases (such as EBSCO & SAGE), relevant websites, online reports and dissertations related to the topic of research. These general searches were followed up with more specific citation searches. For the most part, research from the year 2000 onwards was taken into account. In addition, published documents related to disability rights in Botswana were looked into. The desktop review of the literature searched international and local perspectives on disability rights.

3.2 Methodology to Conduct the Study

This study utilized a qualitative approach to produce broad and robust data sets. The rationale for using the qualitative approach for this research was for several reasons. Specifically because we were interested in a conceptual understanding of the phrase disability and rights; which in itself is complex and multidimensional. Therefore, it was not only important to account for ‘what individuals with disability conceptualise’ but also to account for the immediate and general context in which IWDs develop their perspectives (the ‘why’).

IWDs were interviewed employing the semi-structured interview procedure to gain an insight into their level of understanding of disability rights and the practice of disability rights in the context of Botswana. Thirty IWDs were selected purposively in this preliminary research.

3.2.1 Sample and Sampling Technique

Non-probability convenient sampling was used until data saturation was achieved. IWDs were selected utilizing a snowball sampling technique. Thirty IWDs participated in this research and their demographic descriptions are displayed in Table 1.
Table 1: Demographic description of participants

<table>
<thead>
<tr>
<th>No</th>
<th>Age</th>
<th>Gender</th>
<th>Level of Education</th>
<th>Occupation</th>
<th>Types of Disability</th>
<th>Acquired/ Congenital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23</td>
<td>F</td>
<td>4 year UB</td>
<td>Student</td>
<td>Visual impairment</td>
<td>Acquired</td>
</tr>
<tr>
<td>2</td>
<td>28</td>
<td>F</td>
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<td>Student</td>
<td>Visual impairment</td>
<td>Acquired</td>
</tr>
<tr>
<td>3</td>
<td>39</td>
<td>F</td>
<td>4th year UB</td>
<td>Teacher</td>
<td>Physical disability-SCI</td>
<td>Acquired</td>
</tr>
<tr>
<td>4</td>
<td>29</td>
<td>M</td>
<td>Primary</td>
<td>Student-Rehab Centre</td>
<td>Mild Intellectual Impairment</td>
<td>Born</td>
</tr>
<tr>
<td>5</td>
<td>30</td>
<td>M</td>
<td>Primary</td>
<td>Student-Rehab Centre</td>
<td>Mild Intellectual Impairment</td>
<td>Born</td>
</tr>
<tr>
<td>6</td>
<td>23</td>
<td>M</td>
<td>Primary</td>
<td>Student – Rehab centre</td>
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</tr>
<tr>
<td>7</td>
<td>21</td>
<td>F</td>
<td>Primary</td>
<td>Student-Rehab Centre</td>
<td>Mild Intellectual Impairments</td>
<td>Born</td>
</tr>
<tr>
<td>8</td>
<td>21</td>
<td>F</td>
<td>JC</td>
<td>Student- Rehab Centre</td>
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<td>Born</td>
</tr>
<tr>
<td>9</td>
<td>24</td>
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<td>Born</td>
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<tr>
<td>10</td>
<td>23</td>
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<td>Student</td>
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<tr>
<td>12</td>
<td>60</td>
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<td>Acquired</td>
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<td>3rd year UB</td>
<td>Student</td>
<td>Neuro-motor Disabilities</td>
<td>Born</td>
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<td>Student</td>
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<td>Born</td>
</tr>
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<td>17</td>
<td>47</td>
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<td>Acquired</td>
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<tr>
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<td>22</td>
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<td>24</td>
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<tr>
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<tr>
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<tr>
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<td>Unemployed</td>
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<td>Born</td>
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<td>Unemployed</td>
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<td>Acquired</td>
</tr>
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<tr>
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<td>3rd Year Student</td>
<td>Student</td>
<td>Speech Impairment</td>
<td>Born</td>
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</tbody>
</table>

3.2.2 Instrument and Pilot Testing

The interview guide designed by the investigators was specifically informed by the available literature. The interview guide allowed the researchers to gain an in-depth understanding of the participants’ thoughts, beliefs, knowledge, reasoning, motivation, and feelings about the problem under study. The IWDs including members of two Disabled Persons Organizations were invited to a workshop on disability rights and the 18 who participated were interviewed for pilot testing the instrument. Their feedback was incorporated in revising the instrument. These participants were not included in the main study.
3.2.3 Data Collection Procedure

Data were collected through individual interviews. Two research assistants (individuals with disabilities) were recruited for this research, in order to maintain the ethos of ‘nothing about us without us’. The research assistants were trained to conduct individual interviews and to transcribe data.Permission to conduct the research was obtained from the Institutional Review Board of the University of Botswana, as well as from the Office of the President. The participant consent was obtained before conducting the interviews with individuals. Each interview lasted around 45-50 minutes and all the interviews were audio recorded and later on transcribed on MS word for data analysis.

3.2.4 Data Analysis

Data collected from various phases were entered on an Excel worksheet and then transferred to the Atlas.ti 7.5 qualitative data analysis and research software as the primary document. Data were analysed using the Atlas.ti software, drawing on grounded theory principles of inductive analysis.

3.4.5 Ethical Considerations

Prior to proceeding to the field, the researcher submitted a copy of the proposal to the University of Botswana Institutional Review Board for ethical clearance. This rigorous exercise was aimed at ensuring that the study was consistent with the provisions for research ethics and had no potential for harming the research participants. In order to ensure that the research meets ethical standards, the researchers demonstrated commitment to adhere to research ethics by building ethical considerations into the process of data collection.

Transmittal letters addressed to the institutions involved in the research as well as IWDs sought permission, introduced the researchers, stated the topic of research and the purpose of the study, and outlined the procedures to be used during data collection. Participants were not forced into taking part in the study, instead their consent was sought (Creswell, 1998). The researchers explained to the participants of the study that taking part in the study was a voluntary exercise and that they reserved the right to voluntarily withdraw at any time from participating in the study. Participants’ consent was obtained before the interview.

There were no participant incentives in the form of money for taking part in this study. Since the research involved a special population for participants, the researchers showed commitment to debriefing and having in place counselling services should participants experience emotional challenges during and after the interviews. The researchers sought the permission of the participants to record interviews. In this study, there was no conflict of interest emanating from funding the study that clouded the research process. The researchers protected the confidentiality of the participants by treating their responses with utmost anonymity and they were not asked to furnish or write their names or personal details. Pseudonames for the participants were used instead of real names so that there would be no identifiers that revealed the identify of participants of the study.

Selection and recruitment of participants of the study was rooted in social justice ethos where the ethic of equity of opportunity permeated the process. No participant was excluded on the basis of social characteristics nor categories of disabilities. The researchers were committed to timely disseminating the findings of the study to the participants, whether positive or negative. Copies of the report of this research were to also be deposited at the
libraries of the Ministry of Health, Office of the President, BOFOD and SAFOD. The findings would be presented as they were without any form of doctoring, either through modifying them or omitting certain data sets. Further dissemination would be guided by the reference committee in collaboration with DPOs. The researchers commit to a program of action that entails working with DPOs for a period of 3 months to implement recommendations emanating from the study.
4.0 FINDINGS

4.1 Desktop Review

The purpose of this analysis is to provide a global overview of the general situation on disability rights in Botswana. Information was summarized regarding key trends, overall analysis of rights violations for the target group concerned, the root causes, and targeting strategies.

Historically, people with disability have been discriminated against and marginalized within their communities (Mukhopadhyay, 2009). In the process they were excluded from many aspects of the socio-economic framework; their needs and rights were often neglected or ignored, or inadequately addressed. Global agencies and watchdogs such as the United Nations have paid attention to the protection of the rights of PWDs and even came up with various conventions such as UN-CRPD. Nevertheless it is important to conceptualise the peculiarities of the socio-cultural, economic, and political contexts in which an IWD lives. Disability is deeply rooted within the socio-cultural fabric, hence the broader contextual analysis may not address specific needs of given disability populations (Shakespeare, 2013).

Even though the UN-CRPD is the most widely ratified international legislation, working from an IWDs’ rights perspective means addressing the root causes of rights violations. It means recognizing IWDs as rights holders, social actors, and creating disability-friendly environments. Governments should be recognized as primary duty-bearers accountable for fulfilling, protecting and respecting IWDs’ rights. The rights perspective also means recognizing parents and family as the primary caregivers needing to be protected and supported in this fulfilling role. It further implies using participatory and empowering approaches, working in partnerships, and forming alliances for promoting the rights of IWDs.

The disability rights perspective views disability as a phenomenon created by society which has yet to modify its architectural, occupational, educational, communication, and attitudinal environments to accommodate individuals with disabilities. In the rights perspective, individual difference is acknowledged. In order to understand the disability rights in Botswana it is important to discuss the policy framework related to disability.

4.1.1 Rights of People with Disabilities in Botswana: The Policy Framework

Historically, the concept disability remained as one of the most neglected and forgotten of the development agenda in most developing countries. Since the 1970s academic discussions on disability in the developed countries have slowly moved away from a predominant medical model to a social model, while in the developing countries, the concept has always been considered as concerning recipients of charity and welfare (Mukhopadhyay, 2015).

The social model as evidenced in the developed countries arose as a reaction against the medical treatment model of disability, which reduced disability to impairment, proclaiming that disability was located within the body or mind of the individual. Furthermore, the power to define, control and treat IWDs has always been located within the medical discourses. The introduction of the social model of disability was an attempt to address the inequality and to
balance the power. Therefore, disability was viewed as a contextual factor and IWDs were then to be empowered as citizens with rights (Shakespeare, 2013).

Integrated Regional Information Networks Botswana (2006) reported that PWDs in the country face social exclusion due to stigma and negatively stereotyped attitudes of the society. Although the Government of Botswana initiated welfare and other services for PWDs soon after independence (Brown, 1996; Ingstad, 1997) observe that the services were not sufficient enough to address the problems faced by PWDs. One of the reasons leading to the inadequacies could be lack of exact data on the disability population (Shumba & Taukobong, 2009). In addition, the issues of disability were mostly in the hands of the non-government organizations (NGOs) that voluntarily provided support and assistance to people with disabilities in Botswana (Pfumorodze & Fombad, 2011). These organizations mostly operated from the premise of a medical and charity model, that viewed IWDs as recipients of services through the act of benevolence by Western countries (Mukhopadhyay, 2015). Currently the situation is slowly changing; individuals with disabilities are now entitled to exercise their civil, political, social, economic and cultural rights on an equal basis with others. At the global level, the latest achievement is the Convention on the Rights of Persons with Disabilities, the first legally binding disability-specific human rights convention; it is aimed at promoting, protecting and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by PWDs.

a) Normative framework

Unlike other countries in the sub-Saharan region, the Constitution of Botswana does not make reference to specific non discrimination provision on the grounds of disability. Ndzinge-Makhamisa (2013, p.24) argues that, “the Constitution is open to interpretation.” It is important to highlight that Botswana does not have any disability specific legislation. Despite the fact that the National Policy on Care for People with Disabilities [NPCPD], (1996), recommended enacting disability specific legislation, the process has been very slow. Disability service provision in the context of Botswana has been guided by the NPCPD for the last twenty years. One of the major limitations of this policy is that it was conceptualized based on the medical (deficit) model of service delivery and it lacks the human rights based approach to disability. Depite the limitations of the 1996 policy, it has in a way recognized the importance of human dignity of IWDs. In addition the policy initiated and adopted a multi-sectoral service delivery approach in order to prevent the onset of disability, and to rehabilitate people with disabilities. One of the key deliverables of the NPCPD was the establishment of the Office of Persons with Disabilities in the Presidency. The objective of this structure is to:

i. coordinate the development of national policies, strategies and programmes aimed at the empowerment and well-being of people with disabilities;
ii. coordinate the implementation of national policies, strategies and programmes aimed at the empowerment and well-being of people with disabilities;
iii. monitor and evaluate national policies, strategies and programmes aimed at the empowerment and well-being of people with disabilities;
iv. ensure that disability issues are mainstreamed into all sector policies and programmes;
v. ensure active involvement and participation of people with disabilities in policy processes, i.e. Formulation, implementation, review, monitoring and evaluation;
vi. ensure effectiveness of national structures dealing with disability issues; and
vii. mobilise resources for the implementation of policies and programmes aimed at addressing disability issues.

(http://www.gov.bw/Ministries--Authorities/Ministries/State-President/Office-of-the-President/Divisions/Office-of-People-with-Disabilities/)

Although, the Office of Persons with Disabilities is working on promoting and developing the quality of life and well-being of people with disabilities, its approach to service delivery is rooted in social welfare (care). This approach tends to emphasize care of IWDs as persons who are perceived to be a ‘social burden’ who require social welfare support. Therefore this approach has been criticized for delaying the recognition of the rights of IWDs and enacting disability specific legislation to protect the rights of IWDs.

The NPCPD outlined a number of services to promote the rights of the people with disabilities in Botswana. This policy aims to: create a stable and secure society, promote self-reliance, equalize opportunities, foster the spirit of mutual help, and step-up support towards enhancing the caring culture. It emphasizes the need to enhance and ensure that IWDs enjoy equal rights and full participation in the Botswana society fabric. The Policy focuses on various areas such as advocacy, health, rehabilitation, education, employment, personal safety and social protection, support services, social development, human resource, participation, research and development, housing, and accessibility to resources.

The objectives of the 1996 National Policy on Care for People with Disabilities are to achieve social integrity and stability, national fortitude and well-being for a progressive and established Botswana society. The grounding guideline of this policy has taken the route to: enhance awareness and create a positive attitude; and to mobilize for a barrier-free environment, user-friendly transportation, access to information, responsive health services, rehabilitation, education, and employment. In addition, it focuses on: the protection of IWDs from all forms of exploitation; capacity development and training; and enhancing the capability of NGOs and IWDs to participate in planning and decision making processes.

It is important to underscore that, addressing the needs of people with disabilities in Botswana, is still seen largely as a welfare function of the state and as a result, the NPCPD was approached from welfare/charity model; this state of affairs is criticized by the participants of this research, because it views persons with disabilities as sick, not normal or without abilities and in need of charity and handouts. The approach tends to treat IWDs as dependants, always in need of any support which society will give as and when it chooses. Participants argued that while in the past this welfare/charity approach has contributed to some improvements in their well-being, it was now time to have it replaced with and approach embracing the notion of equality and human rights in order to address the continuing violation of their fundamental rights. In addition, at the individual and community level, the absence awareness to disability rights issues and the lack of strong advocacy groups to influence decisions and policy makers remains a major challenge. Coupled with the need to promote awareness of the disability rights is the urgency for the inclusion of persons with disabilities in all stages of decision.

That Botswana has not yet signed the United Nations Convention on the Rights of Persons with Disabilities, and that the country has no Disability Law poses a set-back in fulfilling intentions for addressing the rights of IWDs. Therefore, IWDs continue to face difficulties in accessing employment, education, housing, and public spaces and facilities, to
mention a few. Many of the vehicle models/makes for public transportation in the country are not disability-friendly, and most persons with disabilities are unemployed. For example, 74% of people with disabilities are unemployed, of the 26% that are employed, only 7% earn a salary above P2500.00 (Abosi, Nwaogu & Sison, 1999). This situation clearly indicates that though the Botswana Government has formulated the NPCPD and other related policies, they are not being effectively implemented. The lack of political will and commitment by the Botswana Government to monitor and ensure proper implementation of the existing CPWD policies has negative consequences for individuals with disabilities.

The National Policy on Care for People with Disabilities outlines the national response to the demand for a co-ordinated delivery of service and care for people with disabilities in Botswana. It describes the role of various Government ministries, the private sector, non-governmental and local organizations, community leaders and members, and persons with disabilities themselves. Currently, the Government is in the process of formulating a new policy; it is hoped that the new policy would address the issues of disability rights and give pointers towards a rights-based, impactful implementation.

In addition, the Government of Botswana developed an Inclusive Education policy to promote access and participation of students with disabilities. The policy consists of 5 goals and 10 policy statements. The Goals of the policy are:

i. All learners will complete their basic education and progress where possible to senior secondary or tertiary education or to vocational training.
ii. Teachers will have the skills and resources to enable children of different abilities to learn effectively.
iii. Out of school education programmes will be further developed and strengthened to ensure the inclusion in education and skills development of those children, young people and adults whose needs cannot be met in the formal system.
iv. Schools will be supportive and humane establishments which embrace and support all their learners and value their achievements will be in place so that children will attend school regularly and work hard at their studies.
v. All relevant Governmental, Non-governmental and private organisations will work in harmony to develop and maintain an inclusive education system in Botswana.

The Inclusive Education Policy of Botswana acknowledges that every student has the potential to learn and that all learners need support; accepting and respecting the diversity should be valued. This means that education and school structures, systems and the pedagogy must meet students with disabilities at various educational levels. The policy is consistent with and compliant to Article 24 of the UN-CRPD which appeals to the state parties to address the educational needs and styles of IEDs. In addition the policy recognises the need for the provision of vocational training necessary for IWDs to acquire qualifications and skills for employment and self-employment.

b) Roles of civil societies in the implementation of policies

In order to promote the rights of people with disabilities it is important to highlight the roles of civil society organisations as they have a crucial role to play in promoting the rights, as well as in the empowering of people with disabilities. Botswana has a network of Non-Government Organisations (NGOs) and community based groups that are focused on promoting disability rights and one of them is the Botswana Federation of the Disabled
In addition, various NGOs that provide services to people with disabilities are coordinated by the Botswana Council for the Disabled (BCD) and the Government of Botswana funds NGOs to provide rehabilitation services to PWDs. The main role of BCD is to co-ordinate and monitor the activities of various NGOs, Disability People Organisations (DPOs), and lobby the Government in relation to matters pertaining to the rights of PWDs. It is important to highlight that, BCD, NGOs and DPOs are key stakeholders in the process development and implementation of disability policies. Therefore, these organisations could play a critical role in lobbying the Government for the ratification and domestication of the CRPD. Dinokopila (2011) reported that the BCD has failed to coordinate and propel the disability rights movement due to inadequate funding, as well as lack of trained personnel to support various thematic areas relating to the rights of PWDs.

4.1.2 Rights of People with Disabilities in Botswana: The Legal Framework

In this section various national laws/acts were reviewed. The analysis of these acts suggests that Botswana’s legal framework does not follow the standards recommended by the UN-CRPD.


The Constitution of Botswana is the supreme law in Botswana. It lays down the framework for defining fundamental political principles; establishes the structure, procedures, powers and duties of Government institutions; and sets out fundamental rights of citizens. According to Pfumorodze and Fombad (2011), the constitution is now dated and “does not prohibit discrimination on the grounds of disability” (p.92). However, section 15(1) of the Constitution provides that no law shall make any provision that is discriminatory either of itself or in its effect. This is subject to the exceptions that are then listed there-under, in particular the provisions of subsections (4), (5) and (7) of section 15. Further, the Constitution, provides under section 3, that:

[…] every person in Botswana is entitled to the fundamental rights and freedoms of the individual, that is to say, the right, whatever his race, place of origin, political opinions, colour, creed or sex…

Sections 3 and 15 of the Constitution outlaw discrimination of any kind and prohibit the making of discriminatory laws (Nserek, 2004, as cited in Pfumorodze and Fombad (2011) as well as prohibits public officers to act in a discriminatory fashion. Although, this section does not make specific mention of disability, it could safeguard IWDs from discrimination. Pfumorodze and Fombad however argued that there is always a risk for IWDs to be seen differently when the constitutional text does not cover them as a specific group.

The UN-CRPD promotes and protects people with disabilities against discrimination and encourages the States parties to adopt measures to ensure that IWDs are treated equally. It could be argued that although the Constitution aimed at the promotion and protection of the rights of IWDs through equality and non-discrimination provisions, it is limited in incorporating the provisions of the UN-CRPD. This could be due to the fact that the Constitution does not clearly express nor specifically make provisions for the rights of people with disabilities. As a result it fails to recognize the rights of IWDs as provided for in the UN-CRPD. In addition, the Constitution does not create provisions for the promotion and protection of socio-economic rights, necessary to advance the rights of IWDs (Dinokopila & Mmatli, 2014). It is therefore, recommended that a comprehensive overhaul of Botswana’s.
constitutional framework should be initiated. Specifically, there is a need to create constitutional provisions relating to disability.

At the international level, Botswana is party to many international and regional human rights instruments including: the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child (ACRWC) and the African Charter on Human and Peoples’ Rights (African Charter). On the other hand it is neither party nor signatory to the International Covenant on Economic, Social and Cultural Rights (ICESCR) and to the UN CRPD. Dinokopila (2011) felt that it could be that, due to the ‘dualist nature of Botswana’s legal system, treaty provisions do not become part of the laws of Botswana unless specifically incorporated through an Act of parliament’ (p. 267). At the same time, the process of ratification is complex and time-consuming. The other legislations that are worth reviewing were the Education Act, Children Act, Employment Act, the Worker’s Compensation Act and the Mental Disorder Act.

i. Education Act (Cap. 58:01 of 1967)

This act was adopted in 1967. The main objective of this act is to ensure the development of education and create provision of education to all people in Botswana. In addition, the act provides the framework for the establishment, registration and control or management of schools in Botswana. However, the act does not guarantee the rights to education for IWDs, at the same time does not make any reference for accessibility, reasonable accommodation and affirmative action for IWDs (Molosiwa, 2014).

ii. Children Act (Cap. 28:04 of 2009)

In 1995, Botswana ratified the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of Children (ACRWC) in 2001. It ultimately translated these into the Children Act in 2009. It is a well crafted document that was developed to promote and protect the children’s rights. The Act aimed at the promotion of physical, emotional, intellectual development, social development, and the general well-being of children. The Act created provisions for the protection, care and rehabilitation of children with disabilities. For example, the Part X, section ‘d’ of the document states, “a child in need of protection means who has disability and subjected to discrimination or is deprived of proper parental care as a result of that disability”. The act creates provision for social workers to intervene in order to provide adequate provision of care to protect the rights of children. Despite these measures, the rights of children with disabilities are not addressed adequately, and as a result, this group of children becomes vulnerable to abuse and neglect (Shumba & Abosi, 2009). Therefore it is important to evaluate the effectiveness of this act in protecting children with disabilities.

iii. Employment Act (Cap. 47:01 of 2008)

It is important to note that there is no specific legislation available that provides protection of employees with disabilities against discriminatory practices or unfair dismissal from the workplace. The Employment Act was made to provide the key terms and conditions, rights, and obligations of the employers and employees. It provides for specific rules concerning the employment of children, young persons and females. This Act is silent on the rights of people with disabilities except for section 120, in Part XIII of the Act which is entitled ‘Employment of the infirm and handicapped’. It states that
Where he considers it necessary or expedient in the interests of Botswana to do so, the Minister may make regulations in relation to the employment of persons affected by infirmity or physical handicap and, without prejudice to the generality of the foregoing, such regulations may regulate the conditions under which such persons are employed for the purpose of safeguarding their interests.

Pfumorodze and Fombad (2011) complained that no regulation had been made by the responsible Minister. The Act predominantly looked into the conditions of employment and is silent on the issues about the pre-employment discrimination. Therefore, Pfumorodze and Fombad (p.96) argued that “even if these regulations were to be enacted by the Minister, they would not adequately cover the issue of discrimination at the workplace”.

iv. Worker’s Compensation Act (Cap. 48:01 of 2001)

This Act was developed to provide for workers, compensation for injuries suffered or occupational diseases contracted in the course of their employment, or for death resulting from such injuries or diseases. The section 11 of this Act specifies that, an employer is liable to pay compensation for death or incapacity of the employee. In addition, the employer is responsible to pay compensation in accordance with the provisions of the Act if the employee/worker at an organization suffers personal injury or occupational disease arising out of and in the course of the employee/worker’s employment. In order to pay compensation, it is mandatory for the employer either have a compulsory insurance for this liability or deposit security with the Commissioner for Worker’s Compensation. The determination concerning any payment of compensation is done by the Commissioner with the assistance of the Medical Board. Thus, the Act provides some monetary protection for loss of pay/employment for a person whose disability resulted from an injury or occupational disease at the workplace.

v. The Mental Disorders Act –(Cap 63: 01 1969)

There is a close link between mental disorder and disability, therefore, this Act was reviewed. This Act was initially developed in 1969 and consisted of 12 parts. The aim of this Act was to provide guidance for the care of people with mental disorders. The Act defined the condition as mental disorder or defective person and continues as follows:

…any person who is in consequence of mental disorder or disease or permanent defect of reason or mind, congenital or acquired, is incapable of managing himself or his affairs, or is in consequence of such disorder or disease ...(Part 1: Preliminary, p.B.4).

This Act aimed at providing care and protecting individuals with mental disorders. This Act is predominantly based on the medical approach and the locus of control is on the medical practitioner. The Act classifies individuals with mental illness into three levels, from mild form of mental illness to severe form where the person could be judged as dangerous to himself or others. However, the Act tends to promote deinstitutionalization unless the individual is detained due to a criminal procedure. Although the Act tends to promote care of individuals with mental disorders, Seloilwe (2006) argued that the caregiving for individuals with mental disorder at home is complex and creates great pressure on the family members. A significant number of IWDs could be associated with mental illness and the caregiving for
such individuals is unique and the onus is mostly on the family. It needs a multi-disciplinary approach; whereas the Act emphasized the role of the medical practitioner only. The main weakness of this Act includes its ineffective implementation and coordination structure. Therefore, adequate attention must be paid to protecting the rights of these individuals.

A careful review of these acts tends to suggest that issues about disability have not featured prominently in the legislation of Botswana. It has been argued that in the absence of specific legislation, it might be difficult for IWDs in Botswana to exercise their rights, as much as it would be for the Government to protect PWDs. Therefore, this calls for developing a legislation specifically designed to protect PWDs.

The 2008 United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD) was formulated to empower PWDS, and to provide practical guidance on how disability rights could be promoted. Prior to CRPD, PWDs were mostly protected by general human rights conventions and as a result, their human rights denied (Harpur, 2012). The UN-CRPD is a crucial framework and goes beyond the rhetoric discourses of human rights; it has taken a radical approach that creates a new rights discourse, empowers civil society and renders human rights more obtainable for person with disabilities. By signing and thus ratifying the convention, an important international and legally-binding instrument, it means the Governments become responsible to develop and implement policies that uphold the rights and dignities of PWDs as well as enhance their access to services (Lang and Upah 2008). Although many countries signed the convention and ratified it, the Government of Botswana has not signed nor ratified the UN-CRPD yet the country is signatory to various international conventions, and is committed to providing equity in service-delivery. It is not clear why the Government hasn’t ratified the UN-CRPD. Even though Mee and Michael (2011) hold the view that enhancing the provision of appropriate services for IWDs is more important than signing the convention, disability specific policies and laws are however important for the provision of services because they create a powerful legal framework that must be obeyed.

4.2 Disability Statistics in Botswana

In Botswana individuals with disabilities are not registered, and as a result the exact numbers of individuals with disabilities are not known. The 2011 Population and Housing Census was used to establish the disability prevalence rate. It is estimated that 59,103 (2.92%) of the total population of Botswana were reported to be individuals with disabilities. The highest district proportion of disabled persons was recorded in Ghanzi at 4.4%, followed by Southern (3.7%), Kgalagadi (3.7%) and North-West district at 3.6%.

The gender ratio is almost a one to one ratio - 99.7 males compared to 100 females with disabilities. Among them are visual, hearing, speech, physical, learning, mental and multiple disabled people. The lack of a comprehensive database on the specific problems faced by people with disabilities in Botswana poses a great challenge for the provision of services. The records of numbers of people with disabilities is expected to show an increase due to population ageing, rapid increase of chronic diseases, and improvements in methodologies used to measure disability.
4.3 Perceptions of Individuals with Disabilities

4.3.1 Demographic Description of Participants

Thirty individuals with disabilities participated in the study. Table 1 displays the demographic descriptions of the participants. Out of 30 participants, 12 were female and 18 were male. In terms of types of disability, six of them were individuals with visual impairments, five of them had mild intellectual impairments, five of them were individuals who were deaf, twelve had some form of physical disabilities and three of them had speech impairment. The age range of the participants varied from 21 years to 60 years. The majority of the participants were students and only nine participants were employed. The Majority of the participants acquired their disability whereas 12 participants had congenital impairments.

4.3.2 Responses of Individuals with Disabilities

The five themes figured out of the participant responses regarding perceptions of individuals with disabilities are discussed below. The five are: conceptualization of disability right; disability rights in Botswana; practice of disability rights; access to information and communications technology; participants’ knowledge about UN-CPRD; and suggestion; need for change.

a) Conceptualization of disability rights

Disability is described as the barriers faced by individuals with impairments to achieving equality and justice. As individuals with disabilities are also human beings, it therefore goes without saying that disability is a human rights issue. The majority of the participants were quite clear about the concept. Their understanding was predominantly articulated as equality, equal access and participation, and equal opportunities. One of the participants with physical disability expressed their understanding of disability rights as: [Those are rights that have been derived from human rights in order to cater for people with disability]. Echoing similar sentiments, another participant with visual impairment remarked that its about:

[Persons having disability having access to all life facilities on day to day basis as any other person without disability. ...it means how I want to be treated at my social and economic life. It’s about being given a chance to have those basic needs just like any other person.]

Interestingly, some participants knew the importance of knowing about their rights and one of them said: [It’s important to know my rights and how the law protects me from discrimination as a disabled person.]

b) Disability rights in Botswana

Participants reported that there is no specific policy on disability rights. Nevertheless some of the participants were aware of the National Policy on Care for People with Disabilities. Those who were aware of the policy expressed their reservations about it currency and as one of them said:

[I think there is a policy on disability, it is old. It is under review. Problem of these kind of policies are that they do not go in-depth like other acts that have been put out there. ... I don’t think it is strong act.]
At the same time others expressed their concerns about the effectiveness of the policy on national care stating that:

[The policy is not very effective because they don’t cover the broad spectrum of disability issues such as rights. It’s more about …. taking care of someone with a disability, most of us use our resources to get help for our family members.]

Participants also indicated the impact of absence of policy. One of them clearly observed that:

[Some of us don’t know where to get help, especially those in the remote areas, we need policies that will state what disability is, how and where to get help and we need laws that will protect people with disabilities. We see people take advantage of mentally disabled young girls out there sexually and no one takes action because they don’t really know where to go and how to go about it. They want to use polices and laws that are not tailor made for people with disabilities, so the Government really needs to sit down and have a look into this because some of its citizens are just being passed by and it seems like no one is doing anything.]

c) **Practice of disability rights**

Individuals with disabilities, are excluded from the normal society and often have to contend with stigma and discrimination. Discrimination may spur people to become more aware of their rights particularly among the educated group who live in and around Gaborone. This awareness made them feel alienated and powerless. One of them explicitly stated:

[I think disability rights are not yet practiced because our Government has not yet approved any policies that disabled people should be treated equally and protection from discrimination applies in many situations such as education, employment, exercise of public functions, goods, services, facilities and transport.]

When asked if they had experienced discrimination because of their disability, participants’ responses were varied. Those who experienced discrimination, mostly reported unfavourable attitudes displayed by non-disabled people and gave examples of discrimination in the built-up environments as barrier discrimination. As one of them said, [I don't think that I've ever encountered blatant discrimination. I mean, I consider it discriminatory, if I can’t access a building that other people can.] Another participant who uses a wheelchair said:

[You'd like to meet a certain officer on the second floor of an inaccessible building... I mean, you know, that's discrimination... you know, it's a world that's built for able-bodied people, not for us.]
Some described experiences of direct, intentional, face-to-face discrimination, they cited instances of discrimination on the part of schools, transport operators and health-care providers.

Some participants were of the opinion that the rights of people with disabilities are valued in Botswana and it depends on the situations and organizations. For example, one of the participants with visual impairment said: [I first have to practice my rights and as long as my rights are not being violated that’s when I can say, I always demand my rights.] On a similar note, a female participant with physical disability said: [I have seen service providers at the Motor Vehicle Accident Fund have been practising.] She also recognised that: [Not everyone practises.] She also reported about individuals’ awareness. This is what she had to say:

[Organizations would be practising human rights as some people with disabilities don’t know their rights, they would request the organization for preferential treatment to them, in such case the organization offers services out of pity.]

Participants also described many examples of stigma, ranging from stares. One of them elaborated: [When we visit hospital, the first thing you would notice would be people staring at you... you would feel the eyes on you, outright pity and sometimes rudeness and hostility – extra burden]. Participants felt that offensive attitudes and behaviour mostly resulted from ignorance, rather than overt hostility, such as when people without disabilities underestimate the abilities of people on wheelchairs or are more than usually protective in nature. For example:

[I have seen some people mistreating PWDs unfairly, name calling, laughing and discrimination. Some people think that they are better just because they do not have a disability, feeling that maybe they cannot date them as to what people will say, or befriending them out of pity. Sometimes people insisted on pushing my wheelchair, once I allowed, that caused my legs to spasm and papers on my lap to scatter. Now I say “thank you”.

A sizeable number of participants felt that disability rights are very well practiced in Botswana. The following excerpt clearly documents that aspect:

[I don’t think there is anything that bars me from exercising my rights, it’s just that I know what I need, what I am entitled to and how to get and I will not stand by and have someone get in the way of them. For instance I know that I can’t engage in activities that need physical fitness because I am not physically fit and I have made peace with that.]

It was found that more often than not opinions of individuals with disabilities are often excluded from the decisions that directly affect their welfare and livelihood. The most significant thing happening here being that their rights are violated and they are excluded from mainstream development. One of the participants explicitly said:
You find that there is a lot of marginalization because of your disability in terms of employment, in terms of education, you find that there is lack of provision for those particular disabilities.

Although, there is no statistics on these issues, IWDs usually experience a substantially poorer quality of life and are more likely to be unemployed, subsequently they tend to be in poor living conditions. Participants reported that the charity model is predominantly used by service providers and often they: were treated with lack of respect; encountered lack of uniform professional and quality services by the Health, Welfare and Education Departments; observed an increase in numbers of poorly trained professional manpower; noted a lack of integration between various sectors; and lamented an unhealthy rise in financially motivated services. The opinions of the participants were analysed and presented into the following six themes:

Figure 1: Participant opinions

i) Access to Education and Completion of Basic Education

Education is considered to be central to the lives of all individuals including those with disabilities. It provides opportunities for personal, social, and academic growth and development. It sets the stage for later life experiences, most especially in employment. Schools are important community structures for integration into the community life, friendships and social networks.

Findings of this study indicate that PWDs face considerable barriers in engaging with school. Some disliked school because they had fewer friends and experienced negative peer relations. In terms of academic progression and achievement, individuals with disabilities faced difficulties in schools, dropped out of school, and gained fewer educational qualifications than people without disabilities. As a result, individuals with disabilities did not
have great post-school outcomes (e.g. independent living, employment, and attendance in higher education), and were mostly dependent on family members and state support.

The United Nations Convention on the Rights of the Child (UN-CRC), recognizes the importance of education in the life of a child. Article 28 of the Convention recognizes the right of the child to education, and requires states to achieve this right progressively and on the basis of equal opportunity; and Article 29 sets out the aims of such education, including the development of the child's personality, talents, and mental and physical abilities to their fullest, while preparing the child for responsible life in a free society. Botswana signed the UN-CRC in 1995 and the Botswana Children’s Act of 2009 essentially incorporates the UN-CRC into national legislation.

In Botswana, education is recognized as a fundamental social good, warranting a budgetary allocation of up to 24%, which is much higher compared to that of any other developing country. It is publicly funded and accessible to all. The education policies that have been since 1966, promoted the right to education for all, without discrimination on the grounds of disability. This applies to elementary and secondary schools, colleges, and universities. However, participants raised concerns related to systemic discrimination. For example one of the participants said:

[As you can see when we talk about the rights to education, persons with disability, particularly individuals with visual impairment are faced with many challenges in their educational career. For example, colleges such as BOCODOL, there are no correspondence lessons for learners with visual impairment, even in classes, a person with visual impairment cannot go to classes at night for reasons of security, and you cannot walk alone.]

Education is a complex field, governed by numerous statutes and regulations, regulated by several government ministries, and involving a myriad of players. At times the opinions of the custodians lead to the violation of rights. The following example clearly captures the scenario:

[In 1997 after completing my national service in 1996, I was supposed to go and do my Diploma in Art at the Molepolole College of Education, the school principal told me 'you cannot be admitted because of your disability as the school does not cater for people who are using wheelchairs.]

ii) **Physical access to buildings and transport**

Promoting access to buildings and transport are fundamental for the participation for the participation of people with disabilities in the various spheres of life. A large number of participants expressed concerns on limitations about accessing buildings and public transport. They reported that many public places were not accessible and public transport was not user friendly for individuals with physical disabilities. For example, an individual with a physical disability said:

[Some buildings are accessible with wheelchair others are not – some of the banks are completely inaccessible, first of all there is no ramp,
secondly the current security gates in the banks are the biggest obstacles for a wheelchair user to access banks.]

People with mobility and dexterity problems have great difficulty accessing public transport and many of them have never accessed public transport. Participants indicated that the private vehicle is the most common means of transport for them. A large number of them could not afford to buy their own vehicles, therefore many depended on family members or friends mostly for transport. Another compounding fact was that obtaining a driver’s license as a person with sensory disabilities is not possible in Botswana.

Inaccessible transport services has a major impact on the lives and life choices of many people with disabilities. Transport is essential for people with disabilities to access education, employment, health services, social events, and leisure pursuits. Lack of accessible means of independent travel creates social exclusion for many people with disabilities. One of the participants reported that: [I was looking for employment but had to turn down a job offer]. Lamenting on the inaccessible transport situation a person with visual impairment said:

[I am completely dependent on others. I own a car, but dependent on the driver. Most of the days I am late for my job as the driver comes late. It is equally difficult or impossible to get to collect prescriptions. I did not see my mother or friends as often as I would like to. But it is impossible. I missed many special events including weddings and funerals of family members.]

The above excerpt clearly demonstrates the exclusion of people with disabilities from full participation in society. As a result they are socially isolated.

iii) Access to health services

Promoting access to basic health for all members of the society is a fundamental rights agenda for the Government of Botswana. All participants spoke about experiences at the primary (clinics) and secondary (hospital) health care facilities. Analysis of data generated the following subthemes, a) attitudinal barriers of service providers; b) communication barriers; and c) environmental barriers.

Attitudinal barriers of the service providers

A large number of participants reported positive relationships with their health-care service providers. Positive attributes of healthcare providers cited were mostly characterised as: those who listened and those who had time for their patients and these were particularly valued. Many participants had long-standing relationships with their service providers – surgeons, physiotherapists, occupational therapists, speech therapists, and social-workers. One of the participants with a spinal cord injury said:

[I am used with my doctor and he listens to me carefully, gives me time, explains my situation. In absence of him, I have gone to other doctors... and some of them wouldn’t see me, repeat the prescriptions only.] 

In contrast to participants who reported a positive relationship with their health care providers, some perceived the services provided to them as relatively poor and that service
providers focused only on disability rather than illness. For example one of the participants who is deaf reported:

[I went to the hospital for pain in the stomach. Before listening to my problem one of the nurses referred me to the ENT surgeon. As if a deaf person does not get sick.]

This statement clearly demonstrates that a significant portion of health-care service providers were rude and did not value the opinions of their disabled clients. For example, one of the participants with visual impairment shared his experience as follows:

[I went to hospital, doctors gave me some medicine – when I reported I have low vision... wanted to know if the medicine could affect eye sight, she replied ‘why are you asking me, I know, I’m the doctor and I know this and that and I’m sure I know what to do’.]

It was acknowledged by several participants that some doctors did not value the opinions of their clients. At the same time, all the participants reported that there were medical professionals who valued the opinions of IWDs. For instance this one said:

[My therapist would be very open in that she’s never had any training in the area of hearing impairment and I gave her information about my hearing status and she was very receptive and she’s not defensive. In the past, I met G.Ps. who have been quite defensive in me trying to educate them.]

Communication barriers

Effective communication emerged as a major concern among participants of the study, specifically for those who experience hearing loss or are deaf. Participants who are hard-of-hearing indicated that they often face difficulties with communication, as well as in receiving information. Several participants stated that health information in the form of leaflets was available in the waiting areas of the hospitals. Participants observed that this information was not accessible to those with limited literacy, sight difficulties or cognitive impairments.

Environmental barriers

Transport to hospital was cited as a potential barrier to access health facilities. A significant number of participants with physical disabilities experienced structural barriers to accessing health facility premises. Although many clinics have flat or ramped access to their surgeries, some participants did encounter physical or environmental barriers:

[It’s difficult to access some facilities, there’s a step going in the door and it’s a bit tight to go through the gate. Some facilities are offered only in the porta-cabins. My family members had to lift the wheelchair up and there’s not enough space to maneuver.]

iv) Access to employment and retention in employment

Employment is very essential for earning a regular income. Half (50%) of the participants had college education and only eight of them indicated they were working full
time. Participants of this study felt that individuals with disabilities find it difficult to gain employment due to negative attitudes toward PWDs. Even though participants had varying experiences, they often faced structural, attitudinal, resource, and communication barriers in the workplace. However, the attitudes of their colleagues without disabilities appeared to be the predominant barriers. One of the participants who is deaf reported:

[Initially, I faced difficulties as a deaf person. No one would communicate, give information that I would need, now it is becoming better. Now they write to me or send me email.]

A positive experience was however noted as one participant who uses a wheelchair shared that:

[When I come to work, my colleague will push me into the office, fortunately the office has a ramp and lift.]

Nonetheless, some participants gave accounts of challenges they encountered due to physical and attitudinal barriers that excluded them from full participation in the workplace. According to a participant with visual impairment:

[Colleagues don’t remind me when there is a meeting, but for others they do. I never receive minutes or reports in Braille, official information. When I reported this issue, I would be blank for the meeting, my boss ignores my opinion.]

There were accounts of people with disabilities who were employed to fulfil the company’s corporate social responsibilities. According to one participant with deafness:

[Some of us are given jobs just because of corporate social responsibilities. I don’t have any responsibilities, no job descriptions. I am on the pay roll to give the impression that the company has employed people with disabilities. It’s more of a token employment.]

Participants also spoke about the stigma associated with disability, as it creates attitudinal barriers that impact the individuals with disabilities in a variety of ways. For instance, preconceptions about disability are deeply rooted within a social context that affects people with disabilities seeking competitive employment. PWDs experience discrimination in the hiring process. One of the participants felt that employers: [do not see beyond the wheelchair or crutch.] Echoing similar sentiments, a participant with visual impairments said:

[I walked into an organization that supports Botswana youth to start business. I presented a business plan, they asked me to furnish many documents. I believe that may be needed for sighted people also, I am not sure! The way I was told it appeared to me that they wanted to see some success before they would maybe invest or take a risk. They could not trust a blind man to run a business.]
Participants expressed that more often than not a person with a disability running and managing a business is seen as incapable of being successful. Elaborating the issue of entrepreneurship, one of the participants with visual impairments remarked:

[We also have to eliminate the discrimination, maybe there are laws, but they’re not enforced very well to protect us. In addition, we talk about disability as an umbrella term for so many people - blind, deaf, physically disabled. We don’t always come together when we talk about disability. There are also other issues, like gender and education. We are poor, some of us have jobs but not all, and we need business so that we could recruit people with disabilities.]

Some participants were well aware of their lack of training and physical limitations. One of the participants with physical impairments said:

[I just know that with my injuries I can’t apply for certain jobs that will put a strain on my body. Accessing health services was not difficult for me. I can go anywhere I want without any problems just as long as there is no strain. Exercising my rights hasn’t been a problem for me because I know my human rights and how to use them and protect them so it’s not a problem.]

v) Access to Information and Communications Technology

The world is dynamic and constantly changing. Technological and scientific advancements, particularly in the internet, mobile technology, and digital information and communication technology fields, play a critical role in modern society. Smart devices/technologies are easily available including Text-to-Speech engines, voice guide, and E-banking; all of these are used on a daily basis. Teaching and learning have become more of blended face-to-face and technology enhanced learning; Open and Distance Learning have become more attractive. Although lately technologies are affordable, and the principles of Universal Design for All made them accessible to people with disabilities, a large number of individuals with disabilities and living in the developing world still do not have access to digital technology due to poverty and lack of training. As a result they are digitally excluded. One of the participants who uses Braille stated:

[I receive some information because I can’t read printed information; I use Braille, for example there is no newspaper in braille. There are other ways of accessing news, I can go online or get current info from the radio. For example, information on health issues such as HIV/AIDS information... rarely available on Braille.]

Lamenting on a similar issue, a participant who is deaf said:

[In Botswana information is not easily available in sign language. I went to hospitals and other government offices, and no one will speak to you in sign language. It is impossible to get information if you are deaf. As I can read, I manage. Most Deaf are poor readers; information on radio or internet is not very useful. TVs are fine if sign language interpretation is available.]
While the Government of Botswana is committed to promoting accessible ICTs (Simon, 2014), much work still needs to be done to protect the rights of persons with disabilities and ensure access to information and knowledge using technological and scientific advancements. Therefore, for full inclusion and empowerment of persons with disabilities to be realised, it is important to develop policies and strategies that take into account accessibility aspects of technology. The digital empowerment of persons with disabilities should be seen as one of the core requirements for making development inclusive.

d) **Political participation**

The opportunity to be involved in political life, whether by standing for elected office, joining a political party, or following political news stories in the media, is at the heart of what it means to live in a democratic society. For Botswana being a democratic country, this makes it very important. The right to political participation, is strongly embedded in international law, and is espoused in the UN-CRPD.

Participants emphasised the importance of providing accessible and enabling environments for individuals with disabilities to engage in the political forum of this country. Without this in place, participants reported that they hardly take part in political activities except casting votes. They also reported that individuals with disabilities experience barriers in political participation, and one of the participants with physical disabilities said:

> [The electoral process should be simple and cater for all. It should provide accessible information, better support and reasonable accommodation so that we can enjoy our rights with others. First time I went to cast my vote, there were no ramps, someone brought the ballot paper, I cast my vote, but nothing was hidden.]

It is evident from such feedback that inaccessible polling stations exclude persons with disabilities from participating in the democratic process that influences the development and implementation of the laws and policies which shape their daily lives. Furthermore, participants raised concerns about the legal obstacles, particularly the lack of enabling provisions to vote for persons with disabilities. Although, the barriers to political participation do not affect all persons with disabilities equally, those with severe impairments, as well as people with intellectual disabilities disproportionately face barriers to their participation in the political life. These individuals were the most isolated and excluded.

e) **Participants’ knowledge about UN-CRPD**

The UN-CRPD, together with its Optional Protocol, was adopted on December 13, 2006 and came in force as an international human rights law on May 3, 2008. As the first human rights convention adopted in the 21st century, the UN-CRPD seeks to protect the rights of all persons with disabilities. It treats the life of persons with disabilities as equally valuable to that of any other human being. The Convention made a paradigm shift from current approaches to disability. It is a shift from the medical model to a human rights one, in which persons with disabilities are recognised as equally human. The findings of this study indicate that a large number of participants were not aware of this Convention. One of the female participants with physical disabilities said:
[I didn’t know anything about it until recently. I attended a workshop on disability, it has opened my eyes more so that we don’t have any laws or policies covering PWDs in this country.] 

Participants were asked to reflect on the Government of Botswana not ratifying the UN-CRPD. The majority of the participants were not aware of the whole issue. One of the participants said:

[I honestly do not know why, from reading the convention I think it’s a good thing, why they haven’t signed is beyond me and I can’t really answer for them.]

Many of the participants were of the opinion that since the Government did not ratify the UN-CRPD the rights of individuals with disabilities were violated. One of the participant with visual impairment said:

[Yes, right now Botswana hasn’t ratified the UN-CRPD and we are asking ourselves as PWDs as to why this is so because it’s like they do not want to bind themselves so there’s nothing protecting us. If I get fired from work because of my lack of vision, I can’t take them to task. Like I said, we are the vulnerable minority group and there’s nothing to protect PWDs. We are at the mercy of others, because there is no law that can protect our rights.]

f) Suggestion: need for change

There is ample evidence of subjective experiences to reveal how individuals with disabilities fail to exercise disability rights. It is revealed that the most common outcomes are the feelings of ignorance, helplessness, and insecurity. In order to overcome such issues, participants suggested that:

[Some people do not even know their basic human rights so they need to be taught about them and how to fully access them in order for them to begin to understand and execute their disability rights. Some PWDs need assertiveness training so they can have the confidence to ask for what’s rightfully entitled to them.]

Participants felt that lack of knowledge about their rights, impacted their confidence and motivation. Therefore, they suggested that people with disabilities need to be included in all the decision making processes that affect them:

[For everyone to be covered I think the Government should include all people in decision making. PWDs in the rural areas are left out, some don’t even know that there are disability rights or where they can get help. There need to be information dissemination to all, distribution of services equally; most services are confined in the city and its not everyone who can come to the city, so those services aimed at helping PWDs need to reach them so they do not feel left out.]
Moreover, they felt that policy makers should be trained on disability rights:

[Firstly the Government could involve PWDs when making policies, so that they know what to cover and that will actually benefit the said group; have specialists for the different disabilities handling these issues. In rural areas most work is laid upon the social worker, and it gets too much of a load because it’s usually one social worker who doesn’t have resources and the waiting before the people get help is too long because of lack of resources. Government employees should be trained on disability rights, so that they would treat us humanely.]

Individuals with disabilities in this study mentioned that their worthy of not achievements should be related to their performance in examinations at different levels. One of the participants suggested:

[Ratifying and implementation are two different things, there are policies made in 1994 and they are collecting dust so if the Government ratifies but doesn’t implement there is no use for the Convention. If the Government says its gonna make all infrastructure accessible and it doesn’t do it then there is no need because we would be beating around the bush; there has to be equal distribution of resources from urban to remote areas, but if resources are never distributed fairly then we have a long way to go.]
5.0 DISCUSSIONS

A systematic review of literature and the findings of the study revealed that a large number of participants did not know their rights; they are neglected and marginalized. There are still gaps in knowledge, particularly in relation to secondary and tertiary care/services and how the system tends to promote or violate disability rights. Understanding disability in Botswana, until recently, has been informed by the medical/charity model agenda. Thus Kanter (2015) emphasized the importance of disability-specific conventions that focus on disability rights.

Failure to ratify the UN-CRPD by the Government of Botswana has led to inadequate conceptualisation and mainstreaming of disability rights. The findings of the study revealed that individuals with disabilities experienced inequalities and discrimination. An analysis of these issues helped us to better understand and address the inequalities and discriminations in the current service delivery as well as to protect the rights of people with disabilities. In addition, this preliminary study helped in identifying the research needs to promote disability rights. Kanter (2015) indicated that countries that developed disability specific conventions as well as intensified research in disability rights, significantly reduce inequality and discrimination.

The findings of this study demonstrate that experiences of inequalities in access to various services in Botswana are similar to those experienced by people with disabilities in other Southern African countries (Kleintjes, Lund & Swartz, 2013). The people with disabilities in this study demonstrated that multiple and complex layers of social and administrative structures disadvantage PWDs from enjoying basic human rights. According to (Graham & Kelly, 2004) these complexities and layering reflect the constructs of inequality that are difficult to resolve without strong policies and legislations. The UN-CRPD might play a critical role in addressing such issues (Kanter, 2015).

The experiences of the participants in this research were categorised into two perspectives; those who felt that their rights were protected and those that believed that their rights were violated. Participants who felt that their rights were protected mostly reported about equality of access to basic services. In order to receive those services individuals with disabilities had to best fit with the situation or be judged by degree of fit by the service providers. In most cases the systems were not accommodative or changed to fit the person. For example, the public transport systems in Botswana are mostly inaccessible and inadequate for PWDs and that clearly demonstrates the inequalities of service delivery. The inequalities experienced by the participants further aggravated the environmental barriers. These barriers seemed to influence the access and participation in the health and employment services. It could be concluded that disability rights could be exercised if these issues are addressed adequately (Eide, et al., 2015; Neille & Penn, 2015; Parsons, Bond, & Nixon, 2015).

In this study, participants who were deaf reported that they did not receive equal opportunities and acceptance; particularly in the health service. People with a hearing impairment, particularly individuals who are Deaf were identified as being among the group most likely to be a subject of inequalities (Kuenburg, Fellinger, & Fellinger, 2016) and it was mostly due to sign language. For many people who are Deaf, sign language is their first
language and most of the health professionals did not know sign language. In addition, spoken English is not their first language, as a result, individuals who are deaf failed to accomplish ten years of basic education and exhibited low levels of literacy (Mpuang, Mukhopadhyay, & Malatsi, 2015). As a result, this group of people failed to get the necessary information (health literacy) through any mode (radio and printed). Television was reported to be equally not effective unless it was augmented with sign language interpretation services. A combination of these factors forced this group to live in a compromised independent productive life. Furthermore, the negative attitudes of the society and service providers tend to demoralize Deaf individuals to access social services.

In Botswana, no data exists to quantify the extent of inaccessibility of services to the deaf. Researches from elsewhere equally suggests that individuals who are deaf experience inequality in access to health services as compared to the general population, and within the community of people with disabilities (Ferguson-Coleman, Keady, & Young, 2014). The picture of inequality experienced by people with disabilities is complex (Graham & Kelly, 2004) and multifaceted. It should not be assumed that ‘people with disabilities’ are a homogeneous group. PWDs are a heterogeneous group and the problems face by sub-groups therein are not same. Therefore, services should be individualized not medicalized and/or fragmented.

Many of the participants in this study particularly those with sensory impairments were severely disadvantaged in accessing information, and were as well victims of the digital divide. This creates an inequality of acquired knowledge, between people with disabilities and the general population. Furthermore, the divide can limit access to reading or understanding information on health issues, job advertisement and legal notices. Lack of access to information creates marginalization and exclusion of PWDs.

The findings of this study indicated a lack in information service provision that left many participants unclear and unaware of their rights. Information on the rights of people with disability is embedded in policy documents and it may be that this information itself is inaccessible to people with disability. Advocacy can support people to access information and bring about considerable empowerment of people who are marginalized. Advocacy services for people with disabilities in Botswana need to be developed for raising awareness to the rights of people with disabilities in modes that cater for their peculiar circumstantial needs. This could be initiated through research as well as training.

Also emerging from this study are findings indicating that IWDs were under-represented in the political arena and face barriers in exercising their democratic rights. This result supports the findings of Phirinyane (2013) which suggested that there should be representation by a person with disability in the Botswana Parliament.

Other findings of this study establish a complex interplay between individuals with disabilities and the social context. The majority of participants did not know about the UN-CRPD; those that knew their rights were confident of their ability to negotiate within their rights. A majority of participants expressed significant frustration and disillusionment about the level of support they receive. They therefore, suggested training to create more awareness on disability rights.
6.0 CONCLUSIONS

The key issues highlighted in this study include the need for synchronized, person-centred services that incorporate and see disability not through the deficit lens. The exclusion of people with disabilities from the social and economic services such as education, employment, health, and transport continues to exist. That ultimately translates into a violation of their rights. In order to promote disability rights there is a need for a synchronized and holistic service delivery.

7.0 LIMITATIONS OF THE STUDY

This is a preliminary research that looked into the situations of disability rights in Botswana. This study has several limitations. Therefore, the findings of the research should be interpreted bearing in mind the following limitations:

i. There is a serious dearth of empirical literature related to disability in Botswana. At the time of this research there was no empirical data related to disability rights in Botswana.

ii. Most of the literature data that were reviewed are from other countries and of personal opinions of other researchers.

iii. The qualitative research approach and only interview technique was used.

iv. Due to lack of time and funding, most of the participants were from the Gaborone region.

v. Only 30 participants with disabilities participated in this research. This research report was based on the perspectives of these individuals. Perspectives of other stakeholders were not considered.

As a result, the findings of this research can not be generalised as applicable in the context of the whole of Botswana. However, this preliminary research identified key issues related to disability rights and pave the foundations for largescale comprehensive research to address the limitations of this research.

8.0 RECOMMENDATIONS

On the basis of major findings and conclusions, the following recommendations are suggested:

i. Policy makers should:

- Assess disability rights policy initiatives and IWDs should be part of decision making processes. Disability is highly heterogeneous therefore members form each disability group should be included.
- Enact disability specific legislation to redress inequality of exercising rights.
- With the Government of Botswana providing leadership, review the existing disability policy and use it to re-evaluate its approach to tackling inequality.
- Ratify and domesticate the UN-CRPD while taking into account the context specific issues regarding to disability issues in Botswana.
ii. **Office of Persons with Disabilities should:**

- Employ the social justice framework to advance the disability rights agenda.
- Develop clear public messages around disability rights and the benefits of a more equal society for everyone in Botswana.
- Analyze the ways to tackle the violation of disability rights.
- Work with established DPOs or research teams to look into the violation of disability rights and organize funding for research to evaluate the effectiveness of current policies to promote disability rights.
- Create a database on disability information (exact number of IWDs, nature of disabilities, support needs); this will provide information for future research and for developing policies in the area of disability.
- Create databases on published research in the area of disability in Botswana and provide them in accessible formats so that IWDs, NGOs, researchers, and the general public can use them.
- Disseminate and circulate policies pertinent and relevant to IWDs for the consumption of IWDs, parents and NGOs.

iii. **UB Law Department and Academics should:**

- Conduct multidisciplinary research in the area of disability rights and examine the barriers that IWDs face in the society.
- In the interim, put in place measures to have a disability rights course as an elective across faculties.
- Offer public seminars or a lecture series on disability rights in collaboration with DPOs.
- Identify cases of discrimination due to disability, for strategic litigation purposes.

iv. **DPOs should:**

- Work closely with the IWDs, parents of children with disabilities and NGOs to develop a coherent and relevant approach on disability rights, to address inequalities.
- Develop guidelines on promoting and protecting the rights of IWDs and organize regular workshops for IWDs, parents of children with disabilities, and service providers.
- Explore opportunities to collaborate with the UB Department of Law, Disability Support Services, Law Society, and the Attorney General’s Chambers to promote disability rights.
- Encourage policymakers and service providers at local levels to gather and use relevant information on disability rights and equality.
- Organize regular workshops to empower people with disabilities and create awareness on disability rights.
v. *The Government of Botswana should through its responsible ministries make sure that IWDs are:*

- Able to access all public buildings and transport systems.
- Able to access health facilities and health literacy materials, thus create provisions for sign language interpreters in hospitals.
- Able to cast votes and participate in the electoral process, as well as access information on elections.
- Able to access application forms in formats appropriate to the various disability needs.
- Trained to gain meaningful employment and retain their employment status.
- Able to access all the policy and legislative documents.
- Provided on the job training to retain employment; incentives should be provided for companies to employ qualified people with disabilities.
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10.0 ANNEXTURES

Annexure 1:  *Semi-Structured Individual Interview Guide (English)*

- With regards to the current situation of disability rights in Botswana:
  - What does “disability rights” mean to you?
  - Do you think disability rights are practiced in Botswana?
  - In your opinion, in what ways disability rights could be violated in country?
  - Have you personally witnessed the violation of your rights?

**Probe:** Could you tell me more about how your rights were/are violated (in education, employment, health (reproductive), accessibility (building/infrastructure), political and civic rights, transport, information, community participation)

- Do you need any training on disability rights?
  - If Yes, What training do you need?
  - What barriers and challenges are currently preventing you to exercise your rights?

- With regards to the desired change:
  - What should Government of Botswana do to improve disability rights experiences of individuals with disabilities (IWDs)?
  - What changes should we see in policy makers that will result in a more democratic and inclusive disability rights experience?

- With regards to Policy and legislation on disability rights:
  - Are there any policies that are specifically addressed to IWDs?
  - If yes,
    - What they?
    - How effective are these policies in addressing issues on disability rights in Botswana?
  - If No
    - What are the impacts of not having policies on IWDs and DPOs?
  - Do you know anything about UN-CRPD?

**Probe:** In your opinion why Government of Botswana neither signed nor ratified the UN-CRPD?
  - What are the impacts of it?

- Is there anything else that you would like to share that we have not covered?
Annexure 2:  *Semi-structured Focus Group Discussion Guide (Setswana)*

- Mabapi le seemo sa ditshwanelo tsa bana le bogole mo Botswana,
  - Go ya ka wena ditshwanelo tsa bana le bogole di raya eng mo go wena?
  - Go ya ka wena a batho ba tsaya tsia ditshwanelo tsa bana le bogole?
  - Ke ka ditsela dife tse ditshwanelo tsa bana le bogole di ka tsuololwang?
  - A, sea diragala mo Botswana?
  - A o kile wa bona se diragala?
  - Re kopa o re sedimo setse maitemogelo a gago mabapi le kgatako ya ditshwanelo tsa bana le bogole?
  - A o tlhoka go rutuntshiwa ka ditshwanelo tsa bana le bogole?
  - Ke dife dikgwetlho kana dikgoreletsi tse di go itsang ditshwanelo tsa gago?

- Mabapi le go tsisa phetogo,
  - Ke dife diphetogo tse Goromente wa Botswana a ka di tsisang go tokafatsa go diragala ga ditshwanelo tsa bana le bogole?
  - Badira melao ba ka dirang go ka tsisa phetolo mo pusong ya batho ba akaretsa ditshwanelo tsa bana le bogole?
  - Goromente wa Botswana o ka dirang eng se se itebagantseng le tokafatso ya ditshwanelo tsa mona le bogole?

- Mabapi le badira melao ya tsa bana le bogole,
  - A go na le molao motheo o o itebagantseng le mona le bogole?
  - Ga o dumalana, melao metheo e mesha e tsibogela jang kgang tsa ditshwanelo tsa bana le bogole mo Botswana?
  - Ga o sa dumalane, ditlamorago tsa lethoko la molao motheo ke eng mo go bana le bogole?
  - Go ya ka wena ke eng Puso e ise e beye monwana mo UN-CRPD?
  - Ke dife ditlamorago tsa go tlhoka go bewa monwana ga UN-CRPD ke mmuso?
  - Ke dife ditselana tse di maleba go tsibosa ka ditiro tsa ditshwanelo tsa bana le bogole?
  - Go ka dirwang go rotloetsa le go rutuntshiwa go fitlhela maduo a botoka mo tokafatsong ya ditshwanelo tsa bana le bogole?
Annexure 3: INFORMED CONSENT

Individuals with Disabilities

PROJECT TITLE: Situation Analysis on Disability Rights in Botswana

Principal Investigator: Sourav Mukhopadhyay, PhD. Associate Professor,
Department of Educational Foundations, University of Botswana, Phone No: 3552205

Co-Investigator: Emmanuel Moswela, M.Ed. Manager, Disability Support Services, University of Botswana, Phone No:
- 3554183

What you should know about this research study:

- I give you this informed consent document so that you may read about the purpose, risks, and benefits of this research study.
- You have the right to refuse to take part, or agree to take part now and change your mind later.
- Please review this consent form carefully. Ask any questions before you make a decision.
- Your participation is voluntary.

PURPOSE
You are being asked to participate in a research study to explore how individuals with disabilities conceptualize their rights in Botswana. The purpose of the study is to contribute to creating awareness on the disability rights among individuals with disabilities. In addition, the findings of this research would help in developing curriculum in the area of disability rights for law students at the University of Botswana. You were selected as a possible participant in this study because the researcher is interested in your subjective views about your experiences on disability rights and awareness in Botswana. Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

PROCEDURES AND DURATION
If you decide to participate, you will be invited to a focus group discussion and workshop.

RISKS AND DISCOMFORTS
There are no known risks and discomforts arising from taking part in this study.

BENEFITS AND/OR COMPENSATION
There will be no participant incentive offered for taking part in the study.
CONFIDENTIALITY

The data from this investigation will be used for the purpose of this study. You will not be identified by name or inference in the publication and dissemination of the finding. None of these will be used for commercial use.

VOLUNTARY PARTICIPATION

Participation in this study is voluntary. If you decide not to participate in this study, your decision will not affect your future relations with your institutions, its personnel, and associated institutions. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty. Any refusal to observe and meet appointments agreed upon with the central investigator will be considered as implicit withdrawal and therefore will terminate the participant’s participation in the investigation without his/her prior request. In the event of incapacity to fulfill the duties agreed upon the subject’s participation to this investigation, participation will be terminated without his/her consent and no compensation will be offered under these circumstances.

AUTHORIZATION

You are making a decision whether or not to participate in this study. Your signature indicates that you have read and understood the information provided above, have had all your questions answered, and have decided to participate.

_______________________________  _________________________________
Name of Research Participant (please print)             Date
_______________________________
Signature of Participant or representative
_______________________________
Relationship to the Participant

_______________________________  _________________________________
Signature of Witness (Optional)             Signature of Staff Obtaining Consent

YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.

If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research participant; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact the Head of the Department, Department of Law, University of Botswana, Phone: 3554695
Annexure 4

TESELETSO YA MOTSAYA KAROLO
Mona le Bogole

SETLHOGO SA PATLISISO: Patlisiso ka ga Ditshwanelo tsa Ba-na le Bogole mo Botswana

Motlhohomisi Mogolo: Sourav Mukhopadhyay, PhD. Associate Professor, Department of Educational Foundations, University of Botswana, Phone No: 3554183

Mothusa Motlhohomisi Emmanuel Moswela, M.Ed. Manager Disability Support Services, University of Botswana, Phone No: 3554183

Se o tshwanelwang ke go se itse ka Tsekatsheko e:

• Pampiri e o e felwa gore o bale ka bomosola, bodiphatsa le dipoelo tsa patlisiso e.
• O na le tshwanelo ya go gana kana go dumela go tsaya karolo mo patlisisong e kana go fetola mogopolopolo wa gago fa nako e tsweletse.
• O kopiwa go bala tsetla e ka tlhwaafalo le ka leitlho le le tseneletseng. O botse dipotso pele o ka tsaya tshwetso.
• Go tsaya karolo ga gago ke ga boithaopo.

MAIKAELELO LE BOMOSOLA JWA TLHOTLHOMISO E

O kopiwa go tsaya karolo mo tshetshakong e, go tlhaloganyana gore bana-le-bogole ba akanya jang ka ditshwanelo tsa bone mo Botswana. Maikaelelo a tsekatsheko e, ke go lemotsha bana-le-bogole ditshwanelo tsa bone. Godimo ga moo, maduo a tlhohomiso e, a tlaa thusa go tokafatsa thuto ya baithuti ba tsa molao mo go tsa ditshwanelo tsa bana-le-bogole. O tlhophilwe go tsaya karolo mo patlisisong e ka motlhohomisi a kgatlhegela maitemogelo le kitso ya gago mabapi le ditshwanelo tsa bana-le-bogole mo Botswana. Pele ga o ka baya monwana, o rotloediwa go botsa se o sa se tlhaloganyeng. Tsaya nako eo e tlhokang go akanya ka se.

TSAMAISO LE NAKO YA DITLHOTLHOMISO

Ga o tsere tshwetso ya go tsaya karolo, o tlaa lalediwa bokopano jwa go rutana le thuto seka di puisano.

TSIBOSO E O KA E ELANG TLHOKO

Ga gona bodiphatsa bo bo itsegeng jo bo ka go tlhagelang mo go tseyeng karolo mo ditlhohomisong tse.

DIPOELO KANA DIKATSO TSA PATLISISO

Ela tlhoko gore batsaya karolo ga bana go atswiwa.
SEPHIRI

Maduo a ditlhotlhomo tseo a ya go dirisiwa fela mo patlisiso e. Mo phatlalatsong ya maduo a dipatlisiso tseo, maina a gago a tla nna sephiri. Tsotho tseo, ga di direlwe dipelo.

BATSAAKAROLO

Ga o patelediwe go tsaya karolo mo ditlhotlhomisong tseo. Fa o bona go le maleba go tlhoka go tsaya karolo mo ditlhotlhomisong tseo, ga go kake ga ama botsalano jwa gago le ko o direlang teng, badiredi ka wena, le ba ba amanang le ko odirelang teng ka mokgwa ope. Fa o ka tsaya tshwetso ya go tsaya karolo, mme e re mo tswelelong ya nako o bate go boela morago, o a letlelesega. Go tlhoka go ela tlhoko dinako tsa bokopano le mohlthlohmisong go sena mabaka go tlaabe go re o gogelwe morago mo ditlhotlhomisong.

TESELETSO

Go mo thateng ya gago gore o batla go tsaya karolo kana ga o batle go e tsaya mo ditlhotlhomisong. Monwana wa gago ke sesupo sa gore o badile, ebile o tlhalogantse se se mo mokwalong.

Leina la motsaya karolo ka botlalo

Monwana wa motsaya karolo kana moemedi

Tsalano le motsaya karolo

Monwana wa mosupi

monwana wa modiredi o kopang teseletso

O TLA TLOGELWA KA MORITI WA PAMPIRI E

Fa o na le diposto ka ditlhotlhomiso kana dingongora mabapi le mohlthlohmisong le babereki ka ene, o na le tshwanelo o le motsaya karolo go ka ikuela ko mongweng o o sa amaneng gope le ditlhotlhomiso. O gololesigile go ka itshwaraganya le moeteledi pele wa lepaha la tsa melao mo University of Botswana; mogala ke 3554695